****

**AUTHORIZATION FOR MOTOR**

**VEHICLE RECORD DISCLOSURE AND RELEASE**

In connection with my ongoing employment or my application for employment, should I,­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have or secure a position with Commercial Coolants, Inc. dba Design Air Systems, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the abovementioned information to Commercial Coolants, Inc. dba Design Air Systems or its agents.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Commercial Coolants, Inc. dba Design Air Systems’ commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(Applicant’s signature) (Date) (Mgmt. Commercial Coolants, Inc.) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(Driver License #) (State)

**Commercial Coolants, Inc. dba Design Air Systems**

**31803 Old Washington Rd., Waller, TX 77484 | P: (888) 792-1377 | F: (936) 931-9118 | TACLA02176E & TACLA12208C**

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**AUTHORIZATION FOR DRUG AND/OR**

**ALCOHOL TESTING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree, upon a request made under the drug/alcohol testing policy of Commercial Coolants, Inc. dba Design Air Systems to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood 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 further authorize and give full permission to have Commercial Coolants, Inc. dba Design Air Systems and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Commercial Coolants, Inc. dba Design Air Systems and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Commercial Coolants, Inc. dba Design Air Systems to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Commercial Coolants Inc., dba Design Air Systems’ officers will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Commercial Coolants, Inc. dba Design Air Systems, its company physician, and any testing laboratory Commercial Coolants, Inc. dba Design Air Systems 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 Commercial Coolants, Inc. dba Design Air Systems 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 Commercial Coolants, Inc. dba Design Air Systems, its company physician, and any testing laboratory Commercial Coolants, Inc. dba Design Air Systems 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 in the paragraph above.

I UNDERSTAND THAT COMMERCIAL COOLANTS, INC. DBA DESIGN AIR SYSTEMS WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(Applicant’s signature) (Date) (Mgmt. Commercial Coolants, Inc.) (Date)

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**AUTHORIZATION FOR PRIOR EMPLOYER**

**TO RELEASE INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize any investigator or duly accredited representative of Commercial Coolants, Inc. dba Design Air Systems bearing this release to obtain any information from schools, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, job performance, appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Commercial Coolants, Inc. dba Design Air Systems and may be disclosed to such third parties as necessary in fulfillment of official responsibilities.

I knowingly and voluntarily release all former and current employers, references, and Commercial Coolants, Inc. dba Design Air Systems from and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Commercial Coolants Inc. dba Design Air Systems.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant’s signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mgmt. Commercial Coolants, Inc. dba Design Air) (Date)

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**AUTHORIZATION FOR**

**CRIMINAL BACKGROUND HISTORY CHECK**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my permission to Commercial Coolants Inc. dba Design Air Systems to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment position with this organization. I also understand that as long as I remain an employee here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Commercial Coolants, Inc. dba Design Air Systems and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Commercial Coolants, Inc. dba Design Air Systems and each of their officers, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of Commercial Coolants, Inc. dba Design Air Systems) and any and all related attorneys’ fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become an employee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(Applicant’s signature) (Date) (Mgmt. Commercial Coolants, Inc.) (Date)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address History (past 5 years required)

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State # Yrs at Address

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State # Yrs at Address

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State # Yrs at Address

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