

KOOL PAK LLC

4550 SW Kruse Way, #350, Lake Oswego, OR 97035

I hereby certify that all information on this form is correct and complete to the best of my knowledge. I hereby authorize *Kool-Pak, LLC* to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substances testing and training records required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, by any past or current employers. I hereby release all such persons from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by *Kool-Pak, LLC* or its subsidiaries in their consideration of my employment.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Impact and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Impact in writing within 30-days of my application.

ADVERTISING SOURCE, CHECK ONLY ONE:

Newspaper Radio Driver _____ Website _____

Name _____ Date of Birth _____

Social Security # _____ Phone (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

License # _____ State _____ Endorsements _____

Tickets in last 3 years? _____

Accidents in last 3 years? _____

Are you 23 years or older? Yes No

Have you worked for this company before? Yes No If yes, when? _____

Are you a US Citizen? Yes No

If no, do you have a legal right to live and work in the U.S.? _____

Have you ever 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 employment during the past two years? Yes No

Current/Most Recent Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____

Position Held _____ From _____ To _____

Why do you want to change employers? _____

Were you subject to the FMCSR's? Yes ___ No ___ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Second Last Employer: Name _____

Phone: (____) _____

Address _____

Position Held _____ From _____ To _____

Why did you quit? _____

Were you subject to the FMCSR's? Yes ___ No ___ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Third Last Employer: Name _____

Phone: (____) _____

Address _____

Position Held _____ From _____ To _____

Why did you quit? _____

Were you subject to the FMCSR's? Yes ___ No ___ Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

I hereby certify that all information on this form is correct and complete to the best of my knowledge.

Signature

Date