



Amber Terminal, Inc.
3101 N Sylvania Ave
Fort Worth, TX, 76111
(817) 834-4656

NEW APPLICANT PACKET - TERMINAL YARD WORKER

Please make copies of:

- Driver's License (Front and Back)
- Social Security Card

Thanks,
Michelle & Daniela

Make copies of everything listed above.

Read and sign the description of the position you are applying for.

Fill out the application (pages 1-7)

****SPECIAL NOTE:** Page 6 – Only needs a signature next to the bold "X" if you agree to release your employment information for all employers.**



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Title: Terminal Yard Worker

Essential Job Functions: *Essential functions, as defined under the Americans with Disabilities Act, may include any of the following tasks, knowledge, skills and other characteristics. The list that follows is not intended as a comprehensive list; it is intended to provide a representative summary of the major duties and responsibilities. Incumbent(s) may not be required to perform all duties listed, and may be required to perform additional, position-specific tasks.*

- Making sure all doors and gates are secure when leaving for the day.
- Making a daily visual inspection of the entire property (fence, tanks, buildings, etc.)
- Load trucks with correct product and make sure they are not overweight.
- Unload railcars into correct tanks.
- Take physical measurements of tank product levels.
- Notify supervisor if tools, parts, and/or office supplies are running low and need to be ordered.
- Run errands and assist in the operation of the home office as needed.
- If purchases are made for the company a receipt must be retrieved and turned in to a supervisor.
- Be in contact with owners, drivers, clients, and other co-workers.
- Keeping the office, vehicles, property, and any paperwork, clean and tidy.
- Performs other duties as assigned or required.

MINIMUM QUALIFICATIONS

Required Knowledge and Skills

- Able to take written and verbal instructions, complete reports and forms as required.
- Skill in working within deadlines to complete projects and assignments.
- Skill in establishing and maintaining effective working relations with co-workers, other employees, and the public.

Education, Experience, Certification and Licenses:

- High school diploma or GED
- 2-year yard work experience preferred

Environmental Factors and Condition/Physical Requirements:

- May be required to lift and carry items weighing up to 60 pounds.

Pay and benefits: The starting wage will be determined by experience and qualifications. All employees are eligible for holiday pay as soon as they are hired; there are 6 company-paid holidays a year. Forty (40) hours of vacation are available after 1-year of anniversary and reset each year, on an employee's anniversary date.

Print Name

Signature

Date



Application For Employment

Company: Amber Terminal, Inc.
3101 N. Sylvania Ave.
Fort Worth, TX 76111

Date: _____
 DL#: _____
 DL Type: _____

Name: _____
 (First) (Middle) (Maiden, if any) (Last)

Address: _____
 (Street) (City) (State) (Zip Code)

Email: _____ Cell: _____

Date of Birth: _____ Social Security #: _____
(If you are hired, you may be required to submit proof of age.) If hired, can you furnish proof you are eligible to work in the US? _____

Addresses
 For Past (Street) (City) (State) (Zip Code)
 Three Years: (Street) (City) (State) (Zip Code)
(Attach Sheet if More Space is Needed)

Date you can start work: _____ Pay requested: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer:				
Tractor-Two Trailers:				
Other:				

Driver's Licenses	State	License Number	Type	Endorsements	Expiration Date

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 _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Yes _____ No _____

If Yes to any above questions, give details or attach statement: _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a potential employer during the past two years? Yes _____ No _____

Accident Record for Past 10 Years or More (Attach Sheet if more Space is Needed)

	Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past 5 Years (Other than Parking Violations)

Locations	Date	Charge	Penalty



EMPLOYMENT HISTORY

Instructions: Start with Section 1, read and follow the instructions. **WARNING!** Failure to provide this information in a complete and legible manner will prevent your qualification as a driver. This form will be returned to you if we do not receive it in a complete and legible state.

SECTION 1. Please provide your complete history of employment (no gaps) for the past 10 years. Start with the most recent employer.

Most Recent Employer		
Name _____		Phone# _____
Address _____		(Must be complete.)
Position Held _____	From _____	To _____
Supervisor _____		Reason for Leaving _____
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
Next Employer		
Name _____		Phone# _____
Address _____		(Must be complete.)
Position Held _____	From _____	To _____
Supervisor _____		Reason for Leaving _____
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
Next Employer		
Name _____		Phone# _____
Address _____		(Must be complete.)
Position Held _____	From _____	To _____
Supervisor _____		Reason for Leaving _____
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
Next Employer		
Name _____		Phone# _____
Address _____		(Must be complete.)
Position Held _____	From _____	To _____
Supervisor _____		Reason for Leaving _____
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
Next Employer		
Name _____		Phone# _____
Address _____		(Must be complete.)
Position Held _____	From _____	To _____
Supervisor _____		Reason for Leaving _____
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
Next Employer		
Name _____		Phone# _____
Address _____		(Must be complete.)
Position Held _____	From _____	To _____
Supervisor _____		Reason for Leaving _____
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____



EMPLOYMENT HISTORY (...Continued)

Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____

SECTION 2.**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that I have completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the investigation of any or all statements contained in this application.

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), I understand that reports verifying my previous employment, previous drug and alcohol test results, accident history and my driving record may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23, 390.15, 391.53, and 391.25 of the Federal Motor Carrier Safety Regulations. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that 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 the information provided by previous employers; have errors in the information corrected by previous employers, and have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEES EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements

X_____
Applicant's Signature/Certification_____
Date

Note: A motor carrier may require an applicant to provide information in addition to that required by the Federal Motor Carrier Safety Regulations.

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your consumer rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Amber Terminal, Inc. to obtain a consumer report and/or investigative consumer report which may include the following:

- 1 . My employment records;
- 2 . Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- 3 . (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past three years;
- 4 . Verification of my academic and/or professional credentials and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Amber Terminal, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Amber Terminal, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

I hereby authorize Amber Terminal, Inc. to obtain my Motor Vehicle Records and agree that this information may be obtained at any time during the duration of my employment with this company.

Full Name (please print clearly)

X

Signature

Date

VERIFICATION OF EMPLOYMENT



Amber Terminal, Inc.
 3101 N. Sylvania Ave.
 Fort Worth, TX, 76111
 Office: 817.834.4656 Fax: 817.834.8077

To: _____

Attn: _____

Applicant: _____

SS#: _____

You are hereby authorized to give this information to Amber Terminal, Inc., regarding my services, character, and conduct while in your employ. Thereby, you are released from any and all liability that may result from furnishing such information.

Applicant's Signature: X

General information as required by FMCSR 49-391.23.

Dates of employment: Start date _____ End date _____

What kind of work did he/she do? _____

Any record of salary garnishments? _____

If employed as driver, specify equipment: _____

Number of accidents _____ Number preventable _____

Was his/her driver's license ever suspended or revoked? _____

Number of on-the-job injuries while in your employ: _____

Reason for leaving your employ. Discharged _____ Laid off _____ Resigned _____

Was his/her general conduct satisfactory? Yes _____ No _____ Other _____

Would you rehire? Yes _____ No _____ Upon review _____ Other _____

Remarks: _____

Company: _____ Phone: _____

Address, City, State, Zip: _____

Name: _____

Signature: _____ Date: _____

Background Applicant Information Form and Release

Allied Compliance Services, Inc. ®

Ph 800-411-6906

Fax 806-748-7096

Please make sure that all information is filled out completely. Any missing information may result in a delay in reporting.

Request for Information:

Dorothy Stephens, Michelle Grisham-Wallace, or Daniela

Company Name: Amber Terminal, Inc. Contact Person: Meza

Contact Phone: (817) 271-3425 OR (817) 838-7760 Contact Fax: (817) 831-7518

E-Mail: diamondrps@sbcglobal.net

Applicant/Subject Information: *Please print all requested information*

Please provide your FULL LEGAL NAME (found on DL, ID, or SS card) plus any alias or maiden name if applicable.

Full Legal Name: *(First, Middle, Last, Suffix)* _____ Home Phone: _____

Maiden Name/Alias: _____

Current Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Sex: Male Female Race: _____ Ethnicity: Hispanic Non-Hispanic

Hair Color: _____ Eye Color: _____ Height: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Social Security Number: _____ Drivers License Number: _____ State: _____

County/City: _____ County/City: _____

State/County Background Federal Background MVR

Education Employment Credit Reference Check

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of consumer credit, criminal convictions, motor vehicle information, and/or other reports. These reports can include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers, if any. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my credit, criminal, driving, civil, and other records and experience, including claims involving me, in the files of insurance companies, if any. The information contained above is held strictly confidential and is not given out to unauthorized individuals.

I authorize, without reservation, any party or agency to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employers obtaining such information from DDS and/or any of their agents. This authorization and consent shall be valid in an original, fax, or copy form.

Applicant's Signature: _____ Date: _____