FEECE OIL CO.
FUELS-LUBRICANTS-DEF

517 Twin Rail Dr., Minooka, IL 60447… 1700 Hubbard Ave. Batavia IL. 60510
Office: 1-888-879-1911 Fax: 1-815-521-0192

DRIVER QUALIFICATION APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Position Applied For:		Application Date:	
NAME (First-Middle-last)		Date of Birth (00-00-0000)	
Address (Street-City-State-Zip)		Social Security #	
Cell Phone #		Other Phone #	
Email			

ADDRESS(s) FOR PAST THREE (3) YEARS			
Address (Street-City-State-Zip)		How Long?	
Address (Street-City-State-Zip)		How Long?	
Address (Street-City-State-Zip)		How Long?	

CURRENT COMMERCIAL DRIVERS LICENSE INFORMATION			
CDL Number	Issuing State	CDL Issue Date	CDL Expiration Date

PREVIOUS COMMERCIAL DRIVERS LICENSE INFORMATION (If Applicable)			
CDL Number	Issuing State	CDL Surrender Date	Additional Information

ADDITIONAL INFORMATION					
Emergency Contact Information			Phone #		
Do you have the legal right to work in the United States?			Can you provide proof of age?		
Have you driven for Feece Oil Co. before?		Date From		Date To	
Reason for leaving?					
Are employed now?		If not, how long since last employment?		3 Weeks	
Who referred you to Feece Oil Co.?					

In the past 3 years have you tested positive, refused to test on any drug/alcohol, including pre employment testing? Yes? No? (Circle) Explain →	
Is there any reason you might not be able to perform the functions as a Driver for which you have applied for qualification? Yes? No? (Circle) Explain →	I have read & understand the physical requirements of the driver position: YES / NO (Please Circle)
Have you ever been convicted of a felony? Do you have any pending felony charges? Yes? No? If yes, please explain? →	

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EMPLOYMENT HISTORY

All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to driver a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated a commercial motor vehicle.

(NOTE: List employers staring with the most recent/current in descending order)

ALL EMPLOYMENT INFORMATION MUST BE COMPLETED TO BE ACCEPTED - ANY GAPS IN EMPLOYMENT/UNEMPLOYMENT MUST BE EXPLAINED

EMPLOYER					DATES			
Name					From MO/YR		To MO/YR	
Address								
City-State-Zip					Email			
Contact		Phone #		Fax #		Position		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES		NO			
Was employment designated as a "Safety Sensitive Function" regarding alcohol and drug testing required by 49 CFR Part 40?			YES		NO			
Reason for Leaving?								

EMPLOYER					DATES			
Name					From MO/YR		To MO/YR	
Address								
City-State-Zip					Email			
Contact		Phone #		Fax #		Position	H.R.	
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES		NO			
Was employment designated as a "Safety Sensitive Function" regarding alcohol and drug testing required by 49 CFR Part 40?			YES		NO			
Reason for Leaving?								

EMPLOYER					DATES			
Name					From MO/YR		To MO/YR	
Address								
City-State-Zip					Email			
Contact		Phone #		Fax #		Position		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES		NO			
Was employment designated as a "Safety Sensitive Function" regarding alcohol and drug testing required by 49 CFR Part 40?			YES		NO			
Reason for Leaving?								

EMPLOYER					DATES			
Name					From MO/YR		To MO/YR	
Address								
City-State-Zip					Email			
Contact		Phone #		Fax #		Position		
Were you subject to Federal Motor Carrier Safety Regulations while employed here?			YES		NO			
Was employment designated as a "Safety Sensitive Function" regarding alcohol and drug testing required by 49 CFR Part 40?			YES		NO			
Reason for Leaving?								

*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in Interstate Commerce to transport property when the vehicle; weighs or has a GVWR of 10,001 pounds or more, is of any size and is used to transport hazardous materials in any quantity requiring placarding.

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ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (If none list "NONE")

DATES		TYPE OF ACCIDENT (Head-on, Rear-End, Merging, Etc.)	Number of Fatalities	Number of Injuries	HAZMAT			
Month/Year					YES		NO	
Month/Year					YES		NO	
Month/Year					YES		NO	
Month/Year					YES		NO	
Month/Year					YES		NO	

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST THREE (3) YEARS (Other than parking violations)

CITY & STATE	DATE	VIOLATION/CHARGE	PENALTY/DISPOSITION

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	**YES**		**NO**	**X**
Has any license, permit or privilege ever been suspended or revoked?	**YES**		**NO**	**X**

If the answer to either of the above questions is "YES" provide statement explaining full details

EDUCATION BACKGROUND (List highest grades completed)

GRADE SCHOOL LEVEL 1-2-3-4-5-6-7-(8)	HIGH SCHOOL LEVEL 1-2-3-(4)	COLLEGE LEVEL 1-2-3-4	LAST SCHOOL ATTENDED (Name-City-State)

DRIVING EXPERIENCE AND QUALIFICATIONS

CLASS OF EQUIPMENT (Select)		TYPE OF EQUIPMENT (Van-Reefer-Tank-Flat-Lowboy-Other)	DATES FROM	TO	APPROXIMATE # OF MILES DRIVEN
Straight Truck					
Tractor-Trailer					
Tractor-Doubles					
Other (List) ⟶					

List states operated within last five (5) years	

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DRIVING EXPERIENCE AND QUALIFICATIONS (Continued)

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER
SHOW SAFE DRIVING AWARDS YOU HOLD AND RECEIVED FROM
LIST COURSES AND TRAINING OTHER THAN SHOWN IN THE APPLICATION
LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

↓TO BE READ AND SIGNED BY APPLICANT↓

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 my knowledge.

As a condition of my qualification, I agree to pre-qualification-controlled substance testing, as per Federal Motor Carrier Regulations, Section 391.103. I understand a "POSITIVE" test result will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results. Negative and positive results will be reported to Feece Oil Co.

I authorize Feece Oil Co. 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 a qualification decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of qualification has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my qualification, I understand that false or misleading information given in my application or interview(s) may result in disqualification. I understand, also, that I am required to abide by all policies of Feece Oil Co., and by all Federal and State regarding Commercial Vehicle Drivers and the Operation of Commercial Motor Vehicles.

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

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

DATE	APPLICANT'S SIGNATURE

FEECE OIL CO.
FUELS-LUBRICANTS-DEF

REQUEST FOR INFORMATION

From Previous Employer on Past Driver Qualification & Alcohol/Controlled Substance Testing

I hereby authorize you to release information to: ***FEECE OIL CO.*** for the purposes of investigation as required by section 391.23 and in compliance with 382.405 (Alcohol & Controlled Substances Testing) and 40.321(b), 40.25(b) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date	Applicant's Signature

PREVIOUS MOTOR CARRIER		REQUESTING MOTOR CARRIER	
		Feece Oil Co.	
		517 Twin Rail Dr.	
		Minooka, IL 60447	
PHONE #	FAX #	PHONE #	FAX #
		1-888-879-1911	815-521-1092
EMAIL ADDRESS		EMAIL ADDRESS	
		compliance@feeceoil.com	
CONTACT:	Towanda	CONTACT:	

Name of Applicant	
Social Security #	
Date of Birth	
Driver's License # & State	

The above-named individual has submitted an application to FEECE OIL CO. for a position as a Leased Qualified Driver and states he/she was qualified as a Driver and/or Owner-Operator. We appreciate your time in completing, in confidence, the information requested below. Please return by fax or email as outlined above under Requesting Motor Carrier. Thank you for your attention in this matter and prompt response in advance.

DATES QUALIFIED				JOB TITLE			
Equipment Type:	Straight Truck		Tractor-Trailer		Other Equipment		
Trailer Type:	Flatbed		Van-Cargo		Dump Body		Other	
Driving Type:	OTR		Local		Single		Team	
Areas Operated:	All 48 States		East		Mid-West		West	
Commodities Hauled:	Construction and Refuse							
Logs & Paperwork kept properly?	YES →			NO →				
Shipper or Consignee Problems?	YES →			NO →				
Was driver safe & efficient?	YES →			NO →				
Does your company have 48 State Authority?	YES →			NO →				

1st attempt Method _____ Date: _____

2nd attempt Method _____ Date: _____

3rd attempt Method _____ Date: _____

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Date	Applicant's Signature

PREVIOUS MOTOR CARRIER		REQUESTING MOTOR CARRIER	
		Feece Oil Co.	
		517 Twin Rail Dr.	
		Minooka, IL 60447	
PHONE #	FAX #	PHONE #	FAX #
		1.888.879.1911	815.521.1092
EMAIL ADDRESS		EMAIL ADDRESS	
		compliance@feeceoil.com	
CONTACT:		CONTACT:	

Name of Applicant	
Social Security #	
Date of Birth	
Driver's License # & State	

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Trailer Type:	Flatbed		Van-Cargo		Dump Body		Other	
Driving Type:	OTR		Local		Single		Team	
Areas Operated:	All 48 States		East		Mid-West		West	
Commodities Hauled:								
Logs & Paperwork kept properly?	YES →			NO →				
Shipper or Consignee Problems?	YES →			NO →				
Was driver safe & efficient?	YES →			NO →				
Does your company have 48 State Authority?	YES →			NO →				

1st attempt Method _____ Date: _____

2nd attempt Method _____ Date: _____

3rd attempt Method _____ Date: _____

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Date	Applicant's Signature

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		Feece Oil Co.	
		517 Twin Rail Dr.	
		Minooka, IL 60447	
PHONE #	FAX #	PHONE #	FAX #
		1-888-879-1911	1-815-521-1092
EMAIL ADDRESS		EMAIL ADDRESS	
		compliance@feeceoil.com	
CONTACT:		CONTACT:	

Name of Applicant	
Social Security #	
Date of Birth	
Driver's License # & State	

The above-named individual has submitted an application to FEECE OIL CO. for a position as a Leased Qualified Driver and states he/she was qualified as a Driver and/or Owner-Operator. We appreciate your time in completing, in confidence, the information requested below. Please return by fax or email as outlined above under Requesting Motor Carrier. Thank you for your attention in this matter and prompt response in advance.

DATES QUALIFIED					JOB TITLE			
Equipment Type:	Straight Truck		Tractor-Trailer		Other Equipment			
Trailer Type:	Flatbed		Van-Cargo		Dump Body		Other	
Driving Type:	OTR		Local		Single		Team	
Areas Operated:	All 48 States		East		Mid-West		West	
Commodities Hauled:								
Logs & Paperwork kept properly?	YES →			NO →				
Shipper or Consignee Problems?	YES →			NO →				
Was driver safe & efficient?	YES →			NO →				
Does your company have 48 State Authority?	YES →			NO →				

1st attempt Method _____ Date: _____

2nd attempt Method _____ Date: _____

3rd attempt Method _____ Date: _____

FEECE OIL CO.
FUELS-LUBRICANTS-DEF

MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that required placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing more than 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements that you as a driver must comply with. They are as follows:

1) POSSESS ONLY ONE LICENSE: You as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that at any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: (1) your employing motor carrier, and (2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only license I possess:

DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE EXPIRATION DATE

DRIVER CERTIFICATION: I certify that I have read and understood the requirements.

DRIVER'S NAME (Printed)	DRIVER'S SIGNATURE	DATE
NOTES:		

FEECE OIL CO.
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MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS

Each motor carrier shall, at least once every 12 months, require each driver it qualified to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months (Section 391.27).

Drivers who have provided information required by section 383.31 need not to repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier. If the driver has not been convicted of, forfeited bond or collateral on account of any violation which must be listed, he shall so certify (Section 391.27).

LIST OF VIOLATIONS (If none state "NONE")			
DATE	OFFENSE	CITY & STATE	TYPE OF VEHICLE OPERATED

DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE STATE	DRIVER'S LICENSE EXP. DATE
DRIVER'S NAME (Print)	DRIVER'S SIGNATURE	CERTIFICATION DATE (Today)

THIS SECTION FOR MOTOR CARRIER USE ONLY			
DEPARTMENT REVIEW	REVIEWED BY	TITLE	DATE

FEECE OIL CO.
FUELS-LUBRICANTS-DEF

517 Twin Rail Dr., Minooka, IL 60447
Office: 1-888-879-1911 Fax: 1-815-521-0192 Email: drive4feece@feeceoil.com

DISCLOSURE & ALCOHOL-DRUG RELEASE

In connection with my application for qualified driver (including contract services) with Feece Oil Co., I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information; names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public information concerning my driving record, workers' compensation claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PART OF ANY AGENCY CONTACTED BY DAC TO FURNISH THE AFOREMENTIONED INFORMATION TO THE EXTENT AUTORIZED BY STATEAND FEDERAL LAW.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including the sources of information: and the recipients of any report on me which DAC has previously furnished within two (2) year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

In conformity with 49 CFR Part 40, I hereby authorize my previous employers/carriers to furnish DAC Services (DAC) on behalf of Feece Oil Co. the following information concerning drug and alcohol tests. DOT drug and alcohol testing violations including pre-employment test during the past two (2) years: (1) the dates on which I tested positive for drug(s) involved; (2) the dates which I tested 00.04 or greater for alcohol and the test result levels; (3) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (4) and other violations of DOT drug and alcohol testing regulations; (5) and any information the carriers have received regarding violations of drug/alcohol testing regulations from previous employers covered by DOT.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT). If any previous employers/carriers furnishes DAC with information concerning items (1) through (5) above; (6) I also authorize that carrier to release and furnish the dates of my negative drug and/or alcohol test and/or tests with the results below 00.04 during the two (2) year period; (7) and the name and phone number of any substance abuse professional who evaluated me during the past two (2) years.

List all information indicated below for every employer/carrier which Pre-Employment Drug and/or Alcohol Test were performed during the past two years (even if you did not drive for them) Please write "NONE" if there were no tests performed.

COMPANY NAME	CITY & STATE	PHONE#	FAX#	EMAIL
NONE				
Driver Name (last-first-middle)	**Date of Birth**	**Social Security #**	**Driver License #**	**Issuing State**

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period. By signing below, I certify I have read and fully understand this release form. Prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all the information that I have furnished on this form is true and complete, and that I have listed every company for which I took a pre-employment drug and/or alcohol test during the past two (2) years.

APPLICANT'S SIGNATURE	DATE CERTIFIED
X	

FEECE OIL CO.
FUELS-LUBRICANTS-DEF
517 Twin Rail Dr., Minooka, IL 60447
Office: 1-888-879-1911 Fax: 1-815-521-0192 Email: drive4feece@feeceoil.com

GENERAL CONSENT TO LIMITED & FULL QUERIES FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

_____, hereby provide consent to FEECE OIL CO. to conduct a limited & full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited or full query conducted by FEECE OIL CO. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to FEECE OIL CO. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for FEECE OIL CO. to conduct a limited or full query of the Clearinghouse, FEECE OIL CO. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I also understand that this written consent is good for the duration of my employment with FEECE OIL CO., authorizing limited or full inquiries for annual review compliance.

Query Type	Reason for Query	Consent Requirements	Consent Responses and Required Actions	Query Results and Required Actions
LIMITED QUERY	Annual check on currently-employed driver OR Ad hoc/periodic check on driver	Outside the Clearinghouse May be electronic or wet signature Limited consent form must specify time range	**Consent refused** • Query cannot be conducted • Driver removed from safety-sensitive functions **Consent provided** • Retain via paper or electronically in driver's qualification file • Request limited query in the Clearinghouse	**No records found in the Clearinghouse for queried driver** • No action required **Records found in the Clearinghouse for queried driver; full query needed** • Full query must be conducted for violation and/or return-to-duty (RTD) details to be released • If full query is not conducted within 24 hours, driver is removed from safety-sensitive functions, including operating a CMV
FULL QUERY	Pre-employment check on prospective driver OR Limited query returned records found for queried driver OR Ad hoc/periodic check on driver	Electronically within the Clearinghouse, for each full query for individual driver	**Consent refused** • Employer notified of refused consent • Query cannot be conducted • Driver cannot perform/ removed from safety-sensitive functions **Consent provided** • Query conducted • Full violation and/or RTD details released, if any	**Prohibited** • If driver has a violation and no negative RTD test result, driver is removed from safety-sensitive functions **Not Prohibited** • If a driver has no violations, or a violation **and** a negative RTD test result, no action required

** All queries require driver consent & drivers must have created an electronic profile with the FMCSA Drug & Alcohol Clearing House**

Applicant Name	Applicant Signature	Date

FEECE OIL CO.
FUELS-LUBRICANTS-DEF

Physical Job Requirements

Physical Requirements: Including but not limited to:

- Climb into and out of truck tractor using 3 points of contact.
- Sit in driver's seat and/or passenger seat for prolonged periods of time.
- Follow proper loading and unloading of materials as outlined in the Feece Oil Company function specific and best practices guide.
- Remove transfer hoses from truck and connect transfer hoses to tanks & equipment as necessary.
- Open and close cargo tank side and rear compartment doors.
- Open and close valves, both manual and pneumatic.
- Maneuver loading arms for petroleum transfer applications.
- Conduct Pre-Trip & Post-Trip inspections of Truck-Trailer-Equipment, i.e.; opening hood, checking oil, checking fluids, check tires, check brakes, check lights, check safety equipment, etc., and verify safe operation of equipment prior to use and after use.
- Work a 14 Hr. Day (HOS Guideline)
- Drive 11 Hr. in a 14 Hr. Day (HOS Guideline)
- Maintain 70 Hr. on duty status time in an 8-Day Period.
- Maintain 60 Hr. on duty status time in a 7-Day Period.
- Climb on top of truck cargo body by use of truck mounted ladder and visually inspect cargo tank compartments.
- Climb on a ladder carrying petroleum transfer equipment as needed.
- Transfer petroleum products to & from receiving vessels, both above ground and underground tank applications.
- Repeatedly lift and maneuver petroleum transfer hoses containing petroleum products.

Applicant Name	Applicant Signature	Date

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING

Driver Record Screening Disclosure

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include information about my names, motor vehicle records, license verification. Upon Request, Embark Safety LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I_____ , authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Feece Oil . I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's First Name	Middle Name	Last Name	Maiden/AKA/Previous Name(s)

Driver's License Number	License State	Date of Birth

☐ ***California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box and provide your email address to have a copy of yourreport emailed directly to you.

_____
E-maiL

Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from Embark Safety LLC, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Embark Safety LLC has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Embark Safety LLC during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Notice to Massachusetts Applicants: Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

Signature	Date

(Electronic signatures are NOT acceptable - This document must be physically signed by applicant

FEECE OIL CO.
FUELS-LUBRICANTS-DEF

517 Twin Rail Dr. Minooka, IL 60447

Revised 12-1-2025