



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

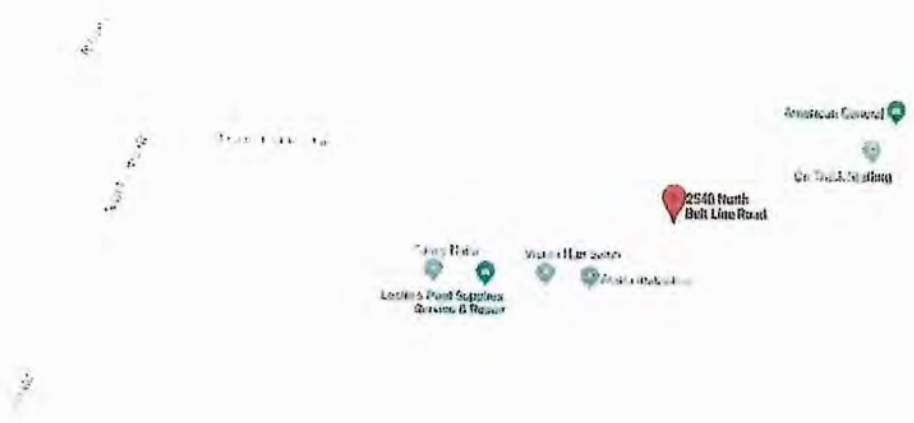
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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Grapevine, TX 76051
OFFICE 972-313-3939

Any Lab Test Now
2540 N Belt Line Rd
Irving, TX 75062
972-887-5023



Approved By

Print: _____

Signature: _____



NEW HIRE FORM

Please Print All Information

General Information		
Name:	Birthdate:	Marital Status: (circle one) Single Married Divorced Widow
Social Security Number:	Preferred Phone:	Email:
Street Address:	City, State:	Zip Code:

Emergency Contact Information	
Name:	Relationship:
Phone:	Alternate Phone:

Payroll Instructions (A.C.T FILL IN)		
Employee #:	Job Title:	Department:
New Hire/Rehire Date:	Pay Rate:	Work Status: (circle one) Full-time (30+ hours/week) Part-time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.**

2024

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [] [] [] - [] [] - [] [] []		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	OR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

SICP Employer Completes Next Page SICP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identify and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status. <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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I, _____ read and acknowledge to follow daily A.C.T. safety manual.

Employee

Supervisor/Manager



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I, _____ was showed where the time clock is and how to properly use the time clock. I understand that A.C.T. timeclock keeps a record of my fingerprint.

Employee

Supervisor/Manager

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of ACT Saw Cutting and Removal to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to the decision-maker of any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to the decision-maker of any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-



Vehicle Policy

Policy overview.

The A.C.T. Saw Cutting company vehicle policy gives employees guidelines for obtaining, qualifying for, and using a company vehicle. A “company vehicle” is any vehicle A.C.T. assigns to employees. This policy applies to all employees who use a company vehicle, and applies during and outside of working hours.

Company vehicle rules.

- Obey traffic laws in your jurisdiction and be courteous toward other drivers.
- Document driving expenses.
- Monitor gas, tire pressure, and all fluid levels.
- Report any damage or problems to your assigned vehicle immediately.
- Report changes to your driver privileges, such as driver’s license suspension, immediately.
- Always lock company cars.
- Bring vehicle to scheduled maintenance appointments.
- Do not drive while intoxicated, fatigued, or on medication that affects your driving ability.
- Do not smoke in any company vehicle.
- Do not lease, sell, or lend a company vehicle.
- Do not use a phone or text while driving.
- Do not allow unauthorized drivers to use a company vehicle unless required by an emergency.

Employees who violate company vehicle rules are subject to disciplinary actions which may include verbal and written warnings, suspension of vehicle privileges, termination and legal action.

Accidents.

- Contact the [company name] HR department immediately. They will contact the insurance provider.
- Follow legal guidelines for exchanging information with other drivers and report the accident to local police if required.
- Do not guarantee payment or accept responsibility without company authorization.

A.C.T. responsibilities.

- Ensuring vehicles are safe before assigning them.
- Scheduling regular maintenance.
- Providing car insurance.
- Retiring and replacing cars as needed.

What A.C.T. is not responsible for.

- Paying fines employees receive while driving company vehicles they are responsible for.
- Making bail for employees who are arrested while driving company cars.

Employee Printed Name

Employee Signature

A.C.T. Management Signature



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ACCIDENTS / INCIDENTS / NEAR MISS REPORTING POLICY

This policy applies to all employees of A.C.T Saw Cutting Removal, who, regardless of level, location, or job description, all have a role in creating and maintaining an injury-free workplace. While A.C.T acknowledges responsibility for implementing and managing health and safety for the workplace as a whole, employees must also recognize and accept responsibility for their decisions and actions which can, and will, affect their own personal safety as well as the personal safety of others. Workers must report all workplace accidents, incidents, hazardous conditions, near misses, and property damage to their immediate supervisor no matter how big or small. All incidents will be reviewed by company management to identify the root cause and the weaknesses in the system contributing to the incident. Investigation results will be used to improve safety systems, hazard control, risk reduction, and to educate employees. All of these represent opportunities for training, feedback on performance, and a commitment to continuous improvement.

THE IMPORTANCE OF TRACKING NEAR MISSES

Above all, near misses are a valuable source of information. Near misses provide The Company with an opportunity to identify hazards or weaknesses in their risk management programs and correct them to prevent future incidents. Near misses are symptoms of undiscovered safety concerns. Near-miss reporting can help ACT be proactive when it comes to identifying negative trends and safeguarding employees. This in turn can help reduce workplace accidents overall and increase company safety culture.

IDENTIFYING A NEAR MISS

A near miss is an opportunity to improve health and safety in a workplace based on a condition or an incident with potential for more serious consequences, including:

- Unsafe conditions • Unsafe behavior, such as a worker modifying personal protection equipment for comfort
- Minor incidents and injuries that had potential to be more serious
- Events where injury could have occurred but didn't • Events where property damage could have resulted but didn't
- Events where a safety barrier was challenged, such as a worker bypassing a machine guard
- Events where potential environmental damage could have resulted but didn't

REPORTING ACCIDENTS / INCIDENTS

1. Assess the condition of the injured worker and determine if medical treatment is needed. If the injured employee needs immediate emergency medical assistance, call 911.
2. If an employee only requires first aid care and doesn't need medical assistance, this can be provided on-site. **The incident will still need to be documented.**
3. Collect data, eyewitnesses, take pictures of the incident and send it to your superintendent.
4. Superintendents will fill out an incident report and submit it to the Safety Department for completion.
5. Failure to report an accident the day of can lead to several problems. If you do not report an accident on time, your employer can deny you medical treatment and out of work benefits

NOTE: All injuries, from minor to major, must be reported the same day of the incident.

Employee

Supervisor/Manager



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I, _____, Agree to the following requirements in order to obtain approval for time off for weekends and weekdays.

For weekends, requests must be submitted no later than the Thursday before the weekend by 7AM. Requests submitted after, will be void and not approved depending on the circumstances.

For Weekdays, requests must be submitted, no later than 3 days prior to the day(s) needing off.

Requests **ONLY** to be sent via text, email or letter to designated dispatch. Requests given to any other superintendents, managers, supervisors, or sales persons, **WILL NOT BE SUBMITTED.**

Requests are not guaranteed.

Employee Print Name: _____

Employee Signature: _____

Supervisor Signature: _____



All employees of A.C.T. Saw Cutting are eligible for paid vacation after one year of uninterrupted service. Employee is eligible for vacation after their Anniversary Date, which is one year from the date of hire. Vacation time starts over on January 1st of each year after the first year of uninterrupted employment.

Anniversary Date (Hire Date)	Amount of vacation hours accrued
1 st	40 hours

Vacation time cannot be used until it is accrued.

Pay in lieu of vacation time is permitted.

Vacation time must be used within the year it is granted otherwise it will expire. Vacation time may not be carried over, or accumulated year to year.

Vacation requests must be made in writing at least three weeks in advance of the leave date. Vacation will be granted in the Company's sole discretion if, in the judgment of an employee's supervisor, work load allows and vacation time has not already been scheduled by other employees in that department.

Holidays observed by ACT (Not paid holidays)- New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas (You may be asked to work on these days or day before or after).

EMPLOYEE SIGNATURE: _____ **DATE:** _____

MANAGER SIGNATURE: _____ **DATE:** _____

VP/PRESIDENT SIGNATURE: _____ **DATE:** _____

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I, _____, authorize _____ (the
Employee Name, please print *Company Name, please print*
"Employer") to deposit my pay electronically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford the Employer a reasonable opportunity to act on it.

Primary Direct Deposit Account

Name of account holder: _____

Name of Bank: _____

Type of account: Checking Savings

ABA Routing number: _____ (Must contain 9 digits)

Account number: _____

Amount to Deposit: Entire Paycheck

\$ _____ (Remainder will be deposited to secondary account below.)

% _____ (Remainder will be deposited to secondary account below.)

Secondary Direct Deposit Account (if applicable)*

*Please note that split payments are not available for contractors.

Name of account holder: _____

Name of Bank: _____

Type of account: Checking Savings

ABA Routing number: _____ (Must contain 9 digits)

Account number: _____

<i>John Q. Smith</i> 55 Maple Street, 525-1234 Hometown	_____ 19 _____	99999
PAY TO THE ORDER OF _____	\$ _____	
	_____	DOLLARS
FOR _____		
⑆ 123456789⑆ 09876543210123⑆ 99999		

Bank Routing Number Checking Account Number Check Number
Do Not Enter

Authorized Signature: _____ Date: _____

A.C.T SAW CUTTING WILL OBTAIN A MOTOR VEHICLE RECORD (M.V.R.) CONSUMER REPORT

EXPLANATION & DISCLOSURE OF INTENT

A.C.T SAW CUTTING utilizes a Consumer Reporting Agency (CRA) to conduct public records searches for information such as Motor Vehicle Records (permitted by 18 US Code 2721 (b)(6)(9)(13)(14)). Such information is considered a Consumer Report under the Fair Credit Reporting Act. The Cole Group, the CRA, will assist you in procurement of this job opportunity by providing to **A.C.T SAW CUTTING** verification of your Motor Vehicle Records.

To accomplish this, you need to authorize and request that The Cole Group contact and retrieve **Motor Vehicle Records from the state(s) Department of Public Safety, Department of Motor Vehicles, or any such similar agencies.**

AUTHORIZATION, CONSENT & REQUEST

By signing below, you are consenting to the following:

CONSENT to and **REQUEST** that The Cole Group create a Consumer Report and make inquiries necessary to state(s) Department of Public Safety, Department of Motor Vehicles, or any such similar agencies by and for **A.C.T SAW CUTTING**. I understand and agree that The Cole Group and **A.C.T SAW CUTTING** have a **PERMISSIBLE PURPOSE** and may now, or at any time in the future if I obtain this job, make inquiries concerning my Motor Vehicle Records from the state(s) Department of Public Safety, Department of Motor Vehicles, or any such similar agencies. I further request that the results of these inquiries be communicated to **A.C.T SAW CUTTING** and understand that the information will be utilized to evaluate me for possible current or future employment, promotion or reassignment. I understand such information will not be utilized to violate state or federal equal opportunity law.

NOTICE & RIGHTS

NOTICE: You may write to The Cole Group at 10050 NW Fwy, Ste. 300, Houston, TX 77092 and request the nature and substance of any information obtained from these sources. Please include a stamped and self-addressed envelope to insure proper and accurate return of information.

By signing below you **ACKNOWLEDGE** your understanding of these disclosures, that you may contact The Cole Group, and that you have been provided a copy of your rights under the Fair Credit Reporting Act:

Signature _____

Date _____

EMPLOYER, THE BELOW INFORMATION MUST BE FILLED OUT TO RUN MVR

VITAL STATISTICS

ALL INFORMATION MUST BE CLEARLY PRINTED IN CAPITAL BLOCK LETTERS OR TYPED BY A COMPANY REPRESENTATIVE WHO HAS SEEN AND VERIFIED THE INFORMATION SHOWN ON THE DRIVER'S LICENSE. Requested by (Required): _____

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NUMBER

STATE

DRIVER'S LICENSE #

PLEASE REVIEW ABOVE LISTED NAME, DATE OF BIRTH, AND LICENSE NUMBER FOR ACCURACY.