

# COWTOWN BUS CHARTERS, INC.

Human Resources  
 5504 Forest Hill Dr.  
 Fort Worth, TX 76119  
 817 - 531-3287  
 817 - 534-9287 - FAX

\*\*\*\*\*

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Please furnish the following information pursuant to 49 CFR Section 382.405 (f). I hereby authorize & request:

(Company Name)  
 To release alcohol and controlled substance information listed below to the above named company, COWTOWN BUS CHARTERS.

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

Information from Section 382.401 (b), (1), (i), (ii), (iii).	YES	NO
1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past two years?	___	___
2. Has the above named individual had a controlled substance test with a positive result in the past two years?	___	___
3. Has the above named individual refused a controlled substance test or alcohol test within the past two years?	___	___

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

\*\*\*\*\*

Please indicate your opinion by placing a check in the appropriate column:

<i>CHARACTERISTICS</i>	<i>EXCELLENT</i>	<i>GOOD</i>	<i>FAIR</i>	<i>POOR</i>
Disposition, Tact, Ability to get along with others				
Initiative Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DISD VENDOR CONSENT and NOTIFICATION FORM

**Client Name:** Cowtown Bus Charters Inc.  
**Branch Code:** COWTWN

**Client Code:** VDISD

**Service Code (select one):**  DVENDR \$19 – For local DFW (Dallas, Tarrant, Denton, Collin county) employees  
 DVNDR2 \$30 – For employees that live outside of the DFW counties

Authorizing Signature \_\_\_\_\_

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

In order to maintain a safe, working environment **DISD** has mandated the verification of certain personal information and characteristics. Please proceed to one of the FC BACKGROUND® facilities. While at this facility, you will be asked to provide pertinent background information. You may also be required to provide a urine sample for a drug screen. Please be prepared to provide valid Government-issued photo identification and the following information:

LEGAL NAME:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

CURRENT ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

DATE OF BIRTH:

\_\_\_\_\_  
Month/Day/Year

SOCIAL SECURITY #

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

DAYTIME PHONE#:

EVENING PHONE #.:

**APPLICANT CONSENT:** I understand and agree that FC Background, LLC will verify all or part of the information I have given my employer/prospective employer. I understand that this process **may** include any inquiry into my credit history, motor vehicle driving record, criminal and civil records, a drug test, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information.

I further understand that my employer/prospective employer and FC Background have developed the WorkerCheck Program whereby applicants and employees will be screened and the results measured in accordance with certain agreed upon standards.

Employees meeting the standards will be enrolled in the WorkerCheck Program. Participants will be issued an ID Badge bearing the person's digital photo, logos of both **DISD** and WorkerCheck, the employer's name, and a Confirmation number. FC Background will maintain a web site where your employer and **DISD** can enter the Confirmation number and view a digital photo of the employee and the dates and results of the background screen.

I understand and agree to the following:

1. My picture and name may appear on the WorkerCheck/DISD website.
2. I may be re-screened periodically for purposes of continued participation in the WorkerCheck/DISD Program.
3. If at any time during participation, I fail to meet the established standards, my participation in the WorkerCheck/DISD Program may be suspended or eliminated.

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by FC Background, LLC. Dallas, TX. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

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

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