



Recycling & Garbage Collection Services
Jobsite & Event Services
Storage Container Rentals
Shredding
Commercial • Residential

NAME: _____

Application Requirements

- 1) Review Qualifications on page 2
- 2) Make sure your driving record meets our standards
- 3) Complete Application - Fill out everything highlighted in Yellow - Fill in **EVERY BLANK**, even if you put "N/A", or "None," or "0."
- 4) Attach the following:
 - a. Full page COLOR copy of Driver's License
 - b. Full page copy of current CDL Medical Card (if you have a CDL)
- 5) Return application in person or scan to marty@ssc-inc.com
- 6) If you have a current CDL, you must register at the following website to allow SSC to obtain your past drug and alcohol test history <https://clearinghouse.fmcsa.dot.gov/>

If you are from California:

Bring California MVR driving history from CA

P.O. Box 1702 • 21 Bellwether Way, Suite 404, Bellingham, WA 98227
(360) 734-3490 • Fax: (360) 671-0239
info@ssc-inc.com • www.ssc-inc.com

Serving Whatcom County since 1929 • Locally-owned and operated

SSC Applicant Qualification Program

Motor Vehicle Record Checks

A Washington State motor vehicle record (MVR) check will be conducted on job candidates for positions that require driving as an essential job function. Job candidates with a commercial driver's license in another state within the last 5 years will be required to submit a copy of their MVR from the other state during the application process. Once hired, Washington State MVR checks will be run at least annually.

Hiring

The Company will not hire a driver who has one or more citations for the following Major Driving Infractions:

- Suspended or revoked license, depending on the reason
- Any violation involving drugs, alcohol, controlled substances, etc., within the past 60 months, including but not limited to DUI
- Leaving the scene of an accident within the past 24 months
- Preventable accident resulting in fatality or serious injury within the past 60 months
- Drag racing within the last 60 months
- Reckless driving within the past 24 months
- Negligent homicide, hit-and-run, manslaughter, or assault involving a motor vehicle within the last 10 years
- Other similar infractions

Additionally, the Company will not hire a driver who has citations for two or more of the following Minor Driving Infractions in the 36 months prior to application to the Company:

- Speeding
- Preventable accident not resulting in a fatality or serious injury
- Failure to stop
- Failure to yield
- Driving while operating or holding a cell phone or any other personal electronic device
- Other similar infractions
- Following too closely
- Failure to use a seat belt

21 Bellwether Way Suite 404
Bellingham, WA 98225

Sanitary Service Company
MECHANIC

Employment Application
360-734-3490

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Name _____ Soc. Sec. # _____
[Print] Last First M.I.

Current Address _____ How Long? _____
Street City Zip

Phone Number _____ E-Mail Address: _____

Applicant's Statement

I understand that if the Company hires me, my employment will be for no definite period, regardless of the period of the payment of my wages. I also understand that I have the right to terminate my employment at any time with or without notice to the Company, and the Company has the same right to terminate my employment at any time with or without notice to me. No one other than the president of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the Company's president.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by applicable law. I authorize the Company to investigate my driving record.

I grant the Company authority to contact my previous employers, and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with the Company to my future prospective employers and I agree to hold the Company harmless for providing such information.

I certify that all the information that I provide on this application and in any interviews will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect I can be immediately dismissed.

I HAVE READ AND UNDERSTAND THIS STATEMENT

Applicant's Signature _____ Date _____

Previous Address _____ How Long? _____
Street City Zip
(list other previous addresses as needed to cover last 3 years)

Previous Phone Number _____ Are You 21 YRS of AGE or Older ☐ YES ☐ NO
Worked for this company before? ☐ YES ☐ NO If yes, give dates and position _____

Do you have any friends or relatives working here? ☐ YES ☐ NO If yes, Name _____
Relationship _____

How would you get to and from work? _____

Previous Employment

Start with your present or last employer. Account for all periods of time for last 3 years, inc. military service, unemployment, self-employment (give references); up to 10 years for commercial driving jobs.

Employer	Dates	Job Description	Reason for Leaving
Company _____ Address _____ City, State, Zip _____ Telephone _____	From (mo/yr) To (mo/yr)	Name/Title of Last Supervisor: 	
Subject to Federal Motor Carrier Safety Regulations <input type="checkbox"/> YES <input type="checkbox"/> NO			
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company _____ Address _____ City, State, Zip _____ Telephone _____	From (mo/yr) To (mo/yr)	Name/Title of Last Supervisor: 	
Subject to Federal Motor Carrier Safety Regulations <input type="checkbox"/> YES <input type="checkbox"/> NO			
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company _____ Address _____ City, State, Zip _____ Telephone _____	From (mo/yr) To (mo/yr)	Name/Title of Last Supervisor: 	
Subject to Federal Motor Carrier Safety Regulations <input type="checkbox"/> YES <input type="checkbox"/> NO			
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company _____ Address _____ City, State, Zip _____ Telephone _____	From (mo/yr) To (mo/yr)	Name/Title of Last Supervisor: 	
Subject to Federal Motor Carrier Safety Regulations <input type="checkbox"/> YES <input type="checkbox"/> NO			
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing <input type="checkbox"/> YES <input type="checkbox"/> NO			

Have you ever been terminated or asked to resign from any job?

☐ YES ☐ NO

If yes, please explain _____

Explain fully any gaps in your employment record _____

May we contact your current employer?

☐ YES ☐ NO

If no, please explain _____

Please describe any other experience that you have that you feel is relevant to this position _____

Education

School Name & Location	Years Completed	Diploma/Degree	Major	Specialized Training, Skills
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College	1 2 3 4			
Graduate/Prof	1 2 3 4			
Trade School				
Other				

References

List persons who know you well other than relatives or previous employers.

Name	Occupation	Address	Phone Number	Years Known

Driving Information

A. Do you have a current driver's license? ☐ YES ☐ NO State License # Exp.

- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☐ NO
- C. Has any license, permit or privilege ever been suspended or revoked? ☐ YES ☐ NO
- IF THE ANSWER TO EITHER B OR C IS YES, ATTACH A STATEMENT GIVING FULL DETAILS.

List all violations of motor Vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date you submit this application:

Date	Location	Ticket/Citation For	Personal or Commercial Vehicle

Do you have personal automobile insurance? ☐ YES ☐ NO

Insurance Company _____

Has your personal automobile liability insurance ever been canceled ☐ YES ☐ NO

If yes, explain: _____

Licenses Held

Driver's License No.	State	Type (CDL, etc)	Expiration Date

Driver Experience

Class of Equip	Type (van, flat, etc)	From (Year)	To (Year)	Approx. Miles
Straight Truck				
Tractor Trailer				
Tractor 2 Trailers				
Other _____				

Accident Record For the Last (10) Years or More (Attach Sheet if More Space Needed)

Dates	Nature of Accident (head on, rear end, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Emergency Contact Information

In case of an accident or emergency, who should we contact?

Name _____ Relationship _____

Home Address _____ Phone _____
Street City State

Work Address _____ Phone _____

Although the Company may keep this application on file indefinitely, this application will be considered current and active only for thirty (30) days. If you wish to be considered for employment after that time, you must notify us in writing of your desire to keep your application current.

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.

Signature _____ Date _____

Complete a SEPARATE copy of this page for EACH previous employer

Request for Information from Previous Employer

From: Sanitary Service Company

To: _____ Date: _____
(Previous Employer)

Name: _____ Social Security Number: _____

has made application to this company for a position as a **MECHANIC**
and states that he/she was employed by you as a _____ from _____ to _____

Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Sincerely, SSC Safety Department

1. Is the employment record with your company correct as stated above? ☐ Yes ☐ No
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? ☐ Yes ☐ No If yes, check all that apply:
☐ Passenger Car ☐ Straight Truck ☐ Bus ☐ Tractor-Semitrailer ☐ Other (Specify): _____
4. Was the applicant a safe and efficient driver? ☐ Yes ☐ No If no, please specify: _____
5. Give the dates of vehicle accidents in which he/she was involved: _____
6. Reason for leaving your employment: ☐ Discharged ☐ Laid Off ☐ Resigned
7. Was the applicant's general conduct satisfactory? ☐ Yes ☐ No (specify): _____
8. Is the applicant competent for the position sought? ☐ Yes ☐ No (specify): _____
9. Did the applicant drink any alcoholic beverages while on duty? ☐ Yes ☐ No

Please select all accordingly:

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work					
Cooperation with Others					
Safety Habits					
Personal Habits					
Driving Skill					
Attitude					

Remarks: _____

Signature: _____ Date: _____

Name of Company: _____

Detach Here for Your Records

You are authorized to give to Sanitary Service Company all information regarding my services, character, and conduct while in your employment. You are released from any and all liability which may result from furnishing such information to the above named company.

Applicant Signature: _____ Date: _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name Sanitary Service Company Inc.	
Agent company name (if applicable) Employment Screening Services & SambaSafety/ADR	
Company/Agent company address 21 Bellwether Way #404, Bellingham, WA 98225	
Authorized representative name Rodd Pemble	Title Safety Manager
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;">X</p> <p>Date and place signed _____ Authorized representative signature _____</p>	

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name Sanitary Service Company Inc.		
Employer agent company name if acting on behalf of the company for employment purposes Employment Screening Services & SambaSafety/ADR		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;">X</p> <p style="text-align: center;">Signature _____ Date _____</p>		

ATTACHMENT A
FORM OF CONSENT OF COMMERCIAL DRIVER

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize SSC, Inc (Company Name) to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to SSC, Inc (Company Name).

I hereby give this consent this _____ day of _____, 20____.

COMMERCIAL DRIVER

[Signature]

[print first] _____ [print last]

APPLICANT AUTHORIZATION TO RELEASE ACCIDENT & SAFETY PERFORMANCE HISTORY INFORMATION

<i>To be completed by Applicant</i>		
First Name:	Middle Name:	Last Name:
Social Security Number:		Date of Birth:

I understand that, as a condition of hire with **Click here to enter text.**, I must consent to the release of all accident and safety performance history information from all previous employers that employed me to operate a Commercial Motor Vehicle ("CMV") within the previous three years as required by § 391.23(d). [☐ I have NOT worked in a DOT safety-sensitive position for a DOT-regulated company in the past two years (3 years for CMV drivers). Proceed to sign and date below.] **I HEREBY AUTHORIZE** the following previous employer to furnish the information requested in Section 2 below to Employment Screening Services, Inc., as a Third Party Administrator for the above-referenced Prospective Employer.

Previous Employer:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Contact:		Dates of employment:	

(Complete an additional form for each previous DOT employer within the last three years.)

CERTIFICATION: I have read and fully understand this authorization to release my previous accident and performance history information, identified by the questions below, to the Prospective Employer and its Third Party Administrator. I understand that I have the right (i) to review the information provided by previous employers by making a written request to my prospective employer, (ii) to contact my previous employer to have errors corrected and the corrected information re-sent to my prospective employer, and (iii) to have a rebuttal statement attached to the alleged erroneous information, if we cannot agree on its accuracy.

Signature of Applicant _____

Date _____

PLEASE SEND THE FOLLOWING INFORMATION TO: ESS, Attn. DOT, 2700 Corporate Dr., Ste. 100, Birmingham, AL 35242
 Phone: 1-866-859-0143 Email: DOT@es2.com Fax: 205-879-5052

<i>Section Two: To be completed by Previous Employer</i>				
Please complete the information below and return to ESS within 30 days, as required by § 391.23(g)				
The applicant listed above was employed by us: <input type="checkbox"/> Yes <input type="checkbox"/> No			Dates of Employment:	
Position held:		Did he/she drive a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor-Semi trailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other:				
Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> Other:				
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is the ineligibility due to the driver's safety performance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Commodities Hauled:				
Areas of Operation:				
Any safety performance concerns?				
While a CMV driver for you, was the applicant involved in any accidents as defined by § 390.5? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to the preceding question, please provide the following information for any accidents about which information is retained on your register pursuant to § 390.15(b)(2):				
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
<input type="checkbox"/> Enclosed is other accident information retained pursuant to our internal policies, or accident reports which State or other governmental agencies or insurers required us to retain. §§ 390.15(b); 391.23(d)(2)(ii).				

Name of Person Completing Form

Title

Phone

Date

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES**

Disclosure

_SSC_____. (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

Employment Screening Services (“ESS”) will prepare or assemble the background reports for the Company. ESS is located and can be contacted at 2700 Corporate Drive, Suite 100, Birmingham AL 35242, (866) 859-0143, www.es2.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, or mode of living. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

[END OF DOCUMENT]

PLEASE PROCEED TO THE NEXT DOCUMENT ENTITLED:

**“OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES”**

**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosures

Investigative Consumer Report:

SSC_____ (the “Company”) may request an investigative consumer report about you from Employment Screening Services (“ESS”), a consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the “Additional State Law Notices” for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

ESS Privacy Policy:

Information about ESS’s privacy practices is available at www.es2.com/privacy-policy/.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by ESS and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from ESS (or from a consumer reporting agency other than ESS) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

☐ **California, Minnesota or Oklahoma consumers:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

Additional State Law Notices

Please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

Employment Screening Services ("ESS") will prepare the background report for the Company. ESS is located and can be contacted at 2700 Corporate Drive, Suite 100, Birmingham AL 35242, (866) 859-0143. Information about HireRight's privacy practices is available at www.es2.com/privacy-policy/.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., ESS) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., ESS) for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for ESS, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____

Para información en español, visite <http://www.consumerfinance.gov/learnmore> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

FCRA Summary of Rights

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board

FCRA Summary of Rights

	Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

FCRA Summary of Rights

**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 employment with Sanitary Service Company ("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 Sanitary Service Company ("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



Recycling & Garbage Collection Services
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SSC Background Check Policy

Sanitary Services Company performs pre-employment background checks when hiring for all positions. The purpose of performing these checks is to evaluate the qualifications and suitability of a job candidate for the particular position for which the candidate is being considered. Conducting background checks will help ensure a safe working environment.

The Company is committed to ensuring that its background checking procedures comply with all applicable laws. The Company complies with the federal Fair Credit Reporting Act (FCRA), federal and state equal opportunity laws and all other applicable legal authority that affects the performing of pre-employment background checks.

In furtherance of these considerations, the following procedures will be followed:

1. The Company will perform pre-employment background checks on all candidates for employment prior to hire, provided that the scope of the background check may be tailored to the position sought. In addition, if an employee changes positions within the Company, any additional required background checks for that position which have not previously been performed will be performed.
2. All candidates will be advised that a background check will be required, and candidates will be required to sign appropriate authorizations prior to the performing of any preemployment background checks.
3. Candidates who provide false or misleading information in their application and/or authorization may be eliminated from any further consideration, or may be terminated at any time if the misrepresentation is discovered after employment commences. Candidates are expected to provide accurate and complete information and not to omit material information needed to make a decision.
4. A background check will encompass consideration of a candidate's credit history if the information is substantially job related and the Company's reasons for consideration of credit information are disclosed.
5. Pre-employment background checks should be completed before a candidate is offered a position, when reasonably possible.
6. All candidates shall be individually reviewed and decisions made with respect to employment based upon the totality of the candidate's qualifications and the results of the pre-employment background checks.

P.O. Box 1702 • 21 Bellwether Way, Suite 404, Bellingham, WA 98227
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info@ssc-inc.com • www.ssc-inc.com

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SSC Background Check Policy

7. A candidate will not be rejected based on a criminal record unless exclusion is job related and consistent with business necessity. This determination will be based on the following factors:
 - a. the nature and gravity of the offense(s) committed;
 - b. the amount of time that has passed since the offense was committed; and
 - c. the nature of the job for which the candidate is being considered;
8. Where appropriate, if the Company determines that a candidate's criminal record should preclude employment in the position sought, the candidate will be notified and afforded an opportunity to demonstrate why the criminal record should not preclude employment.
9. Prior to taking any adverse action, appropriate notices will be sent to the candidate pursuant to federal and any state FCRA laws.
10. The results of a pre-employment background check will be kept confidential, and information will be shared only with Company personnel who have a legitimate need to know.
11. Before any decision is made about the relevance of a criminal conviction or arrest, the Company will decide if the applicant is otherwise qualified, meaning that the applicant meets the basic standards as set out in the job description.

I acknowledge receipt of the attached SSC policy.

Employee Name (Print) _____

Employee Signature _____

Date Signed _____

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Storage Container Rentals
Shredding
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**General Consent for Limited Queries
of the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, [REDACTED], hereby provide consent to SSC, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I hereby consent to annual limited queries for the duration of my employment at SSC.

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

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

Employee Signature

Date

Employee Name (print)

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