





I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal state-ment attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

<b>PREVIOUS EMPLOYER PRE-EMPLOYMENT DRUG/ALCOHOL STATEMENT (DOT regulated applicants only)</b>	
<p>Have you ever failed a DOT Drug and/or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever refused to take a DOT drug and/or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever violated any other DOT drug and/or alcohol regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes to any of the above questions, provide details below</p>	<p><b>In the past 2 years have you tested positive, or refused to test, on any pre-employment drug/alcohol test and not get hired for a safety sensitive position as a result?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach SAP completion documents</p> <p><b>Have you ever been disqualified from driving subject to CFR49 Section 391 or the FMCR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you familiar with FMCSA Regulations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<b>EMPLOYMENT HISTORY (Past 10 years for DOT regulated positions is required with no gaps in time, list your most recent employer first)</b>	
<p>Employer _____ Employment Dates From: _____ To: _____</p> <p>Street _____ Supervisor _____</p> <p>City _____ Position _____</p> <p>State, Zip _____ Pay Rate _____</p> <p>Phone # _____</p> <p>Reason for leaving (be specific) _____</p> <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</p> <p>_____</p>	<p><b>Were you subject to FMCSR's while employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Were you ever employed in a DOT safety sensitive function subject to DOT drug &amp; alcohol testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Employer _____ Employment Dates From: _____ To: _____</p> <p>Street _____ Supervisor _____</p> <p>City _____ Position _____</p> <p>State, Zip _____ Pay Rate _____</p> <p>Phone # _____</p> <p>Reason for leaving (be specific) _____</p> <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</p> <p>_____</p>	<p><b>Were you subject to FMCSR's while employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Were you ever employed in a DOT safety sensitive function subject to DOT drug &amp; alcohol testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Employer _____ Employment Dates From: _____ To: _____</p> <p>Street _____ Supervisor _____</p> <p>City _____ Position _____</p> <p>State, Zip _____ Pay Rate _____</p> <p>Phone # _____</p> <p>Reason for leaving (be specific) _____</p> <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</p> <p>_____</p>	<p><b>Were you subject to FMCSR's while employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Were you ever employed in a DOT safety sensitive function subject to DOT drug &amp; alcohol testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I understand that, if I accept employment with kV Power, it will be on an at-will basis. This means that either kV Power or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing, if requested by kV Power. I release kV Power, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. Failure to comply may result in immediate termination. I authorize kV Power to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release kV Power and its employees from all liability arising from such investigation. kV Power is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, religion, national origin, color, sex, age, veteran status, or disability. We assure you that your opportunity for employment with kV Power depends solely on your qualifications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Continued Employment History

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal state-ment attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**EMPLOYMENT HISTORY (Past 10 years for DOT regulated positions is required with no gaps in time)**

Employer \_\_\_\_\_ Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Street \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City \_\_\_\_\_ Position \_\_\_\_\_  
 State, Zip \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Phone # \_\_\_\_\_ Were you subject to FMCSR's while employed?  Yes  No  
 Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?  Yes  No  
 Reason for leaving (be specific) \_\_\_\_\_  
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  
 \_\_\_\_\_

Employer \_\_\_\_\_ Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Street \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City \_\_\_\_\_ Position \_\_\_\_\_  
 State, Zip \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Phone # \_\_\_\_\_ Were you subject to FMCSR's while employed?  Yes  No  
 Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?  Yes  No  
 Reason for leaving (be specific) \_\_\_\_\_  
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  
 \_\_\_\_\_

Employer \_\_\_\_\_ Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Street \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City \_\_\_\_\_ Position \_\_\_\_\_  
 State, Zip \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Phone # \_\_\_\_\_ Were you subject to FMCSR's while employed?  Yes  No  
 Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?  Yes  No  
 Reason for leaving (be specific) \_\_\_\_\_  
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  
 \_\_\_\_\_

Employer \_\_\_\_\_ Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
 Street \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City \_\_\_\_\_ Position \_\_\_\_\_  
 State, Zip \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Phone # \_\_\_\_\_ Were you subject to FMCSR's while employed?  Yes  No  
 Were you ever employed in a DOT safety sensitive function subject to DOT drug & alcohol testing?  Yes  No  
 Reason for leaving (be specific) \_\_\_\_\_  
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.  
 \_\_\_\_\_

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I understand that, if I accept employment with KV Power, it will be on an at-will basis. This means that either KV Power or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing, if requested by KV Power. I release KV Power, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. Failure to comply may result in immediate termination. I authorize KV Power to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release KV Power and its employees from all liability arising from such investigation. KV Power is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, religion, national origin, color, sex, age, veteran status, or disability. We assure you that your opportunity for employment with KV Power depends solely on your qualifications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Request For Previous Employer Information

#### To Be Completed By Applicant

Applicant Name \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

Applicants Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

#### To Be Completed By kV Power

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

1st Request  2nd Request  3rd Request

Fax: \_\_\_\_\_

I hereby authorize you to release the following information to kV Power for the purpose of investigation regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the Requesting Employer named above. as required by Sections 391.23, 391.89, and 382.413 of the FMCSR's.

#### To Be Completed By Previous Employer

Position Held: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Would your rehire this driver?  Yes  No

What type of vehicle(s) did he/she drive for you?

How did the applicant leave your employment?

Laid Off

Straight Truck  Tractor/Semi  Other \_\_\_\_\_

Resigned  Discharged

Did he/she have any accidents while employed by you?  Yes  No

Previous employer must supply the following information regarding the above named individual during the past **two years for PHMSA and three years for FMCSA while employed to perform DOT covered safety sensitive functions.**

	YES	NO
1. While employed, was he/she subject to FMCSA or PHMSA Regulations? <input type="checkbox"/> FMCSA <input type="checkbox"/> PHMSA	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol tests with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Verified positive drug tests?	<input type="checkbox"/>	<input type="checkbox"/>
4. Refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Other violations of DOT agency drug and alcohol testing regulations? If yes, what violation(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/>	<input type="checkbox"/>
7. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of individual supplying information)*

Printed Name: \_\_\_\_\_ Company: \_\_\_\_\_

*(Print name of individual supplying information)*

If the answer to item #6 is "yes", then you must provide the previous employer's report even though it may be outside the two or

Name of SAP: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Please return this completed form to:

kV Power PO Box 1607 Andrews, TX 79714 or email to april@kv-p.com



Para informacion en espanol, viste [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.**

For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials N.A. appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word Federal or initials "F.S.B." appear in federal institution's name) Federal credit unions (words Federal Credit Union appear in institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108 2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission Activities subject to the Packers and Stockyards Act of 1921	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306 Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



## DRUG AND/OR ALCOHOL TESTING PROCEDURES CONSENT AND ACKNOWLEDGEMENT FORM

I am an applicant or an employee with kV Power and consent to and acknowledge that I am scheduled to drug and/or alcohol testing.

### **Test Specimen and Substances:**

The drug and/or alcohol test will involve an analysis of a urine sample, which I will provide at a designated of the test will be to test for the presence various substances and/or alcohol.

### **Specimen Collection:**

I allow qualified personnel to take and have analyzed suitable specimens to find out if drugs and/or alcohol in my system.

### **Release of Test Results:**

I agree that positive drug and/or alcohol screen test results be made available for review by the medical the company, and kV Power in connection with determining whether I violated the drug and/or alcohol I further agree that kV Power may use verified positive test results in an administrative hearing to enforce violation of the rules. I understand this authorization and consent form is valid until revoked by me in

### **Procedures for Confirming and Verifying Positive Results:**

I understand that a second test of the same specimen will confirm an initial positive test. After receiving a before verifying that result, I understand the MRO will make all reasonable attempts to contact me to contacted by the MRO, following our discussion and any other proper inquiry, the MRO will determine result. If the MRO verifies the confirmed positive result, I also understand and consent to the MRO sending test results to the company and the company notifying kV Power.

### **Refusal to Undergo or Obstruct Drug and/or Alcohol Testing:**

I understand that I must appear at the designated test site for drug and/or alcohol testing with a minimum maximum of two hours notification. My failure to appear during the prescribed time will result in a verified alcohol test. I also understand that failure to provide adequate urine for controlled substances testing explanation, and engaging in conduct that clearly obstructs the testing are the same as refusing to test.

### **Effects of Positive Drug and/or Alcohol Test:**

As an applicant, I am aware that a confirmed and verified positive drug and/or alcohol test will cause my sensitive functions and I may be subject to disciplinary action up to termination.

### **Right to have split-sample analyzed:**

I understand that if a urine sample is verified positive, I have the right to request analysis of the split-certified laboratory for the presence of the drug(s) and/or alcohol for which a positive result revealed. I that if I request the split-sample analyzed, I will have to pay for the second laboratory test prior to the understand I must give written request to the MRO within 72 hours of the MRO notification to me of a

By execution of this consent form, I acknowledge the company has notified me of the company's drug and/or alcohol testing policy.

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Printed Name of Applicant or Employee

Applicant's Social Security Number

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Signature of Applicant or Employee

Date



## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_ hereby provide consent to kV Power, LLC, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse

I understand that if the limited query conducted by kV Power, LLC, indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to kV Power, LLC, without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for kV Power, LLC, to conduct a limited query of the Clearinghouse, kV Power, LLC, must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date