



Dear Applicant

We are just as excited as you are to proceed with the process and review in our common interest in being the BEST.

During our next selection process of “who” will be the next “A Team”, I ask you to please look over all documentation and ensure it is complete, legible and accurate. This will enable the process to go faster and establish the foundation and values as professionals.

Here’s to moving forward into greatness.

If you have any questions do not hesitate to reach out to the Terminal Manager or our Safety Department.

Shelly Negrete

Director of Safety and Compliance

## ***Applicant Process Part 1***

***Name \_\_\_\_\_ Term \_\_\_\_\_ Line or Local***

***Day Or Night I/C \_\_\_\_\_ Employee \_\_\_\_\_ Unit Y or N***

<b>Check When Done</b>	<b>Item to be Done</b>	<b>Issues</b>	<b>Date Completed</b>	<b>Page Numbers in Packet</b>
	<i>Application</i>			1-4
	<i>MVR 10yr</i>			
	<i>Driver License</i>			
	<i>Social Security Card</i>			
	<i>Medical Certification</i>			
	<i>Consent Form Intellicorp Background Criminal, Disclosure, Acknowledge and Personal Data</i>			9-10
	<i>Consent Forms for DOT Checks</i>			5-6
	<i>PSP DOT Only (consent</i>			7-8
	<i>STA (TSA) APP 5 Years Address</i>			11-12
	<i>Drug Test Paper work DOT vs Non DOT</i>			

Email packet to:

[danielle@energytransportlogistics.com](mailto:danielle@energytransportlogistics.com)

Any questions please call 424-253-0623.



## Application

**Note to Applicant:**

The information that you provide on this Application for Employment, including information concerning your current and previous employers will be used, and these employers will be contacted, for the purpose of investigating your Safety Performance History and in satisfying the requirements of FMCSR Section 391.23.

Providing false or misleading information on this application may result in your application being rejected or, if employed, may result in disciplinary actions up to and/or including your discharge from our company.

Section 391.23(i) provides you with Due Process Rights regarding any information provided to us by your current and/or previous employer(s) for use in performing the Safety Performance Investigation(s). For additional information concerning these rights please refer to said section.

Applicant Full Name (First, Middle, Last)			Application Date (mm/dd/yyyy)	
Applicant Current Address (Address, City, State, Zip) account for the past 3 years				How long (years - months) 
Applicant Previous Address (Address, City, State, Zip) account for the past 3 years				How long (years - months) 
Applicant Previous Address (Address, City, State, Zip) account for the past 3 years				How long (years - months) 
Applicant Social Security No.	Date of Birth (mm/dd/yyyy)	Home Phone Number	Alternate Phone Number	

**CDL Information**

CDL Number.	CDL Class	Endorsement(s)	Issuing State	Expiration Date (mm/dd/yyyy)
License Restriction(s) if any				

**Accident History for past 3 years**

☐ I have not been involved in a motor vehicle accident during the past three years \_\_\_\_\_ (initial here).

1	Accident date	No. of Injuries	No. of Fatalities	Comm Vehicle (Y or N)	Location of accident (Highway number, city, state, etc)
	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				
2	Accident date	No. of Injuries	No. of Fatalities	Comm Vehicle (Y or N)	Location of accident (Highway number, city, state, etc)
	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				
3	Accident date	No. of Injuries	No. of Fatalities	Comm Vehicle (Y or N)	Location of accident (Highway number, city, state, etc)
	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				



4	Accident date	No. of Injuries	No. of Fatalities	Comm Vehicle (Y or N)	Location of accident (Highway number, city, state, etc)
	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				

## List of Violations for past 3 years

In the space below list all violations of motor vehicle laws or ordinances (other than parking violations) which you were convicted of or forfeited bond or collateral during the preceding 3 years. [Section 391.21(8)]

☐ I certify that I have not been convicted of nor forfeited bond or collateral for a motor vehicle law for the preceding three years \_\_\_\_\_ (initial here).

1	Conviction Date	Offense	Location (City, State, etc)	Comm Vehicle (Y or N)
	Conviction Date	Offense	Location (City, State, etc)	Comm Vehicle (Y or N)
	Conviction Date	Offense	Location (City, State, etc)	Comm Vehicle (Y or N)

Yes No

☐ ☐ Have your driving privileges ever been denied, revoked, or suspended

If you answered yes to the above question, please explain.

## Driving Experience

Equipment Type	Equipment Body Circle all that apply	Dates		Approx Num Miles total
		From	To	
Straight Truck < 26,001 lbs GVWR	Van Tank Flat Dump Refer			
Straight Truck >= 26,001 lbs GVWR	Van Tank Flat Dump Refer			
Tractor and Semi Trailer	Van Tank Flat Dump Refer			
Tractor and Doubles	Van Tank Flat Dump Refer			
Tractor and Triples	Van Tank Flat Dump Refer			
Motorcoach/Bus	No. of passengers: _____			
School bus				
Other:				

List all states that you've operated a Commercial Motor Vehicle in during past 5 years

Tell us about any training courses that you've attended

Tell us about any Safe Driving or other safety awards that you've received

Tell us about any additional training or technical experience that you've received that may help you in your role as a Commercial Driver.

Last school attended (Name city and state)	Highest grade completed
--	-------------------------



## Employment History

FMSCR Section 391.21(b)(11) requires all applicants for Commercial Driver positions to provide their employment history for the past 10 years.

Employer name	Start date(mm/yy)	End date(mm/YY)
Employer address	Position	
Employer city, state, zip	Salary	
Employer Contact Name, phone, email (if known)		
Reason for leaving		

Yes No  
☐ ☐ Were you subject to FMCSRs while employed at this employer?

Yes No  
☐ ☐ Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?

Employer name	Start date(mm/yy)	End date(mm/YY)
Employer address	Position	
Employer city, state, zip	Salary	
Employer Contact Name, phone, email (if known)		
Reason for leaving		

Yes No  
☐ ☐ Were you subject to FMCSRs while employed at this employer?

Yes No  
☐ ☐ Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?

Employer name	Start date(mm/yy)	End date(mm/YY)
Employer address	Position	
Employer city, state, zip	Salary	
Employer Contact Name, phone, email (if known)		
Reason for leaving		

Yes No  
☐ ☐ Were you subject to FMCSRs while employed at this employer?

Yes No  
☐ ☐ Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?



## Employment History continued

Employer name	Start date(mm/yy)	End date(mm/YY)
Employer address	Position	
Employer city, state, zip	Salary	
Employer Contact Name, phone, email (if known)		
Reason for leaving		

- Yes No  
☐ ☐ Were you subject to FMCSRs while employed at this employer?
- Yes No  
☐ ☐ Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?

Employer name	Start date(mm/yy)	End date(mm/YY)
Employer address	Position	
Employer city, state, zip	Salary	
Employer Contact Name, phone, email (if known)		
Reason for leaving		

- Yes No  
☐ ☐ Were you subject to FMCSRs while employed at this employer?
- Yes No  
☐ ☐ Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?

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

Date:        /        /        Applicant's Signature: \_\_\_\_\_



PREVIOUS EMPLOYER CHECK DQ



Applicant Name \_\_\_\_\_  
Print name (First, Mid, Last)

I hereby authorize and request:

Prior Employer name

\_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ City, State zip \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ SSN: \_\_\_\_\_

The above applicant shows that he/she worked for you.

Employment dates are From \_\_\_\_\_ To \_\_\_\_\_

Type of equipment driven:

☐ Straight truck      ☐ Tractor Semi-Trailer      ☐ Flatbed      ☐ Refrigerator  
☐ Cargo Tank      ☐ Triples      ☐ Doubles

Was the applicant safe and efficient? ☐ Yes ☐ No

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did the applicant have any accidents? (If so, list below):

Date	Location (City, State)	Towed	Injury	Fatal
_____	_____	Y / N	Y / N	Y / N
_____	_____	Y / N	Y / N	Y / N
_____	_____	Y / N	Y / N	Y / N

**Reason for Leaving:** ☐ Discharged ☐ Laid Off ☐ Resigned ☐ Other: \_\_\_\_\_

**How was the driver in:**

	Excellent	Good	Poor
QUALITY OF WORK	_____	_____	_____
COOPERATING WITH OTHERS	_____	_____	_____
SAFETY HABITS	_____	_____	_____
PERSONAL HABITS	_____	_____	_____
DRIVING SKILLS	_____	_____	_____
ATTITUDE	_____	_____	_____

MAILED ON: \_\_\_\_\_ FAXED ON: \_\_\_\_\_

VERIFIED OVER THE PHONE, TALKED TO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Request/Consent for Information From Previous Employer(s) On Alcohol & Controlled Substances Testing

## SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49, PART 382.405(f).

\_\_\_\_\_  
Print Name (First, Mi, Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

I, the above mentioned signed, hereby authorize that \_\_\_\_\_

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_\_)\_\_\_\_\_  
Telephone number

## SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements (*did not operate a vehicle which required a commercial drivers license*) while employed, please check here ☐ and skip items 1, 2, 3, 4, and 5.

1. Has this person ever tested positive for a controlled substance in the last two years?

YES NO  
☐ ☐

2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?

☐ ☐

3. Has this person ever refused a required test for drugs or alcohol in the last two years?

☐ ☐

4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?

☐ ☐

5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up?

☐ ☐

If YES to any of the above question, please give the SAP's (substance Abuse Professional) name, address and phone number for further reference.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

This section was completed by: \_\_\_\_\_  
Signature Title

## SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Employers must make a good faith effort to obtain the information required by Title 49, Part 382.413(b).

Interview method:

1. MAIL Date mailed \_\_\_\_\_ (do not send the original copy)

2. FAX Date Faxed \_\_\_\_\_

3. TELEPHONE Date phoned \_\_\_\_\_ name of person interviewed \_\_\_\_\_

Release and forward all information on my Alcohol and Controlled Substances Testing To:

**ENERGY TRANSPORT LOGISTICS**  
**18780 CENTRAL AVE**  
**CARSON CA 90746**

**FAX-424-231-6284 ATTN SHELLY NEGRETE DIRECTOR OF SAFETY**



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for a CDL driver with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

## PERSONAL DATA

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ DL State
_____ Email address (may be used for official correspondence)		



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Energy transport Logistics. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, 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 **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)**.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. (*Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

I also consent to have any legally required notices sent electronically.

- ☐ You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date



## DISCLOSURE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

Energy Transport Logistics intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

- ☐ You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**APPLICATION FOR NEW OR RENEWAL SECURITY THREAT ASSESSMENT (STA)**  
**All fields are to be completed unless otherwise noted**

<b>SECTION I. General Information</b>			
Current STA Number (STA Renewals Only) <input type="text"/>			
Current Employer Name <input type="text" value="Energy Transport Logistics"/>			
Current Employer Corporate Address <input type="text" value="771 Jamacha Rd #327"/>		City <input type="text" value="El Cajon"/>	
State <input type="text" value="CA"/>	Zip Code <input type="text" value="92019"/>	Employer Phone Number <input type="text" value="844-737-7447"/>	
IAC Principal (Refer to Page 5 For Definition) <input type="checkbox"/> Yes <input type="checkbox"/> No		IAC Principal Title (If IAC Principal) <input type="text"/>	
Name (As it appears on the document presented - See Instructions)			
First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Suffix <input type="text"/>
SSN (Optional) <input type="text"/>		Email Address (Optional) <input type="text"/>	
Previous Other Names Used (If Applicable - See Instructions)			
First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Suffix <input type="text"/>
First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Suffix <input type="text"/>
Daytime Phone Number <input type="text"/>	Date of Birth (MM/DD/YYYY) <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth			
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	Country of Citizenship <input type="text"/>
US Passport Number or Certificate of Birth Abroad Number (if applicable) <input type="text"/>			
Alien Registration Number (if applicable) <input type="text"/>			
Naturalization Date (if applicable) <input type="text"/>		Naturalization Certificate Number (if applicable) <input type="text"/>	
Current Mailing Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	Zip Code <input type="text"/>
Current Residential Address <input type="text"/>		<input type="checkbox"/> Same As Mailing Address	
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	

Previous edition of this form are obsolete



**APPLICATION FOR NEW OR RENEWAL SECURITY THREAT ASSESSMENT (STA)**  
**All fields are to be completed unless otherwise noted**

Zip Code	<input type="text"/>	Start Date at this Address	<input type="text"/>	End Date at this Address	<input type="text"/>
Previous Residential Address (if applicable, see instructions section) <input style="width: 100%;" type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Country	<input type="text"/>
	<input type="text"/>		<input type="text"/>	Zip Code	<input type="text"/>
Start Date at this Address		<input type="text"/>		End Date at this Address <input type="text"/>	
Previous Residential Address (if applicable, see instructions section) <input style="width: 100%;" type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Country	<input type="text"/>
	<input type="text"/>		<input type="text"/>	Zip Code	<input type="text"/>
Start Date at this Address		<input type="text"/>		End Date at this Address <input type="text"/>	
Previous Residential Address (if applicable, see instructions section) <input style="width: 100%;" type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Country	<input type="text"/>
	<input type="text"/>		<input type="text"/>	Zip Code	<input type="text"/>
Start Date at this Address		<input type="text"/>		End Date at this Address <input type="text"/>	
Previous Residential Address (if applicable, see instructions section) <input style="width: 100%;" type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Country	<input type="text"/>
	<input type="text"/>		<input type="text"/>	Zip Code	<input type="text"/>
Start Date at this Address		<input type="text"/>		End Date at this Address <input type="text"/>	
<b>SECTION II. Applicant Acknowledgement</b>					
<p>This information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith, I understand that a knowing and willful false statement, or an omission of a material fact, on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of authorization or in the case of parties regulated under this section, removal of authorization to operate under this chapter, if applicable. I acknowledge that if I do not successfully complete the Security Threat Assessment (STA), the Transportation Security Administration (TSA) may notify my employer. If TSA or other law enforcement agency becomes aware that I may pose an imminent threat to an operator or facility, TSA may provide limited information necessary to reduce the risk of injury or damage to the operator or facility.</p>					
Applicant Signature <input style="width: 90%;" type="text"/>				Date <input style="width: 10%;" type="text"/>	
<p>I have authenticated the identity and work authorization of the individual for whom this STA application is being submitted by reviewing a Photo Identification issued by a government authority and work authorization documents as required under 49 C.F.R. § 1540.203(b). I have verified that the individual's written application contains the Privacy Act Notice required under 49 C.F.R. § 1540.203(c)(11), and I acknowledge that I am required to retain the individual's signed STA application, all documents to prove identity and work authorization, and any communications with TSA regarding the individual's application (either in electronic or hardcopy format) for 180 days following at the end of the individual's service as required under 49 C.F.R. § 1540.203(d).</p>					
<b>SECTION III. Employer Acknowledgement</b>					
Employer Signature <input style="width: 90%;" type="text"/>				Date <input style="width: 10%;" type="text"/>	

Previous edition of this form are obsolete

