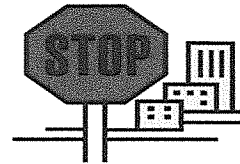




In our many efforts to provide a safe drug free environment.  
 Viva Energy Services participates in on site pre employment drug testing.  
 Please be aware this is a requirement for employment.



Employment Application

Completed application must be returned to Human Resources for consideration.

An Equal Opportunity Employer

( ) Driving Position ( ) Non Driving Position ( ) Commercial Drivers' License

Date of Application \_\_\_\_\_ Social Security # \_\_\_\_\_

Full Name:(Last,First,Middle)	Position Applying For
Day Phone Number	Home Phone
Current Address	City, State, Zip
Previous Address	City, State, Zip

Do you have the legal right to accept permanent employment in the U.S.	( ) Yes ( ) No	If No, Explain:
Have you been convicted of a felony or Misdemeanor within the last 7 years?	( ) Yes ( ) No	If Yes, Explain(Conviction is not an absolute bar to employment):
Where you previously employed by us?	( ) Yes ( ) No	If Yes, Explain:
Are you subject to any employment agreement, contract, restriction, or legal impediment which may affect your employment?	( ) Yes ( ) No	If Yes, Explain:
Are you capable of performing in a reasonable manner activities involved in this job or occupation?	( ) Yes ( ) No	If NO, Explain(A description of the activities involved is available from the hiring supervisor):

EDUCATION		
LIST SCHOOLS/COLLEGES	LOCATION	DATES ATTENDED

PROFESSIONAL AND PERSONAL REFERENCES		
NAME	ADDRESS	PHONE NUMBER(S)

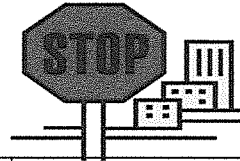
**WORK EXPERIENCE** List your last employer or current employer first, include any unpaid volunteer work and military service. Account for any lapses in time. Applicant must account for a minimum of 3 years, CDL DRIVERS MUST ACCOUNT FOR 10 YEARS. Use additional paper if necessary.

Complete Name & Address Type of Business of Employer	Supervisor's Name Title & Phone Number	Your title & brief description of work Performed	Dates Employed				Annual Salary		Reason for Leaving
			FROM	TO	Start	Finish			
MO	YR	MO	YR						

( ) YES  
 MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? ( ) NO  
 ADDITIONAL QUALIFICATIONS (use additional paper if necessary)



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**DRIVER'S LICENSE & VEHICLE INFORMATION**

LICENSE NUMBER	STATE	EXPIRATION DATE	DATE OF BIRTH
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DESCRIBE TYPES OF VEHICLES YOU ARE LICENSED TO OPERATE

DESCRIBE LICENSE RESTRICTIONS

HAS YOUR LICENSE EVER BEEN REVOKED? ( ) YES ( ) NO IF YES, EXPLAIN:

	LOCATION	DESCRIPTION	DATE	CITATIONS RECEIVED
VEHICLE ACCIDENTS				
LAST 3 YEARS				

I authorize Viva Energy Services to obtain my driving record from the state department of motor vehicles, for the purpose of hiring, promotions, and terminations.  
 AUTHORIZATION Signature \_\_\_\_\_ Date \_\_\_\_\_

	LOCATION	DESCRIPTION	DATE
TRAFFIC VIOLATIONS			
LIST CITATIONS FOR			
THE LAST 3 YEARS			

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	Dates				APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM		TO		
		MO	YR	MO	YR	
STRAIGHT TRUCK						
TRACTOR & SEMI TRAILER						
TRACTOR - 2 TRAILERS						
OTHER						

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE(S)(PLEASE INCLUDE AREA CODE) \_\_\_\_\_ ADDRESS (Including city, state, and zip) \_\_\_\_\_

I certify that all the information given by me is true and complete to the best of my knowledge. I understand that any falsification or omission of this or other information concerning my suitability for employment may result in immediate dismissal.  
 I understand that if I am hired, my employment will be for no definite period and is terminable at-will by either the Company or myself. I understand that no representative of the Company has the authority to enter into an agreement for employment for a specified period of time, or change in any way the at-will status of my employment, either prior to commencement or my employment or after I have been employed. I voluntarily authorize investigation of all information contained in this application or such other personal, educational, or employment related matters as the Company deems necessary. I hereby release all employers, schools, individuals or any other organization from liability that may result from investigating such information.  
 I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of employment, may be changed, interpreted, withdrawn, or added to by the Company at any time without prior notice to me.  
 I grant the Company the right and privilege to withhold, retain, and/or deduct an amount up to and including the total amount of indebtedness, advances, charges for salary, wages, commissions, or any other debt owed by me to the Company.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Background Check Authorization and Disclosure**

**PLEASE NOTE: THIS IS NOT A JOB APPLICATION:** Information provided on this form will be used to perform a background investigation on you, for employment screening purposes. Please provide legible and accurate information as inaccurate or misleading information may be grounds for dismissal from eligibility.

Have Questions? Call 888.578.8600 We're here to help!

First Name	Middle	Last Name (Include hyphenated names)	
Social Security Number	Date of Birth	Driver's License / State ID #	State of Issuance
Position Applied For	Contact Email Address	Contact Phone Number	
<b>Current Address</b>			
Street	City	State	Zip Code
<b>Previous Address</b>			
Street	City	State	Zip Code

Please check this box if you want a free copy of the report requested (CA, MN, OK residents ONLY).

I agree that a copy of this form is valid like the signed original and all information provided on this form is true and correct to the best of my ability. I understand that inaccurate or withheld information is grounds for withdrawing an offer of employment or termination of employment. I understand that information for producing a background check on me (also known as a consumer report or investigative consumer report depending on the extent of the research) may be gathered using public and proprietary information databases, on-site court record research, government repositories, internet archives, and telephone interviews. The extent of the background check research will vary based on employer requirements. Some positions require that an employment credit report is processed, a professional license is verified and/or a drug test is taken. I give my permission for any relevant third parties (employers, education institutions, references, etc) to be contacted for verification purposes to disclose information they maintain on me. I understand these terms and conditions and have been provided a document titled "Summary of Your Rights Under the F.C.R.A.". I further release and indemnify \_\_\_\_\_, its agents (Background Screening Consultants LLC), and any third party suppliers of information against any liability concerning this consumer report.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

### **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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, landlord, or other business. The FCRA specifies those with a valid need for access.
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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.

## SELF-IDENTIFICATION

### TO: MEMBERS AND APPLICANTS FOR EMPLOYMENT

Our Company is subject to certain governmental recordkeeping and reporting requirements for administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race, ethnicity, and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. All information will be kept strictly confidential and will only be used in accordance with provisions of applicable laws, orders and regulations.

Please check the appropriate box in Section A.

#### Section A: Gender (Sex) Information

Male  Female

Please check one box in either Section B or C or D.

#### Section B: Ethnicity Information

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

#### Section C: Multi-Race Information

Two or More Races (not Hispanic or Latino): All persons who identify with more than one of the five race below.

#### Section D: Individual Race Information

American Indian or Alaska Native (not Hispanic or Latino): A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (not hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_  
(voluntary and confidential)

Thank you for your assistance.