

Date Applied:

\_\_\_/\_\_\_/\_\_\_



Sitton Enterprises, LLC  
Application for Employment

Location Applying For: (Circle One)

Fort Worth                      Quaker City, OH

Jourdanton                      Pearsall

**PLEASE PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. **Fill out application form completely. If questions are not applicable, enter "NA."** Do not leave questions blank. Be sure to sign and date your Application when completed. Résumés will not be accepted in lieu of applications.

**AN EQUAL OPPORTUNITY EMPLOYER**

Sitton Enterprises, LLC complies with all federal, state, and local laws prohibiting employment discrimination. Sitton Enterprises, LLC does not discriminate against any employee or applicant based upon any protected characteristics or activity.

**PERSONAL DATA - PART I**

Last Name	First Name	Middle Initial	Date Available to Start Work:
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Social Security Number	Home Phone	Cell Phone
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Present Address	Apt. #	E-mail Address
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City	State	Zip	How Long? years                      months
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Previous Address	Apt. #	<b>THREE YEARS of Address History is REQUIRED.</b> <i>Please list previous address if you have been at Present Address for less than 3 years.</i>
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City	State	Zip	How Long? years                      months
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Position applying for:	Salary desired:	Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
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Days/hours available to work:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Anytime
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How many hours can you work weekly?	Are you available to work nights?	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**OFFICE USE ONLY**

Hire Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Location: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Status: \_\_\_\_\_

Have you previously worked for Sitton Enterprises, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate job title and dates of employment:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been discharged or asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on leave of absence or lay-off from any company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to anyone working for Sitton Enterprises, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If selected for hire can you provide legal documentation of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or have you ever been a member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many work days have you missed during the past 12 months?			
How long do you plan to work for Sitton Enterprises, LLC (Check one) <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> 1 Year <input type="checkbox"/> More than 1 year		How did you learn about SEI? <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> SEI Employee <input type="checkbox"/> Referral <input type="checkbox"/> Website/Online <input type="checkbox"/> Other: _____	

Valid Driver's License Number	State of Issue	Expiration Date	License Type
Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? <b>If yes, explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been disqualified under Sections §383 – Commercial DL Standards or §391- Qualifications Of Drivers of the Federal Motor Carrier Safety Regulations? <b>If yes, please explain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that I <u>DO NOT</u> have more than one Driver's License.		<b>Initial Here:</b>	

EDUCATIONAL BACKGROUND - PART II				
List the name and address of each High School, College, University, or Technical School	Years Completed	Degree, Diploma, or Certificate	Major or Field of Study	Did You Graduate?
High School:			N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No
List any specialized training received and the date completed:				

## DRIVING EXPERIENCE - PART III

Type of Equipment	Number of Years	States in which you have driven equipment
Tractor & Semi Trailer		
Trailer/Tank		
Straight Truck		
Bus		
Other (Specify:)		

### Accident Record - Last three (3) years or More

Date	Nature of Accident - (Head-On, Rear-End, Etc.)	Number of Fatalities	Number of Injuries	Commercial Vehicle	Chemical Spills

### Traffic Convictions & Forfeitures - Last three (3) years

State	Date Convicted	Violation	Penalty	Commercial Vehicle	Personal Vehicle

## EMPLOYMENT EXPERIENCE - PART IV

**Non-CDL driver applicants must provide three (3) years of employment history. Applicants having a valid CDL must provide ten (10) years of employment history.** Sitton Enterprises, LLC is required under §391.23 to investigate the safety performance of all Federal Motor Carrier Safety Administration regulated employers that you worked for within the preceding three (3) years. Sitton Enterprises, LLC is required to investigate your participation in a US Department of Transportation mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all US Department of Transportation regulated employers that you worked for in the preceding three (3) years. You must give written consent for these investigations to be considered for employment. You have due process rights regarding the information received from these investigations under §391.23(i).

**All information obtained from previous employers will remain confidential.  
If you need more space to provide job history, please attach additional page.**

<b>Current/Most Recent Employer</b>	<b>From</b> Mo./Year _/_/___	<b>To</b> Mo./Year _/_/___	Starting Job Title:	Starting Pay Rate:
			Final Job Title:	Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name	Supervisor's Title		Phone Number	

**Describe the main job duties you performed:**

Specific Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employer #2</b>	<b>From</b> Mo./Year _/_/___	<b>To</b> Mo./Year _/_/___	Starting Job Title:	Starting Pay Rate:
			Final Job Title:	Final Pay Rate:
Street Address		City	State	Zip Code
Supervisor's Name	Supervisor's Title		Phone Number	

**Describe the main job duties you performed:**

Specific Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employer #3</b>	<b>From</b> Mo./Year ___/___	<b>To</b> Mo./Year ___/___	Starting Job Title:	Starting Pay Rate:
Street Address			City	State
Supervisor's Name			Supervisor's Title	Phone Number
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer #4</b>	<b>From</b> Mo./Year ___/___	<b>To</b> Mo./Year ___/___	Starting Job Title:	Starting Pay Rate:
Street Address			City	State
Supervisor's Name			Supervisor's Title	Phone Number
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer #5</b>	<b>From</b> Mo./Year ___/___	<b>To</b> Mo./Year ___/___	Starting Job Title:	Starting Pay Rate:
Street Address			City	State
Supervisor's Name			Supervisor's Title	Phone Number
Describe the main job duties you performed:				
Specific Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NO CONTEST TO, A FELONY OR A MISDEMEANOR and/or HAVE YOU EVER BEEN SUBJECT TO DEFERRED ADJUDICATION? THIS INCLUDES DUI'S AND MINOR TRAFFIC VIOLATIONS?**

(Circle One)      Yes      No

An answer "Yes" to this question will not automatically disqualify you from consideration for employment, but a false statement or an omission will.

If your answer is "Yes," provide the following (# 1-4) information for each offense:

1. Explain in concise detail
2. Dates and nature of the offense(s)
3. Name and location of the court(s)
4. Disposition of the case(s).

(Attach additional sheet if more space is needed.)  
(Do not answer, "Will explain in interview.")

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Initial: \_\_\_\_\_ I certify that I have listed all of my Criminal History Information as requested above.

# NOTIFICATION AND AGREEMENT

In exchange for the consideration of my job application by Sitton Enterprises, LLC (hereinafter called the "Company"), I agree to the following:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices and policies, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Sitton Enterprises, LLC or otherwise to change in any respect the **employment-at-will relationship** between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the President of the Company. Both the undersigned and Sitton Enterprises, LLC may end the employment relationship at any time without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize the investigation of all claims and statements contained in this application. I hereby certify that the information I provided in this Application is true and correct. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others; and hereby release the Company from any liability because of such contact.

I also understand that (1) the Company has a drug and alcohol policy in compliance with State and Federal rules and regulations that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and, (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of the job-related physical examinations and drug testing.

I understand and authorize, to the extent allowed by applicable federal or state laws, the Company to conduct its own investigation of my references, employment history, and education, and further authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer-reporting agency an investigative consumer report including information as to my criminal history, my motor vehicle record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by the Company, as required by the Fair Credit Reporting Act (See "A Summary of Your Rights Under the Fair Credit Reporting Act").

My signature below 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. I agree to be bound by the terms and conditions stated in this Application.

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

Applicant's Name: \_\_\_\_\_

Sitton Enterprises, LLC is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, creed, color, religion, gender, sexual orientation, national origin, citizenship, age, veteran status, or any physical or mental disability.

# DRUG AND ALCOHOL TESTING CONSENT FORM

## SITTON ENTERPRISES, LLC DRUG TESTING POLICY

### EMPLOYEES SUBJECT TO TESTING

Under Sitton Enterprises, LLC drug and alcohol testing policy, current and prospective employees who work or would work in high-risk and safety-sensitive positions will be asked to submit to drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer from Sitton Enterprises, LLC for employment is conditional on the prospective employee testing negative for drugs and alcohol.

### SAFEGUARDS

Sitton Enterprises, LLC policy is intended to comply with all state and federal laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

### SELECTION

Department of Transportation (DOT) regulations require all Sitton Enterprises, LLC employees working on pipeline and/or oilfield equipment and property to submit to drug and alcohol testing.

### TESTED SUBSTANCES

Sitton Enterprises, LLC drug and alcohol testing program is limited to testing for **all** controlled substances. Any other substances that may be tested, using the same method used to test for controlled substances will not be tested.

### WRITTEN NOTICE

Before being asked to submit to a drug and/or alcohol test, the employee will receive written notice of the request or requirements. This signed agreement shall be used as written notice for all test requests.

### LICENSED LABORATORIES

Any drug and/or alcohol testing required or requested by Sitton Enterprises, LLC will be conducted by a laboratory licensed by the state. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by calling DISA, Inc.

### NOTICE OF RESULTS

If the employee is asked to submit to a drug and/or alcohol test, Sitton Enterprises, LLC will notify the employee of the result within twenty-four (24) hours after Sitton Enterprises, LLC receives the results from the laboratory.

### ADVERSE EMPLOYMENT ACTION

If there is reason to suspect the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended without pay until the results of a drug and/or alcohol test are made available to Sitton Enterprises, LLC by the testing laboratory. Where drug and/or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results have been returned.

### CONFIDENTIALITY

Sitton Enterprises, LLC will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to the results. The employee will be asked for his or her consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearing, and court cases arising as a result of the employee's drug testing. In addition, results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

### PROHIBITED DRUG AND ALCOHOL USE AT WORK

Sitton Enterprises, LLC will not tolerate any use of non-prescribed drugs or alcohol during work hours. If the employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be immediately terminated in accordance with company policy.

### POSTING

Besides being outlined in the application, Sitton Enterprises, LLC's drug and alcohol policy is written in the Employee Handbook.

I hereby agree, upon a request made under the drug/alcohol testing policy of Sitton Enterprises, LLC, to submit to a drug or alcohol test and to furnish a sample of my urine and/or breath for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained above.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

I have applied for employment with Sitton Enterprises, LLC and as a condition for my application being considered, I understand and agree to undergo drug and/or alcohol screening. I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my pre-employment drug screen. I understand that if my test results are positive, I shall not be considered for employment, or if I am hired pending the outcome of such a test, I will be subject to immediate termination. In addition, I understand and agree that if I fail any type of drug screen or alcohol test during my employment I will be subject to immediate termination.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Sitton Enterprises, LLC for screening purposes to conduct such screening and to provide the results to Sitton Enterprises, LLC.

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

Applicant's Name (Print): \_\_\_\_\_

# A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of the information supplied by the CRA, if you request the report within sixty (60) days of receiving notice of the action. You are also entitled to one free report every twelve (12) months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate because of fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, usually within thirty (30) days, by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs—to which it has provided the error—of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement for future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information

**You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old; ten (10) years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A - TO BE COMPLETED BY DRIVER APPLICANTS ONLY - PLEASE PRINT CLEARLY

Applicant Name: SS#: Date of Birth:
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of in accordance with 49 CFR Part 40.25 and 391.23.
Previous Employer Name Address Phone Number Fax Number Dates of Employment
Check this box if you have NOT performed DOT functions in the past three years.
Applicant Signature: Date:

SECTION B - TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: Sitton Enterprises, LLC Address: 4055 International Plz, Suite 410 City/State/Zip: Fort Worth, TX 76109
Contact: Human Resources Phone #: 817-737-8500 Fax #: 817-731-3400
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to:
DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041
Fax: 713-972-3424 E-mail: Verifications\_backgrounds@disa.com

SECTION C - TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this individual had verified positive drug tests?
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?
5. Did a previous employer report a drug or alcohol rule violation to you?
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?
7. Did the above-named individual drive a commercial motor vehicle (CMV) for you?
8. Please provide dates employed: to
9. Reason for leaving your company: Discharged Resignation Layoff Military Duty Other (specify):
10. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5?
If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.
Date Location # of Injuries # of Fatalities Hazmat Spill?
Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Name (Please Print): Title: USDOT#:
Signature: Phone#: Date:

\*\*Please Return To: DISA Fax# 713-972-3424 or E-mail Verifications Backgrounds@disa.com





# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

Check here if CDL Holder is requesting results on self

**Email: MCB.VPR@dps.texas.gov**

\_\_\_\_\_ ,  
Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

\_\_\_\_\_ ,  
Sitton Enterprises, LLC; SEI Oilfield & Roustabout (817) 737-8500  
Print Motor Carrier's Name Phone Number

\_\_\_\_\_ ,  
4055 International Plaza, Suite 410, Fort Worth, TX 76109  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver  <b>X</b>	Date
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**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.**