



"The Sun Never Sets  
On Our Service"

5051 Cardinal Street - Trussville, AL 35173  
Local (205) 661-4400 - Toll Free 1-888-802-7500

# DELIVERY AGENT APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City State Zip Code

List your addresses of residency for the past three years below. Use additional sheet of paper if necessary.

Previous Address \_\_\_\_\_  
Street City State Zip Code

Previous Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone # (\_\_\_\_\_) \_\_\_\_\_

SS # \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been known by another name?  Yes  No If yes, list name (s)? \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Can you provide proof of age?  Yes  No (Proof of age is required for all Commercial Drivers)

Position (s) applied for \_\_\_\_\_ Referral Source \_\_\_\_\_

Have you worked for The McPherson Companies in the past?  Yes  No If yes, list location (s)? \_\_\_\_\_

Dates: To: \_\_\_\_\_ From: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives working for The McPherson Companies?  Yes  No

If yes, please list name, relationship and their employment location: \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal

Please specify hours and days available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_

Have you submitted an application here before?  Yes  No If yes, when? \_\_\_\_\_

If necessary, best time to call you is: \_\_\_\_\_ am/pm Phone Number: (\_\_\_\_\_) \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work number and best time to call: (\_\_\_\_\_) \_\_\_\_\_ am/pm

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Is there any reason you might be unable to perform the functions of the job for which you have applied?  Yes  No

If yes, please explain: \_\_\_\_\_

Will you work overtime if required?  Yes  No If no, explain: \_\_\_\_\_

**An Equal Opportunity Employer**

**Employment History — Starting with your most recent employer, provide the following information:**

To drive in interstate commerce all driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address. (Include Street Number, City, State and Zip Code)

To drive a commercial motor **vehicle (\*)** on intrastate or interstate commerce, all applicants shall provide additional 7 years information on those employers for whom the applicant operated such vehicles.

† - The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than eight passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

<b>Employer:</b>		Telephone #
Address:		
Dates employed: From: (mo/yr)	To: (mo/yr)	Compensation (starting)
Job title:		Compensation (ending)
Immediate supervisor and title:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Employer:</b>		Telephone #
Address:		
Dates employed: From: (mo/yr)	To: (mo/yr)	Compensation (starting)
Job title:		Compensation (ending)
Immediate supervisor and title:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

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If not addressed on previous page, have you ever been discharged or asked to resign from a job?  Yes  No  
 If yes, please explain: \_\_\_\_\_

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Employment History — Continued	
<b>Employer:</b>	Telephone #
Address:	
Dates employed: From: (mo/yr)                      To: (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer:</b>	
Telephone #	
Address:	
Dates employed: From: (mo/yr)                      To: (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer:</b>	
Telephone #	
Address:	
Dates employed: From: (mo/yr)                      To: (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Driving Experience** — Check YES or NO and Circle type of vehicle

Class & Type of Equipment										Dates To/From	Approximate Miles Driven
Straight truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			_____	_____
Tractor & Semi-Trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			_____	_____
Tractor—Two Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			_____	_____
Tractor—Three Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			_____	_____
Motorcoach—school bus (more than 8 passengers)			<input type="checkbox"/> Yes	<input type="checkbox"/> No						_____	_____
Motorcoach—school bus (more than 15 passengers)			<input type="checkbox"/> Yes	<input type="checkbox"/> No						_____	_____
Other: _____											

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If you answered yes to either of the above questions, please give details: \_\_\_\_\_

List states you have operated in for the last 7 years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

List any technical equipment you can work with: \_\_\_\_\_

**ACCIDENT RECORD: For the past 3 years or more (attach sheet if more space is needed) If none, write NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List all Traffic Convictions and forfeitures for the past 3 years. (other than parking violations) If none, write NONE.

Location	Date	Charge	Penalty

Have you ever been convicted of a crime (felony or misdemeanor)?  Yes  No

If yes, please state the nature of the offense, date and place of conviction, and sentence below.

Answering yes will not automatically disqualify you – we have hired people who answer yes, depending on the offense and the specific job applied for. However, if you say no, and our background check shows that you did not provide complete or truthful information, you can be terminated for falsification regardless of the date or details of the incident.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

List name and telephone number of two business/work references who are *not* related to you and are *not* previous supervisors.

Name	Title	Relationship to you	Telephone	Number of years known

**Educational Background:** Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____		

Are you presently attending school?       Yes    No      Expected Completion Date: \_\_\_\_\_  
 Purpose: \_\_\_\_\_      School Name: \_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with The McPherson Companies, Inc. (TMC) is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I authorize you to make such investigations and inquiries of my medical history and related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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(d) and (e).

I understand that TMC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from TMC and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and TMC reserves the same right to terminate my employment at any time, with or without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of TMC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by TMC's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from TMC's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# The McPherson Companies, Inc Commercial Driver Employment Verification

To: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Pages: \_\_\_\_\_

From: Lona Painter  
 Title: HR and Transportation Coordinator  
 Company: The McPherson Companies, Inc.  
 Address: 5051 Cardinal Street  
Trussville, AL 35173  
 Telephone #: 205-661-4476 or 205-288-6360  
 Fax: 205-661-4596  
 Email: lpainter@mcphersonoil.com

Part 391.23 of the Federal Motor Carrier Safety Regulations requires that all motor carriers investigate the past employment history of each CDL driver applicant to be hired. The regulations require that previous employment dates, drug and alcohol test history, and accident involvement be verified.

Since your company has been listed by this applicant as a past employer, please complete this request and return to Lona Painter by fax, mail, or email.

Thank you for your time,  
 Lona Painter

First Request: \_\_\_\_\_  Faxed       Mailed       Emailed       Telephone  
 Second Request: \_\_\_\_\_  Faxed       Mailed       Emailed       Telephone  
 Third and Final request: \_\_\_\_\_  Faxed       Mailed       Emailed       Telephone  
 Date reported to the DOT for no response: \_\_\_\_\_

### DRIVER AUTHORIZATION TO RELEASE PREVIOUS EMPLOYMENT INFORMATION (This section only to be filled out by applicant)

#### WAIVER

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, employment dates, drug and alcohol testing and safety performance history to THE MCPHERSON COMPANIES, INC. which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the following information.

IN SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY AUTHORIZE RELEASE OF INFORMATION:

\_\_\_\_\_  
 Applicants Printed Name

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date

**DATES OF EMPLOYMENT**

This applicant was employed with our company ( \_\_\_\_\_ )  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Did this employee work for your company more than one time? \_\_\_\_ If so please list all employment dates.

**SAFETY PERFORMANCE HISTORY**

There is no safety performance history to report.

1. What type of work did this employee perform?

Driver (type of equipment driven) \_\_\_\_\_  Other \_\_\_\_\_

2. Did this driver have any accidents while employed by your company?  YES  NO (If yes, please explain below)

Number of accidents \_\_\_\_\_, Number of accidents in which driver was at fault \_\_\_\_\_,

Description of accidents:

3. Did this driver receive any traffic violations while employed for you?  YES  NO

(If yes, please explain below)

4. To your knowledge was this driver's license suspended while in your employment?  YES  NO

(If yes, please explain below)

5. Why did this employee leave your company?  Resigned  Discharged  Laid Off

Comments: \_\_\_\_\_

6. Would you re-employ this person?  YES  NO

Comments: \_\_\_\_\_

7. Is there any reason we would not want to employ this person?  YES  NO

Comments: \_\_\_\_\_

**DRUG AND ALCOHOL TESTING**

1. Was this employee in a safety sensitive position that required drug and alcohol testing?

**YES**    **NO**  
       

2. Has the individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?

      

3. Has this individual had a controlled substance test with a positive result in the past three years?

      

4. Has this individual refused a controlled substance test and/or alcohol test within the past three years?

      

5. Has this individual violated other DOT drug/alcohol regulations?

      

6. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

      

Please list any additional comments:

Completed By: Signature

Printed Name

Title

Date



A Hire Rate of Success

### Investigation Consent Form and Receipt of Summary of FCRA Rights

FAX: 888-454-7679 or 205-380-7548

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act (FCRA) requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification; and (9) information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries. **By my signature below, I acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act (FCRA).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### APPLICANT INFORMATION:

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Maiden Name
_____ Home Address	_____ City	_____ State	_____ Zip Code
_____ Former Address	_____ City	_____ State	_____ Zip Code
_____ Social Security Number	_____ Date of Birth	_____ Drivers License Number	_____ State License Issued

#### EMPLOYER INFORMATION:

<b><u>Anna Marie Chapman</u></b> Contact Name	<b><u>McPherson 500 Trussville</u></b> Client Name	<b><u>110146</u></b> Client ID
<b><u>205-661-4434</u></b> Phone Number	<b><u>205-661-4596</u></b> Fax Number	

#### SERVICES ORDERED:

Criminal History <input type="checkbox"/>	Trace/SSN Check <input type="checkbox"/>	OIG Check (Med. Fraud) <input type="checkbox"/>
National Crim Search <input type="checkbox"/>	Reference Verification <input type="checkbox"/>	Peer Credit Report <input type="checkbox"/>
Motor Vehicle Report <input type="checkbox"/>	State Sex Offender Search <input type="checkbox"/>	Business Credit <input type="checkbox"/>
Education Verification <input type="checkbox"/>	National Sex Offender Search <input type="checkbox"/>	OFAC Report <input type="checkbox"/>
Employment Verification <input type="checkbox"/>	Professional License Check <input type="checkbox"/>	Search AKA's <input type="checkbox"/>
Federal Criminal <input type="checkbox"/>	FACIS <input type="checkbox"/>	

#### RETURN RESULTS BY:

Fax Only <input type="checkbox"/>	Web Site <input type="checkbox"/>	Email <input checked="" type="checkbox"/>
Mail <input type="checkbox"/>	Call Before Fax <input type="checkbox"/>	

# APPLICANT'S COPY

*Para informacion en espanol, visite [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, D.C. 20580.*

## SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer-reporting agency (CRA). Most CRA's are credit bureaus that gather and sell information about you such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. "1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance, or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's to which it has provided the data of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.

**However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
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 * 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)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words Federal Credit Union@ appear in institution=s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator B GIPSA Washington, DC 20250 * 202-720-7051

# Consent and Acknowledgement

I am an applicant for employment with McPherson Oil Co., Inc. and I understand that I am submitting to a drug screening as a condition of employment. I consent to this drug screening and, if I am a minor, my parent or guardian has also signed this form. I acknowledge that if accepted for employment, such employment relationship shall be “at will” and this drug screening shall establish no greater right.

This test is solely for the benefit of McPherson Oil Products and any and all records related are the exclusive property of McPherson Oil Products. Such records shall be held in strict confidence. McPherson Oil Products shall have no obligation to accept applicant or to reveal the results of the test.

I consent to this drug screening of my own free will and I acknowledge that I have read and understood the above.

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Applicant

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Parent or Guardian (if Minor applicant)

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Witness