



PLEASE READ AND SIGN BELOW

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in termination. I understand, also, that I am required to abide by all rules and regulations of **Armada Pressure Control, LLC**.

I understand information I provide regarding current and /or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers at which time the previous employer must re-send a corrected version to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Print Name	Date
Applicant Signature	

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this informatin from Equifax, TransUnion, Experian or orther vendors of information services.

Applicant Signature	Date	
Print Name	Social Security Number	
Drivers License Number	State Issued	Date of Birth