

HOUMA, LA CORPORATE OFFICE

283 Corporate Drive
P.O. Box 3160
Houma, LA 70360
Phone: 985-879-2731
Facsimile: 985-876-9052
TX Survey Firm Registration: 10193786



OFFICE LOCATIONS

HOUSTON, TX
TX Survey Firm Registration: 10142100
TX Engineering Firm Registration: F-8039
SAN ANTONIO, TX
TX Survey Firm Registration: 10193717
MIDLAND, TX
TX Survey Firm Registration: 10194340

Application For Employment

Morris P. Hebert, Inc. is an Equal Opportunity Employer

Applicant Name:

Position Applied For:

Date:

Land Surveying Hydrographic Surveying Engineering Environmental Services GIS



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		If so, when?	
Are you over 18 years of age?			

EDUCATION			
High School		Address	
From	To	Did you graduate?	Degree
College		Address	
From	To	Did you graduate?	Degree
Other		Address	
From	To	Did you graduate?	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT OR ENGAGEMENTS (SCHOOL, MILITARY, ETC.) FOR PREVIOUS FIVE YEARS. LIST IN CHRONOLOGICAL DATE ORDER WITH THE MOST RECENT EMPLOYMENT OR ENGAGEMENT LISTED FIRST.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
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Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EMERGENCY NOTIFICATION	
In case of Emergency, Notify:	
Name:	Phone
Address	Cell

SPECIALIZED SAFETY TRAINING		
List Type, Training Provider, and Date of Expiration		
TWIC	Provider:	Date:
CPR	Provider:	Date:
First Aid	Provider:	Date:
Water Survival	Provider:	Date:
Other	Provider:	Date:
Other	Provider:	Date:

OTHER SPECIALIZED TRAINING	
List Type and Date of Completion	
Training:	Date:
Training:	Date:
Training:	Date:
Training:	Date:

DRIVERS LICENSE INFORMATION		
License #	State of Issue	Exp Date

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I authorize investigation on all statements contained in this application, I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.	
Signature	Date

MPH PRE-EMPLOYMENT QUESTIONNAIRE

1. Transportation to and from job sites from the MPH base of operations (Houma LA, Houston TX, or Winnie TX) will be provided by MPH. Do you have reliable means of transportation for getting to work at your assigned base of operations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Alcohol and Drug screens are required by many MPH clients and government entities. Can you pass a DOT or Non-DOT Pre-Employment Alcohol and Drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you tested positive for or refused a DOT Alcohol and/or Drug screen in the past two years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Many MPH clients and government entities require a criminal background check. Do you have any felonies or misdemeanors on your record? If YES, Explain _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Do you possess a Transportation Worker Identification Credential (TWIC Card) as required by the Transportation Security Administration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do you have any motor vehicle violations on your record, such as DUI, Reckless Operation, etc? If YES, Explain _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Do you have any physical limitations that would hinder you from working on a field crew in rugged terrain such as marsh, swamp, wooded areas, or on boats, airboats, marsh/swamp buggies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Are you willing to work out of a boat, airboat, marsh/swamp buggy or any other means of transportation in the swamp, marsh, waterways, or other terrain in the performance of your job duties with MPH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. MPH projects can be located anywhere in the United States. Are you willing to work out of town for extended periods of time if necessary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Are you willing to work weekends and/or holidays if necessary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. MPH considers safety a core business value. Can you commit to working incident-free?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Can you swim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I certify that my answers are true and complete to the best of my knowledge.	Date:	
SIGNATURE OF APPLICANT: _____	Date:	
SIGNATURE OF INTERVIEWER: _____	Date:	

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: Morris P. Hebert, Inc.

Address: 283 Corporate Drive City: Houma St: LA Zip: 70360

Phone: 985-879-2731 Fax: 985-208-3978 E-mail: jtbrooks@mphinc.com

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

Signature of Applicant

SSN
Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES | NO | |
|-------|--------------------------|--|
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug / alcohol rule violation to you? |
| _____ | _____ | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* |
| | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of Person Completing Form

Title
Phone
Date

DRUG AND ALCOHOL SCREENING

I _____ certify to Morris P. Hebert, Inc. that I am drug and alcohol free.

I agree to submit to pre-employment and random drug and alcohol screenings (urinalysis, etc.) as a condition of my employment.

I agree to submit to post-accident drug and alcohol screenings (urinalysis, etc.) as a condition of my employment.

I understand that refusal to submit to drug and alcohol screenings are grounds for immediate dismissal from employment with Morris P. Hebert, Inc.

If any screening should verify that I am not drug and/or alcohol free, I agree to pay the cost of such screenings—which includes company physicals.

Should I be dismissed from my employment with Morris P. Hebert, Inc. for violation of the Morris P. Hebert, Inc. Drug and Alcohol policy, I agree that this information may be reported on any termination reports that are requested by any government agency.

Signature

Date

MPH USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewed
By

Date

Remarks

INS Form
I-9
Completed

Yes

No

Hired:

For Dept.

Position

Will Report

Salary/Wages

Approved:

Administrative _____ Department Head _____

Safety _____

Remarks

Federal and State Equal Employment Opportunity and Affirmative Action Record

To be given to all applicants - **Completion of this form is strictly voluntary and is confidential.**

Morris P. Hebert Inc. provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information will be used solely to assist MPH in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect YOU.

PLEASE NOTE: This form is NOT a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Applicant Information:

Name: _____ SSN/Emp ID: _____

Male _____ Female _____ Position Applied for: _____

More specific ethnicity information is required for filing EEO-1 reports. Please check the appropriate Equal Opportunity Identification Group.

You should only check one of the following ethnicity or race categories:

Ethnicity:

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

Race:

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

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

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

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.

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

If you would like to identify as two or more races, please check Two or More Races below, in addition to your one selection above.

Two or More Races (Not Hispanic or Latino) Comments: _____

I choose not to disclose

For Human Resources Use Only:

Requisition #: _____ Job Group: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

VEVRAA SELF-ID FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO SELF-IDENTIFY MY PROTECTED VETERAN STATUS

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Signature

Date

Morris P. Hebert, Inc.

Consent to background check

Please print

Surname		Given names	
Birth name (if different from surname)		Date of birth YY MM DD	Place of birth
Phone number () ()	Employee ID number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Driver's license number (for applicants applying for a position requiring a valid driver's license)

Address					
Number	Street	Apt./unit	City	State	Postal code

Provide previous address if you have not resided at the above address for more than five years					
Number	Street	Apt./unit	City	State	Postal code
Number	Street	Apt./unit	City	State	Postal code

I, _____, declare that the information presented above, on my résumé and application form, and provided verbally by me to Morris P. Hebert, Inc. is complete and accurate. I understand that a false statement may disqualify me from employment or give the company cause for my dismissal if I am employed by it.

I understand that a condition of employment with the company is the completion of a background check, which will include the following:

- a) verification of my employment background and history from any source and of all data provided on my résumé and/or application,
- b) a check of criminal conviction records for which a pardon has not been granted, and conditional and absolute discharges which have not been removed in accordance with Local Laws,
- c) driver record check for applicants applying for a position requiring a valid driver's license.

A criminal conviction will not necessarily disqualify a candidate and only convictions relevant to the position applied for will be considered.

I consent to the above information arising from the background check being collected for the purpose of conducting pre-employment due-diligence screening or where I am currently an employee, for the purpose of determining my suitability to perform security-sensitive services. I understand that the company will use the results of the background checks for the purpose of conducting pre-employment due-diligence screening or, where I am an employee, of screening my suitability to perform security sensitive services. Where this information is being collected for the purpose of conducting pre-employment due diligence screening, and, if I am hired, I consent to the information being transferred to my employee file for the purpose of the employment relationship. If I am already employed by the company, I consent to the information being transferred to my employee file for the purpose of the employment relationship.

I agree that the company may periodically update the background check and I agree that I shall immediately inform the company of any conviction for a criminal offence arising subsequent to completion of the initial background check. I understand that failing to update my company to a new conviction may result in my removal from client's jobsites that require background checks. I hereby authorize the holder(s) of information relating to the background check, including any updates thereof as provided in the previous sentence, to disclose this information to the company and its authorized employees and/or the company's authorized agent type company name here, and its agents, subcontractors and suppliers, and to any of the company's clients.

I hereby release and forever discharge the holder(s) of information relating to the background check, including any updates thereof, Morris P. Hebert, Inc., the company, their clients and their respective affiliated entities and all of their former, current and future partners, directors, officers, employees, agents, successors and assigns from any actions, claims and demands of any kind whatsoever in an way relating to the collection, disclosure or use of this information by the holder(s) of information relating to the background check, including any updates thereof, Morris P. Hebert, Inc., the company, or its clients.

Applicant's signature	Date
Witness name	Witness signature



BACKGROUND REPORT DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees and property, **Morris P Hebert Inc** may order a "consumer report" or "investigative consumer report" (collectively "Background Reports") on you in connection with your employment application or contract, and if you are hired, or if you already work for the Company, may order additional background reports on you.

The background check company, KRESS Employment Screening will prepare the background report for the Company. KRESS Employment Screening is located at 320 Westcott St Suite 108, Houston, TX 77007, and can be reached at 888-636-3693 or at their internet website address www.kressinc.com. For information about the privacy practices of KRESS Employment Screening, see <http://www.kressinc.com/kress-employment-screening-privacy-statement>.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: social security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by KRESS Employment Screening or another outside organization.

You may request more information about the nature and scope of an investigative consumer report by contacting the Company. You may request a copy of this report from the Company or KRESS Employment Screening using the contact information listed above.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Rights Under California Civil Code 1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute. These notices should be provided to you with this form.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the **Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Your Rights Under California Civil Code 1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute** and certify that I have read and understand all of those documents provided to me by the Company. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment or contract, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by KRESS Employment Screening, 320 Westcott St #108, Houston, TX 77007, 888-636-3693, www.kressinc.com, or another outside organization acting on behalf of the Company, and/or the Company itself.

I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

I also understand that a credit report may be obtained in connection with my position. **California, Colorado, Connecticut, Hawaii, Illinois, Maryland, Nevada, Oregon, Vermont, and Washington State** each restrict the circumstances in which Employer may obtain credit information about you. Employer will not obtain credit information about you unless such information is substantially related to the duties and responsibilities of the position for which you are applying or for any other reason otherwise permitted under applicable law. If Employer orders a credit report it will be for the following reason:

Additional State Law Notices

Minnesota: You have the right, upon written request to KRESS Employment Screening, to receive a complete and accurate disclosure of the nature and scope of any consumer report. KRESS Employment Screening must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.

Massachusetts and New Jersey: If Company requests an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: You have the right to request whether the Company requested an investigative consumer report and, if so, the Company will give you the name and address of the report's provider if other than KRESS Employment Screening. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above (or another organization identified by the Company as the provider of an investigative consumer report) directly.

Washington State: If Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Company a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Please return the Acknowledgment and Authorization of Background Check and the Services Request Form to 713-880-3694/888-636-3694 or E-mail to orders@kressinc.com

I understand that by signing my name below, that I am signing the Authorization form directing the background report as described above, the information contained in my employment application or contract, or otherwise disclosed by me before, or during, my employment or contract, if any, may be used for the purpose of obtaining background reports and/or investigative background reports, and I certify that:

- I have received the Disclosure Regarding Consumer and/or Investigative Report, and have received and reviewed the Summary of Your Rights Under the Fair Credit Reporting Act. I have also received and reviewed A Summary of Your Rights Under the Provisions of California Civil Code §1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute.
 - **Yes**
 - **No**

- For California, Oklahoma, or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.
 - **Yes**
 - **No**

Company Requesting Background: *Morris P Hebert Inc - Corporate*

Printed Name of Applicant/Contractor: _____

Signature: _____ Date Authorized: _____

Services Request Form

Client: Morris P Hebert Inc - Corporate Requestor: _____

Phone Number: _____ E-Mail: _____

Income Over \$75K? Yes No

Services Requested:

- Adverse Action Notification Driving History Employment Verification
 Essential Package Plus

To Be Filled Out by Applicant/Contractor

Last Name: _____ First Name: _____ Middle Name: _____

Additional Last Names Used: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Phone Number: _____

E-Mail Address: _____

7 Year Address History (Required)

Current Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Previous Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Previous Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Please return the Acknowledgment and Authorization of Background Check and the Services Request Form to 713-880-3694/888-636-3694 or E-mail to orders@kressinc.com

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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 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 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.
- **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 1-888-5-OPTOUT (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.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

CONTACT:

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20006

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

b. Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580.
(877) 382-4357.

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450,
Houston, TX 77010-9050.

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.

b. Federal Reserve Consumer Help Center
P.O. Box 1200,
Minneapolis, MN 55480.

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11,
Kansas City, MO 64106.

d. Federal Credit Unions.

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street,
Alexandria, VA 22314.

3. Air carriers.

Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW,
Washington, DC 20590.

4. Creditors Subject to Surface Transportation Board.

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street, S.W. Washington, DC 20423

5. Creditors Subject to Packers and Stockyards Act 1921

Nearest Packers and Stockyards Administration area supervisor.

6. Small Business Investment Companies.

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

7. Brokers and Dealers.

Securities and Exchange Commission
100 F St NE,
Washington, DC 20549.

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations.

Farm Credit Administration
1501 Farm Credit Drive,
McLean, VA 22102-5090.

9. Retailers, Finance Companies, and All Other Creditors not listed above.

FTC Regional Office for region in which the creditor operates
or Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580.
(877) 382-4357.