

**NOTICE TO APPLICANTS/EMPLOYEES
REGARDING CONSUMER REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of the Company, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

**CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING**

1. I have read the attached "Notice To Applicant/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigative reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, I order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all the above statements.

Name (print)

Date

Signature

Social Security Number

LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL

**POINT EIGHT POWER, INC
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, pregnancy, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION:

Date:	Name in Full: (FIRST, MIDDLE, LAST)		
Current Address:		Date of Birth:	
CITY _____ STATE _____ ZIP: _____		Social Security Number:	
Email Address:			
Emergency Contact:		Home Phone:	
NAME: _____		Cell/Alternative Phone:	
PHONE: _____			
Drivers License Number:		Type: (Please check one)	
STATE _____		<input type="checkbox"/> Operator <input type="checkbox"/> Commercial Operator <input type="checkbox"/> Class	
Do you have any restrictions on your license? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Explain _____			

POSITION APPLYING FOR:

Position(s) Desired:		Desired Salary: / <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	
On what day would you be available for work?		Are you currently on "lay-off" status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How were you referred to this company? <input type="checkbox"/> Advertisements <input type="checkbox"/> Point Eight Power Employee <input type="checkbox"/> Previous Employment <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (Please be specific)			
Can you travel if the job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you subject to recall from another company? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What work schedule would you like to apply for? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Help <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings <input type="checkbox"/> Night		Will you work overtime if needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain: _____	

The prospective employee is required by Sec.40.25(j) to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? Proof of citizenship or immigration will be required upon employment.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been arrested and/or convicted of a felony or misdemeanor? <i>(conviction will not necessarily disqualify an applicant from employment)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Explain _____	
Have you ever failed a test, or refuse to test on any pre-employment drug or alcohol test or physical exam administered by an employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Sec 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see section paragraphs (b) (5) and (e)). ©Employers Resources, LLC 1989-2008 TX-5-841-119

PLEASE READ!

In signing your name below, you verify that all information provided on this application is accurate. Any false information or lack of acknowledgment may result in disqualification and/or termination.

Signature: _____

Date: _____

Employment is subjective to a successful background check, drug screen and physical examination. Failure to obtain satisfactory results will lead to disciplinary action, disqualification and/or termination.

EDUCATION:

Name of School / Institution	City / State	Date of Attendance		Graduate/Degree
		From:	To:	
High School				
University / Trade School				

EMPLOYMENT HISTORY:

EXPERIENCE Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10 years. If you have served in the armed forces, attach a copy of your DD214. If you have been self-employed, list up to five of your major clients.

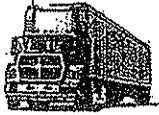
List 4 of your most recent positions	May we contact your present employer now as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME	POSITION HELD		Was position subject to FMCSA and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FROM	TO	
CITY / STATE	STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE	REASON FOR LEAVING <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Resign		
CONTACT PERSON	Explain:		

COMPANY NAME	POSITION HELD		Was position subject to FMCSA and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FROM	TO	
CITY / STATE	STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE	REASON FOR LEAVING <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Resign		
CONTACT PERSON	Explain:		

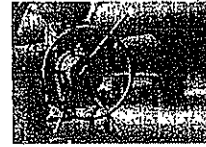
COMPANY NAME	POSITION HELD		Was position subject to FMCSA and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FROM	TO	
CITY / STATE	STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE	REASON FOR LEAVING <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Resign		
CONTACT PERSON	Explain:		

COMPANY NAME	POSITION HELD		Was position subject to FMCSA and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	FROM	TO	
CITY / STATE	STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE	REASON FOR LEAVING <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Resign		
CONTACT PERSON	Explain:		

DOT Regulated Employee Release of Information Form – 49 CFR Part 40 Drug & Alcohol Testing
 As required under 49 CFR Parts 40.25 and 391.23 or any other regulated position(s)
Section I: To be completed by the new employees, signed by the employee, and transmitted to:



Point Eight/Employers Resources, LLC
 P.O. Box 61987
 Lafayette, LA 70596
 Via Fax 337-981-9305 or
 1-866-848-0620



Email: respond@employersresources.net

Employee Printed or Type Name: _____

Employee SS or ID Number: _____

I hereby authorize the release of information from my Department of Transportation (DOT) regulated drug & alcohol testing records by my previous employer(s), listed in below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25 for which I took a DOT pre-employment drug test during the previous three years. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following DOT regulated information:

4. Verified positive drug test results.
5. Alcohol test results that reflect a result of 0.04 or higher alcohol concentration.
6. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and/or verified adulterated or substituted drug test results.
7. Records of any determinations that I engaged in alcohol misuse in violation of DOT regulations.
8. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation, including follow-up testing, undertaken by me following a violation of DOT regulations.
6. Other violations of DOT drug and/or alcohol testing regulations.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Employers Resources, LLC. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous three years on my application. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

Employee Signature: _____ Date: _____

EMPLOYEE / APPLICANT DO NOT WRITE BELOW THIS LINE

Previous Employers (use more than one form if an employee has had more than one DOT regulated employers in the past three years)

Previous Employer Name: _____	
Designated Representative: _____	
Phone Number: _____	Fax Number: _____
Dates of Employment: From: _____	To: _____

Section II: To be completed by the previous employer(s) and transmitted via fax to the new employer or its agent listed above in BOLD in the three years prior to the date of the employee's signature for DOT regulated testing;

- | | | |
|---|--------------------|----------|
| 1. Did the employee have alcohol test results with a result of 0.04 or higher? | YES _____ | NO _____ |
| 2. Did the employee have a verified positive drug tests? | YES _____ | NO _____ |
| 3. Did the employee refuse to submit to a DOT required drug / alcohol test? | YES _____ | NO _____ |
| 4. (incl. adulterated or substituted specimens) | | |
| 5. Did the employee have other violations of DOT agency drug & alcohol testing? | YES _____ | NO _____ |
| 6. Did a previous employer report a drug & alcohol rule violation to you? | YES _____ | NO _____ |
| 7. If you answered "yes" to any of the above, did the employee complete the return-to-duty process? | NA _____ YES _____ | NO _____ |

Check this box if your company and/or the applicant was not subject to DOT regulations.

Documentation must be attached for "yes" answers: Designated Representatives Signature: _____

Title: _____

Date: _____

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize Point Eight Power, Inc. and its affiliates ("Point Eight Power, Inc.") and INTREPID SECURITY GROUP, LLC (ISG) to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by Point Eight Power, Inc.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Point Eight Power, Inc., by and through ISG including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

ISG, P.O. Box 61987, Lafayette, Louisiana 70596, 866-936-7569; respond@intrepid-security.com

I hereby release and agree to hold harmless, Point Eight Power, Inc. ISG and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

If applying for employment in California, Minnesota, Oklahoma or Alaska:

I would like a copy of any consumer report regarding me. YES NO

Signature: _____

Legal Printed Name: _____
First Middle (full) Last SFX

Other Names / Aliases or Maiden: _____

Social Security _____ Daytime Phone (_____) _____ Gender* _____

Driver's License _____ State of Issuance _____ Date of Birth _____

Please provide your addresses for the last (7) years. State of Birth: _____

Current Address: _____
Street City State/Zip

Former Address: _____
Street City State/Zip

Former Address: _____
Street City State/Zip

- | | |
|---|----------------|
| • Have you ever been arrested, convicted or adjudicated of a crime? | Yes ___ No ___ |
| • Have you ever been convicted in a military court martial? | Yes ___ No ___ |
| • Have you ever been sanctioned or had your license suspended or revoked? | Yes ___ No ___ |
| • Are you currently under any investigation or pending charge? | Yes ___ No ___ |