



Have you worked for us before?

Who Referred You?

Have you ever been convicted of a crime?

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. Misrepresentation or omission of information or facts may result in rejection or dismissal. (Attach Sheet If More Space Is Needed)

Is there any reason you might be unable to perform the functions of the job for which you have applied? (See "Essential Job Functions" section below):

If yes, please explain:

**EMPLOYMENT HISTORY**

May we contact your Current Employer?

All driver applicants to drive in intrastate or interstate commerce\* must provide the following information on all employers during the preceding 10 years. List employers in reverse order starting with the most recent. Add another sheet as necessary.

Employer Name:

Start Date: Mo/ Yr.

End Date: Mo/ Yr.

Address:

Position Held:

City:

State:

Zip Code:

Salary/ Wage

Contact Person:

Phone Number:

Reason for Leaving:

Were you subject to the FMCSRs\*\* while employed?

Approx. # of Miles Driven

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

**Employer Name:** Start Date: Mo/ Yr. End Date: Mo/ Yr.

Address: Position Held:

City: State: Zip Code: Salary/ Wage

Contact Person Phone Number: Reason For Leaving:

Were you subject to the FMCSRs\*\* while employed? Approx. # of Miles Driven

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

**Employer Name:** Start Date: Mo/ Yr. End Date: Mo/ Yr.

Address: Position Held:

City: State: Zip Code: Salary/ Wage

Contact Person: Phone Number Reason For Leaving:

Were you subject to the FMCSRs\*\* while employed? Approx. # of Miles Driven:

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

**Employer Name** Start Date: Mo/ Yr. End Date: Mo/ Yr.

Address Position Held:

City: State: Zip Code: Salary/ Wage

Contact Person Phone Number Reason For Leaving

Were you subject to the FMCSRs\*\* while employed?

Approx. # of Miles Driven:

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

**Employer Name**

Start Date: Mo/ Yr.

End Date: Mo/ Yr.

Address

Position Held:

City:

State

Zip Code:

Salary/ Wage

Contact Person:

Phone Number

Reason For Leaving

Were you subject to the FMCSRs\*\* while employed?

Approx. # of Miles Driven

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

**Employer Name:**

Start Date: Mo/ Yr.

End Date: Mo/ Yr.

Address

Position Held:

City:

State

Zip Code:

Salary/ Wage

Contact Person:

Phone Number:

Reason For Leaving

Were you subject to the FMCSRs\*\* while employed?

Approx. # of Miles Driven:

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle : (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

How many other jobs have you had in the past 10 years?

**Class of Equipment**

Straight Truck Type: From To Approx # Of Miles (Total)

Tractor and Semi-Trailer

Tractor – Two Trailers

Motor Coach – School Bus  
(more than 15 passengers)

Motor Coach – School Bus  
(More than 8 Passengers)

Other

**ACCIDENT RECORD** for the past 7 years. List all accidents including intraplant and private property. If none, write none.

Dates

<u>Last Accident</u>	Nature of Accident (overhead, rear-end, upset, etc)	# of Fatalities:	# of Injuries:	Hazardous Material Spill
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<u>Next Accident:</u>	Nature of Accident (overhead, rear-end, upset, etc)	# of Fatalities	# of Injuries	Hazardous Material Spill
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<u>Next Accident</u>	Nature of Accident (overhead, rear-end, upset, etc)	# of Fatalities	# of Injuries	Hazardous Material Spill
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How many other Accidents have you had in the last 7 years?

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations). If none, write none.

Date	Location	Charge	Penalty:
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Date	Location	Charge	Penalty:
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Date	Location	Charge	Penalty:
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**EXPERIENCE AND QUALIFICATIONS** List all Driver's Licenses held in the past 3 years. In order to be considered, please fax or attach a legible copy of your current driver license to the Safety Department at (330) 726-4137.

Drivers Licenses:

State	License No.	Type	Expiration Date
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State	License No.	Type	Expiration Date
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State	License No.	Type	Expiration Date
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Have you ever been denied a Driver's License, Permit or privilege to operate a motor vehicle?

If yes, give details

Has any Driver's License, Permit or privilege to operate a motor vehicle ever been suspended or revoked?

If yes, give details.

Are you able to travel into Canada?

**TO BE READ AND SIGNED BY APPLICANT**

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:

## **ESSENTIAL JOB FUNCTIONS:**

### **Job Position:**

Commercial Class A and Class B, over the road and local Truck Driver

### **Specification:**

Must possess a valid CDL- Class A or B, with the necessary endorsements from your state of residence. Must have an acceptable motor vehicle record and one year of verifiable experience on the type of equipment you will be operating. Must meet all Federal and State requirements for certification including a pre-employment controlled substance screening and meet the medical standards of the US Department of Transportation.

Must be able to read and write in English, perform mathematical calculations to accurately and legibly complete required paperwork to include freight bills, receipts, record of duty status and be able to read maps and road signs.

Must possess good oral communication skills, and be able to follow instructions and take direction by various means of communication such as phone, two- way radio and computer.

Must be able to travel in to Canada.

### **Physical Requirements:**

Must be able to perform duties that require bending at the wrist, neck, waist and shoulders; twisting and rotating hands, elbows and forearms; frequent squatting and crouching.

Must have the ability to grip and grasp to shift manual transmissions and operate the foot pedals.

Must be able to sit and remain alert while driving for up to 11 hours and working up to 14 hours in a 24 hour period, including night driving and be able to spend time standing and walking on surfaces such as concrete, wood, metal and sometimes on slippery and wet surfaces.

Must be able to properly load, unload, secure and tarp cargo including all related duties. Must be able to lift up to 100 lbs. Must be able to pull and push the tailgate assembly to open and close, reach above head to secure tarps and be able to shovel loads and sweep out trailers.

Must be able to climb to a height of 4 to 13 feet. Driver may enter and exit the vehicle's cab and/or trailer 8 to 10 times a day. Cab level is generally from 36" to 66" from ground level, with entry and exit achieved by the assistance of one or two steps or hand-holds.

Must be able to shovel different densities of material in order to legalize loads and deal with frozen loads in the winter.

Must be able to climb in and out of the trailer to perform such duties as lining the trailer with plastic or applying calcium water in the winter.

Must be able to walk up and down steps to a platform height of 13' in order to tarp and trim loads. Must be able to remove and replace tarp bows and be able to roll neoprene tarps from one side of the trailer to the other utilizing a tarp crank.

**Duties:**

Must be able to operate a commercial vehicle safely and legally, transport freight timely, safely hook and unhook trailers from tractors, inspect trucks and trailers for defects, secure all shipments, perform frequent lifting, pulling and pushing of varying weight, load and unload to assure no danger to persons or property, properly handle and complete all necessary paperwork, maintain effective relations between company and customers in a professional manner.

Must be able to work irregular schedules in temperature and weather extremes, exposed to noise and vibrations as well as stress and fatigue related to the job.

Must be able to meet all company requirements and agree to all requirements and policies as outlined in the Operations Manual. Must be willing to pull different types of trailers, including but not limited to, dumps, tippers, walking floors, roll-offs and pneumatic tanks with the proper training.

**Certification:**

I certify that I have read and understand all of this "Driver's Application for Employment". In addition, I acknowledge that I have read and understand the "Essential Job Functions", and am capable of performing all such functions, with or without reasonable accommodation. It is agreed and understood that the employer or their agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it will be conditioned on the results of a physical examination and drug test.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

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

This certifies that 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:

**NOTICE CONCERNING PRIOR EMPLOYMENT**

The information that the applicant provides concerning applicant's prior employers may be used, and the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history information.

As to information obtained concerning prior employment, the applicant has the following rights:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer; and
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to applicant within (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.



**Southern Haulers LLC**  
**8063 Southern Blvd, Youngstown, OH 44512**  
Phone: (330) 758-0841 Fax: (330) 726-4137

**EMPLOYMENT VERIFICATION**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

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

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

I hereby authorize you to release the following information to R&J Trucking Inc/Ron Carrocce Trucking Inc for the purpose of investigation, as required by 391.23.

"Pursuant to 15 U.S.C. § 7001 and R.C. 1306.01 et seq., all electronic signatures have the full force and effect of written signatures."

DO NOT WRITE BELOW THIS LINE-----FOR PREVIOUS EMPLOYER ONLY

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Previous Employer: \_\_\_\_\_

Address of Previous Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Period of Employment : From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_ Type of Trailer Pulled: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Accident history while in your employ: \_\_\_\_\_

Problems with Equipment Abuse? Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

Problems with Attendance? Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

Problems with Attitude? Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

Problems with Paperwork? Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

Ever have a positive drug screen in past 3 Years? Yes\_\_ No\_\_

If Yes, did Employee complete SAP Program? Yes\_\_ No\_\_

If Yes, name & address of SAP: \_\_\_\_\_

Ever have a positive alcohol test greater than 0.04 in the past 3 years: Yes\_\_ No\_\_

If Yes, did Employee complete SAP Program? Yes\_\_ No\_\_

If Yes, name & address of SAP: \_\_\_\_\_

Ever refuse a drug or alcohol test in the past 3 years? Yes\_\_ No\_\_

Eligible for rehire? Yes\_\_ No\_\_ Comments: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Form back to: (330) 726-4137

## **CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE**

In connection with your employment or application for employment (including independent contractor assignments, if applicable) and in accordance with pertinent laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") related to information concerning you: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), academic history, verification of references and verification of other information supplied by you, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, accident history, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records and information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information sources (collectively, "Suppliers").

Upon providing proper identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within certain statutorily-prescribed time periods preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your consumer credit report or investigative consumer report if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, during normal business hours you may view the file maintained on you by HireRight. You may also obtain a copy of this file by submitting proper identification and paying any statutorily-prescribed costs for such file by contacting HireRight in person, by mail or by phone. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you provided that this person furnishes proper identification.

Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

If you are a Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also refer to the additional state law notices attached herewith.

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize HireRight to obtain Information and disclose Information to its customers ("Customers"), if applicable, for the purpose of making a determination as to my eligibility for employment (including independent contractor assignments), promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and HireRight Customers, if applicable, to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment or contract period. As permitted by law, I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this document. I agree that Information in HireRight's possession and my employment history with Customers if I am hired or contracted may be supplied by HireRight to other HireRight Customers for legally permissible purposes.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, independent contractor status, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original.

Print Applicant Name:

Social Security: #

Applicant Signature:

Date:

Applicant Address:

Applicant Phone Number:

**NEW YORK CORRECTION LAW  
ARTICLE 23-A  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

Consumer Report/Investigative Consumer Report

Disclosure and Authorization

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(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses. (e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct. (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**LAW NOTICES**

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries from the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the reports.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**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 ("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 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 the 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 reaction 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 ("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.

Name (Please Print):

Date:

Signature:

NOTICE: this form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The Language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. LAST UPDATED 12/22/2015

**Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.
- **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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

**TYPE OF BUSINESS:**

- 1.8. 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 Bureau:
  2. To the extent not included in Rem 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
  3. Air carriers
  4. Creditors Subject to Surface Transportation Board
  5. Creditors Subject to Packers and Stockyards Act
  6. Small Business Investment Companies
  7. Brokers and Dealers
  8. Federal land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
  9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

- a. Bureau of Consumer Financial Protection  
1700 G Street NW Washington, DC 20006
- b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580  
(877) 3824357
- a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 770109050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480


e. FDIC Consumer Response Center  
1100 Walnut Street, 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 Asst.  
General Counsel for Aviation Enforcement & Proceedings  
Department of Transportation  
400 Seventh Street SW Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
1925 K Street NW Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator fa Capital Access  
United States Small Business Administration  
400 Third Street, SW, 8th Floor  
Washington, DC 20416  
Securities and Exchange Commission  
190 F St NE Washington, DC 20549  
Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102.5090  
FTC Regional Office (or region In which the creditor operates or Federal Trade Commission: Consumer Response Center -FCRA Washington. DC 20580  
(677)3824357


## This Employer Participates in E-Verify




**NOTICE:**  
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or refuse the choice of documents presented for use on the Form I-9.

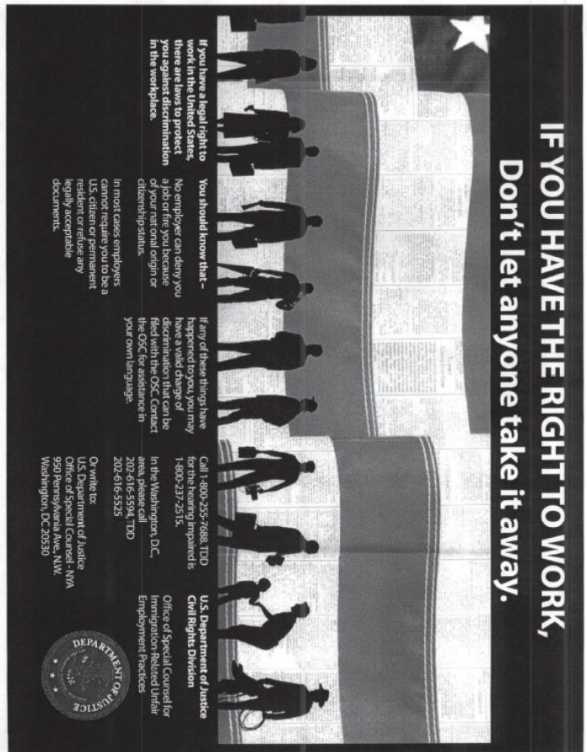
Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:  
**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

## IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



**You have a legal right to work in the United States. No employer can deny you a job or fire you because of your race, national origin or citizenship status.**


**You should know that -**  
No employer can deny you a job or fire you because of your race, national origin or citizenship status.

**If any of these things have happened to you, you may have a claim for employment discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language:**

Call 1-800-255-7888, TDD 1-800-237-2515.  
In the Washington, DC area, call 202-616-5554, TDD 202-616-5535.

**U.S. Department of Justice  
Civil Rights Division  
Office of Special Counsel for  
Immigration-Related Labor  
Employment Practices**

Call the  
Office of Special Counsel  
950 Pennsylvania Ave., NW  
Washington, DC 20530



## Este Empleador Participa en E-Verify



**AVISO:**  
La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de todas las personas contratadas para trabajar en los Estados Unidos.

**IMPORTANTE:** En todo caso que el gobierno no pueda confirmar su estatus autorizado para trabajar, este empleador está obligado a proporcionar las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y/o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedido.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunos de los legajos de residentes y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (SCIG).

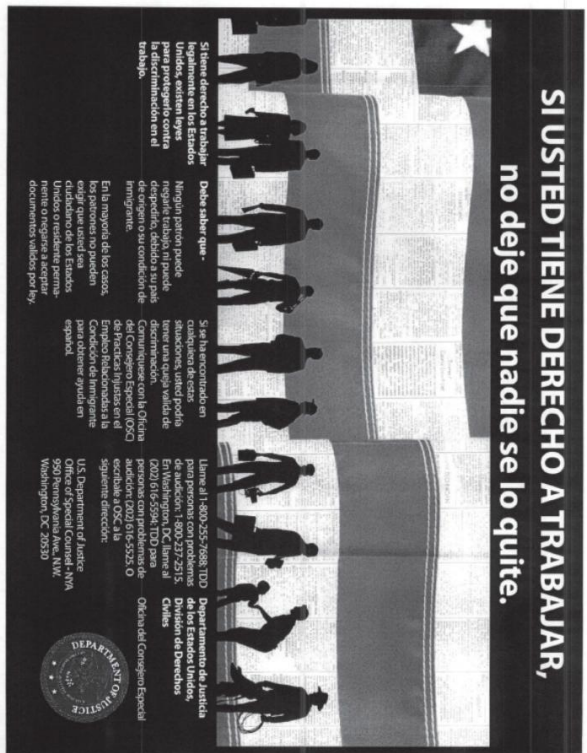
Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra de usted durante el proceso de verificación, debe ponerse en contacto con la Oficina de Especial Asesoría llamando al 1-800-255-7888 (TDD: 1-800-237-2515).

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:  
**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

## SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



**Si tiene derecho a trabajar en los Estados Unidos, nadie puede quitarle su trabajo o despedirlo por su raza, origen nacional o condición de ciudadanía.**

**Debe saber que -**  
Nadie puede quitarle su trabajo o despedirlo por su raza, origen nacional o condición de ciudadanía.

**Si se ha encontrado en alguna de estas situaciones, usted podría tener una queja válida de discriminación:**

El empleador le pide que se ponga en contacto con el OSC para obtener información sobre el proceso de verificación de E-Verify.  
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Llame al 1-800-255-7888, TDD 1-800-237-2515.  
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