



Please note that in order to complete this application, you must upload copies or pictures of the following DOT and OSHA required documents

- **Driver's License**
- **DOT Medical Card**
- **Social Security Card, Birth Certificate or US Passport**
- **OSHA 10 or higher**
- **OSHA Confined Space Certification**

All applicants will be subject to a pre-employment drug test to be conducted

at CHA Occupational Health 1 Cabot rd, 2nd floor, Medford MA 02155

***DOT cards can be obtained from this location as well**

Need OSHA Certifications?

- [To take the OSHA courses and receive your required certifications if you have not done so already click here](#)
-

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Rapid Flow Inc.
Address: P.O. Box 499
City/State/ZIP: Revere, Massachusetts 02151
Telephone: 781-289-7106

It is the policy of Rapid Flow Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____
Full or Part Time? _____

5. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

6. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

7. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

8. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received:

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

9. **References**

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

10. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Rapid Flow Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

Employee's Withholding Certificate

OMB No. 1545-0074

2020

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependents

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers
Only

Employer's name and address Rapid Flow Inc, 85 Crescent ave Chealsea MA 02150	First date of employment	Employer identification number (EIN)
---	--------------------------	--------------------------------------

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



Print full name Social Security no.
Print home address City State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total.
5. Additional withholding per pay period under agreement with employer \$
 - A. ☐ Check if you will file as head of household on your tax return.
 - B. ☐ Check if you are blind.
 - C. ☐ Check if spouse is blind and not subject to withholding.
 - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim **more** than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions **increases**. You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases**. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>Please Provide copy of Identifying Documents used for List A or List B and C</div> <div>See next page for a list of acceptable documents</div>		
Issuing Authority				
Document Number		<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Amanda Meads</i>	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR	
Last Name of Employer or Authorized Representative Meads	First Name of Employer or Authorized Representative Amanda	Employer's Business or Organization Name Rapid Flow Inc	
Employer's Business or Organization Address (Street Number and Name) 85 Crescent ave	City or Town chelsea	State MA	ZIP Code 02150

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative <i>Amanda Meads</i>	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative Amanda Meads
---	---------------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Direct Deposit Enrollment/Change Form

Company Name _____ Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

- ☐ Voided check with name imprinted (no starter checks)
- ☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- ☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

☐ Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature: _____ Date _____

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature _____ Date _____

Note: Digital or Electronic Signatures are **not** acceptable.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Waiver

Company Name: _____

Employee's Name: _____

Date of Birth: _____

Medical

☐ I waive my employer's group **Medical** insurance coverage for myself and my eligible dependents (if any).

Reason for Waiver of Coverage - check all that apply:

☐ I am covered as a spouse or dependant under another group **Medical** plan.

☐ I am covered by Medicare, non-group, Veterans program or a secondary employer.

Employer Name: _____

Insurance Company: _____

☐ I am not covered by another **Medical** insurance and choose not to participate in my employer's group plan at this time.

Other (requires explanation): _____

Dental

☐ I waive my employer's group **Dental** insurance coverage for myself and my eligible dependents (if any).

Reason for Waiver of Coverage - check all that apply:

☐ I am covered as a spouse or dependant under another group **Dental** plan.

☐ I am covered by non-group, Veterans program or a secondary employer.

Employer Name: _____

Insurance Company: _____

☐ I am not covered by another **Dental** insurance and choose not to participate in my employer's group plan at this time.

Other (requires explanation): _____

I waive my and/or my dependents' (if any) eligibility to enroll in my employer's group plan at this time. I understand that I and/or my dependents may enroll under this plan in the future under the terms defined in the eligibility section of the subscriber certificate or benefit description.

Employee Signature: _____

Date: _____

I affirm that the assertions in this form are true and complete to the best of my knowledge, and I understand that Blue Cross Blue Shield of Massachusetts has the right to terminate coverage, retroactive to the effective date of coverage, for any material misinformation (including omissions) contained in this form.

Employer Signature: _____

Date: _____



Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Rapid Flow Inc

is registered under the

(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

Rapid Flow Inc

has authorized

(Organization)

to submit CORI checks

(Consumer Reporting Agency)

to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Consumer Reporting Agency)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

Rapid Flow Inc

(Organization)

with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact

Rapid FLOW Inc

(Organization)

to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____, on behalf of

(Consumer Reporting Agency)

Rapid FLOW Inc

may conduct

(Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that

Rapid Flow Inc

, must first provide me

(Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Amanda Meads

Print Name of Verifying Employee

Signature of Verifying Employee

Date

Massachusetts CORI Certification

Pursuant to the Massachusetts Criminal Offender Record ("CORI") laws, M.G.L. ch. 6 § 167 et seq. and regulations promulgated thereunder (803 CMR: Department of Criminal Justice Information Services), the customer identified below ("Customer") certifies to HireRight, LLC ("HireRight") as follows:

1. Customer authorizes HireRight conduct a search on its behalf of the CORI database regarding the following current or prospective employee: _____ ("Subject").
2. The annual salary of the position for which the Subject is being screened is :
☐ Under \$75,000
☐ \$75,000 or more
3. The purpose for which the Subject's CORI is being requested is (select one of the following):
☐ Employment: Applicant
☐ Employment: Current Employee
☐ Employment: Sub-Contractor
☐ Volunteer/Interns: Applicant
☐ Volunteer/Interns: Current
4. Customer provided the Subject a CORI Acknowledgement Form and obtained the Subject's signature thereon no more than one (1) year prior to submitting the request for the Subject's CORI. The date on which the Subject signed the CORI Acknowledgement Form is _____. A complete copy of the Subject's signed and verified CORI Acknowledgement Form is provided herewith.
5. If the request for the Subject's CORI constitutes a new request made within one (1) year of the Subject having signed the original CORI Acknowledgment Form:
 - a. The Subject's employment with Customer did not terminate at any time after the Subject signed the original CORI Acknowledgement Form; and
 - b. Customer notified the Subject in writing at least 72 hours prior to submitting the new request for the Subject's CORI that the Subject's CORI would be requested. The Subject did not object to the Customer requesting the Subject's CORI.
6. Customer notified the Subject in writing of, and received permission for, HireRight to obtain the Subject's CORI on behalf of Customer.
7. Customer is in compliance with the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681; the M.G.L. c. 93 § 50-67; and all other applicable federal and state consumer and credit reporting laws.
8. Customer will not misuse any information in the report in violation of federal or state equal employment opportunity laws or regulations.
9. Customer verified the identity of the Subject by examining one or more forms of a government-issued identification, and signed/dated the CORI Acknowledgement Form certifying that the Subject was properly identified.
10. Customer will provide HireRight with accurate identifying information (e.g., the Subject's name, date of birth, and Social Security Number) so that HireRight can submit the request for the Subject's CORI to the iCORI system. Customer acknowledges that to retrieve CORI from the iCORI system, the information submitted must match the information in the iCORI database exactly. Customer agrees to hold HireRight harmless in the event that HireRight does not retrieve a Subject's CORI due in whole or in part to the fact that one or more pieces of identifying information provided by the Customer or Subject did not match exactly to the information in the iCORI database.

Customer certifies that the foregoing is true and correct. Customer represents that this Certification has been signed on its behalf as of the date written below by a representative empowered to bind Customer with respect to the statements made in this Certification.

Customer Name: Rapid Flow Inc

By (signature): _____

Name (printed): Amanda Meads

Title: HR

Date: _____

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

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.

LAST UPDATED 12/22/2015



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Human Resources
600 Washington Street • Boston MA 02111

CHARLES D. BAKER
GOVERNOR

MARYLOU SUDDERS
SECRETARY

Department of Children and Families (DCF)
Adam Walsh/ Child Protective Service (CPS) Background Record Request Form

The 2006 Adam Walsh Act allows private and public organizations to request a search of the Massachusetts Department of Children and Families (Department) Central registry to determine if the named individual below has any substantiated report of child abuse and/or neglect within the Commonwealth of Massachusetts. The CPS central registry check does not include unsubstantiated reports, Criminal Offender Record Information (CORI) or Sexual Offender Registry Information (SORI). Public and private organizations are responsible to follow their respective procedures for obtaining such information.

I, _____, understand that the Department will review information contained within its Central Registry of Child Abuse/Neglect. I authorize the Department to provide such information to the agency/organization named below. I further certify that the information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

HireRight LLC, Attn: Healthcare Operations, 14002 E. 21st Street #1200, Tulsa, OK 74134

AGENCY/ORGANIZATION NAME AND ADDRESS

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

PLACE OF BIRTH

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

- **ONLY Law enforcement organizations/Sherriff Departments and State Child Welfare Organizations can mail or fax inquiries on their organization letterhead to 617-748-2441 or the mailing address above.**
- **All other organizations or individuals must mail in their request. The request must be notarized and mailed to: Massachusetts Department of Children and Families, Background Record Check Unit, 600 Washington Street, Boston MA. 02111. You must also include a stamped, self-addressed envelope.**

NOTARY INFORMATION & STAMP OR SEALED

Official Use ONLY:

Release Form For Consumer Reports

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include information experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request of HireCheck, Inc., upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Print Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

For Identification Purposes

Date of Birth: _____ Race: _____ Gender: M F
MM/DD/YYYY

Other or Former Names: _____

Professional License: State: _____ Type: _____ Number: _____

Signature: _____ Date: _____

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: Rapid Flow Inc
Company Address: 85 Crescent ave Chelsea MA 02150

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 60 days from the date signed. (Please initial.)

Signature:	Date Signed:
------------	--------------

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:
City/State/ZIP:
Phone Number:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

If You are applying for a CDL position
please continue on to the next page

If you are not applying for a CDL position
Please skip to page 10

Commercial Driver Application for Employment

Date _____

Company Name: Rapid Flow Inc

Street Address: 85 Crescent ave

City, State, Zip: Chelsea, MA 02150

Applicant Name _____

Last

First

Middle

Home Phone: () _____

Cell Phone: () _____

* Current Address _____

Street

City

State

Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street

City

State

Zip Code

Street

City

State

Zip Code

Position Applying for _____

Temporary

Part Time

Full Time

Who Referred You? _____ Rate of Pay Expected? _____

Have you ever worked for this company before? _____ Dates: From _____ to _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Last school attended _____
Name Address

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ___ yes ___ no If yes, which branch of service: _____

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? ___ yes ___ no Are you currently serving in National Guard? ___ yes ___ no

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth _____
month/day/year

Social Security Number _____ - _____ - _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?
_____ yes _____ no
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?
_____ yes _____ no
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?
_____ yes _____ no

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver	State	License Number	Type	Expiration Date
Licenses held	_____	_____	_____	_____
in past 3	_____	_____	_____	_____
years must	_____	_____	_____	_____
be shown	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

List states operated in during the last five years:

List special courses or training that will help you as a driver:

List safe driving awards held and who awards were presented by:

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **last** or **current** position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Middlesex Sheriff's Office Security Guidelines

MSO SECURITY GUIDELINES ARE AS FOLLOWS:

- **ALL PERSONNEL MUST PASS A SECURITY CLEARANCE BY SUBMISSION OF COMPLETED AND SIGNED FORM CONTAINING: NAME, ADDRESS, DOB, SS # AND COPY OF CURRENT DRIVERS LICENSE OR PHOTO ID WITH CURRENT ADDRESS. (FORM TO BE PROVIDED BY MSO).**
- **ONLY COMPANY SUPERVISOR VEHICLES ARE ALLOWED ON SITE. SUBJECT TO EXPLICIT APPROVAL BY MSO SECURITY.**
- **NO DRUGS, ALCOHOL OR WEAPONS ALLOWED ON PROPERTY.**
- **NO TOBACCO OR TOBACCO PRODUCTS ALLOWED ON PROPERTY.**
- **ALL PERSONNEL, VEHICLES, TOOL CRIBS, MATERIALS, AND EQUIPMENT, ARE SUBJECT TO SEARCH AT ALL TIMES WHILE ON SITE.**
- **NO PETS ALLOWED ON PROPERTY.**
- **ALL TOOLS, EQUIPMENT AND MATERIALS MUST BE ACCOUNTED FOR AND SECURED AT THE END OF EACH WORKDAY, WITH NO EXCEPTIONS.**
- **WORK HOURS ARE MONDAY TO FRIDAY 7:00 AM TO 3:00 PM OR AS STATED IN JOB SCOPE. WORK HOURS ARE SUBJECT TO CHANGE WITHOUT NOTICE BY MSO.**
- **ANY WORK THAT COULD DISRUPT THE NORMAL OPERATIONS OF THE FACILITY, MUST BE IDENTIFIED AND APPROVED BY MSO AT LEAST 48 HOURS PRIOR TO COMMENCEMENT, OR RESCHEDULED IF SO DEEMED BY MSO SECURITY.**
- **ALL WORKERS AND WORK ON SITE MUST BE ACCOMPANIED BY ASSIGNED MSO PERSONNEL. ALL SECURITY GUIDELINES, PROCEDURES AND INSTRUCTIONS MUST BE STRICTLY ADHERED TO WITH NO EXCEPTIONS.**
- **NO CELL PHONES ALLOWED IN THE FACILITY AT ANY TIME.**
- **MSO IS NOT RESPONSIBLE FOR DELAYS OR SHUT DOWNS OF WORK DUE TO ANY SITUATIONS THAT MAY ARISE WITHIN THE CORRECTIONAL FACILITY.**

Print Name: _____

Signature: _____

Date: ____ / ____ / ____

BACKGROUND INFORMATION REQUEST AND WAIVER

(Please print clearly or type)

PERSONAL DATA:

NAME: _____
LAST FIRST MIDDLE

RESIDENTIAL ADDRESS: _____
(Not a P.O. Box) STREET CITY STATE

DOB: ____/____/____ **SSN:** ____/____/____ **DRIVER LIC:** _____
(MM/DD/YY) & STATE

COMPANY NAME: RAPID FLOW, INC. **CO. PHONE:** 781-289-7106

I _____, understand that the Middlesex Sheriff's Office will conduct a criminal records check, and I hereby release, discharge, and exonerate the Middlesex Sheriff's Office, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or in behalf of the Middlesex Sheriff's Office.

SIGNATURE: _____ **DATE:** _____

MSO Staff: Request for Security Clearance

*This form and its entirety must be filled out two weeks prior to admittance.
Incomplete forms will not be processed.*

STAFF REQUESTING CLEARANCE: _____

REASON: _____ **LENGTH OF CLEARANCE:** _____
(MAX 365 Days) DAYS

SECURITY

NAME: _____

SIGNATURE: _____

NOTES: _____

ASST. SUPERINTENDENT

SIGNATURE: _____

DATE: _____

DECISION: APPROVED OR DENIED

If denied forward to Superintendent for final review

Superintendent Carole Cafferty Approved Denied

Superintendent Osvaldo Vidal Approved Denied

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 character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. 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 Rapid Flow Inc. (company name). I hereby release Embark Safety LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. 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 (print legibly)

Maiden/AKA/Previous Name(s)

Date of Birth (This will not affect hiring decision)

Drive License Number

State

(Month)

(Day)

(Year)

☐

***California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you:
email: _____

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.

Notice to New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law _____

Signature

Date

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

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: Rapid Flow Inc

Address: 85 Crescent ave Chelsea, MA 02150

Phone #: 781-289-7106 Fax #: 781-289-5661

Designated Employer Representative: Amanda Meads

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ____ NO ____ |
| 2. Did the employee have verified positive drug tests? | YES ____ NO ____ |
| 3. Did the employee refuse to be tested? | YES ____ NO ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ____ NO ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ____ NO ____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

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

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: _____ Phone () _____
Address _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* driver applicants only						

Signature of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION