



Driving Dependable Service

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PO Box 116
1735 S. Main Street
Gooding, Idaho 83330

DDTSI .com

APPLICATION FOR DRIVER EMPLOYMENT

D&D TRANSPORTATION SERVICES, INC.

D&D DRIVER APPLICATION FOR EMPLOYMENT

READ ALL INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect of certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status or physical or mental handicap or disability.

Note: Read and complete all portions of this application. Applications that are incomplete or filled out improperly may be rejected.

DRIVER JOB DESCRIPTION

Job description is intended to be a general guideline and is not intended to include every rule, regulation or company policy.

GENERAL QUALIFICATIONS

- 1) Meet all Federal Motor Carrier guidelines relating to qualification of commercial drivers.
- 2) Must be 23 years of age.
- 3) Must possess a valid Commercial Drivers License with proper endorsements.
- 4) Have no serious or disqualifying traffic violations within the last three (3) years as follows:
 - a) Excessive speeding.
 - b) Reckless or careless driving.
 - c) Improper or erratic lane changes.
 - d) Following the vehicle ahead too closely.
 - e) Driving while intoxicated or under the influence of drugs.
 - f) Hit and run, leaving the scene of an accident, or failure to report an accident.
 - g) Traffic violation connected to a fatal accident.
 - h) Driving a CMV without obtaining or possessing a CDL.
 - i) Driving a CMV without the proper class of CDL and/or endorsements.
 - j) Driving a CMV while texting.
- 5) An automatic disqualification will result if an applicant has had a felony conviction with a Commercial Motor Vehicle (CMV) within the prior five (5) years.
- 6) Have no more than four (4) moving violations in the past 36 months and no more than two (2) moving violations in the previous 12 months.
- 7) Have no preventable accidents involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within three (3) years.
- 8) Must possess a good working knowledge and operating ability of a tractor/trailer combination unit; the knowledge and ability to perform minor repairs on the road; and the knowledge and ability to maintain equipment in a good condition consistent with company policy and local, state, and federal laws.
- 9) Read, write, and speak the English language sufficiently to complete all paperwork requirements established by company policy, and various laws and regulations.

WORK ENVIRONMENT

- 1) Spend time outside during inclement weather conditions.
- 2) Subject to irregular work schedules, long trips, tight delivery schedules, and delays en route on crowded streets and highways in all kinds of weather and during day or night.
- 3) Will spend a large percentage of time in the commercial motor vehicle exposed to noise and vibration levels.
- 4) Exposed to heat, cold, dust, noise and other various irritants.

PHYSICAL DEMANDS

- 1) Must have the physical and mental ability to sit, stand and remain alert while driving or otherwise on duty for long periods of time up to 11 hours driving without rest or relief.
- 2) Operate for long periods of time a clutch and manual transmission tractor/trailer unit with or without the assistance of an artificial prosthesis or other reasonable accommodation.
- 3) Perform occasional squatting, stooping, crouching, crawling, bending, twisting, climbing, reaching, lifting, and balancing as required to inspect equipment, to enter and exit vehicles, and to affect loading and/or unloading of commodities transported.
- 4) Walk, bend, reach, stoop, squat, kneel, crawl, or climb under tractors or trailers to inspect and/or repair equipment necessary for safe and efficient operation.
- 5) Enter and exit the vehicle's cab 10 or more times a day with entry and exit achieved with the assistance of various configurations of steps and above shoulder hand-holds.
- 6) Lift and connect various hoses, fittings, and other equipment weighing up to or in excess of 75 pounds.
- 7) Hook and unhook trailers from the tractor including the cranking lever used to raise and lower the landing gear on trailers.
- 8) Lift and carry items weighing up to 75 pounds a distance of up to 150 feet.
- 9) Chain a tractor and trailer.
- 10) Grasp, fit, and properly use hand tools as required.
- 11) Mechanical aptitude.

Are you physically capable of performing the heavy manual work, meeting the physical demands, and working in the environment as described in the job description? Yes No

PERSONAL DATA

 FIRST NAME

 MIDDLE NAME

 LAST NAME

 SOCIAL SECURITY NUMBER

 HOME PHONE

 MESSAGE PHONE

 EMAIL

 DATE OF BIRTH

PAST 3 YEARS OF RESIDENCY

 PRESENT ADDRESS

 CITY

 STATE

 ZIP

 HOW LONG

 PREVIOUS ADDRESS

 CITY

 STATE

 ZIP

 HOW LONG

 PREVIOUS ADDRESS

 CITY

 STATE

 ZIP

 HOW LONG

 PREVIOUS ADDRESS

 CITY

 STATE

 ZIP

 HOW LONG

 Are you a U.S. Citizen

Yes No

 Have you worked for D&D in the past?

Yes No

If yes, list dates:

MOTOR VEHICLE QUALIFICATIONS

LIST EACH MOTOR VEHICLE OPERATOR LICENSE OR PERMIT HELD.

License #	Issuing State	Issue Date	Expiration Date	Type	Endorsements/Restrictions	Current/Inactive?

 Have you ever been denied, suspended, or revoked a license, permit, or privilege to operate a commercial motor vehicle or personal vehicle that has been issued to applicant?

Yes No

 Have you ever been disqualified subject to *Section 391* (Qualifications of Drivers) of The Federal Motor Carrier Safety Regulations?

Yes No

If yes, please list date of disqualification:

 Have you ever been convicted of a felony?

Yes No

If yes, please list felony type and date:

Are you currently on probation? Yes No

If yes, please list probation date:

Have you ever had a drug or alcohol problem? Yes No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

If you answered yes, can you provide/obtain proof that you've successfully completed the FMCSA return-to-duty SAP requirements? Yes No

Have you ever been arrested for driving while intoxicated? Yes No

Have you ever been convicted of a drug charge? Yes No

Do you take drugs that might affect your driving? Yes No

Have you ever been refused any type of insurance or been denied bonding? Yes No

Have you worked under any other name? Yes No

If you answered yes to any of the above, explain in detail and please note date of occurrence: _____

MEDICAL HISTORY

MEDICAL RELEASE: I willingly submit this information to D&D Transportation Services, Inc. to obtain any medical documentation or information concerning my past or present medical history. I hereby release all such persons of any liability or damages.

Do you have any health restrictions on the type of work you can perform? Yes No

Do you have any previous or pending lawsuits as a result of injury or accident? Yes No

Have you ever received Worker's Compensation benefits? Yes No

Have you ever been denied a FMCSA medical card for any reason? Yes No

If you answered yes to any of the above, explain in detail and please note date of occurrence: _____

DRIVING EXPERIENCE

Years of experience: Less than year 2-3 years 3-5 years 5+ years

Type of Tractor and Semi-Trailer (van, reefer, tank, flatbed)	Dates		Approximate Number of Miles (Total)
	From	To	

ACCIDENT RECORD AND TRAFFIC CONVICTIONS

List all accidents and incidences, preventable and non-preventable during the 3 years preceding the date the application is submitted. Use supplementary sheet if necessary.

No accidents or incidences during the 3 years preceding the date the application is submitted

Date	Commercial Vehicle? (Y/N)	Nature of Accident (head-on, rear-end, upset, etc.)	Location of Accident (City, State)	DOT Reportable? (Y/N)	# of Fatalities	# of Injuries	# Vehicles Towed	Driver Cited? (Y/N)	Hazmat Spill? (Y/N)

List all violations of motor vehicle laws or ordinances including CSA violations (Excluding Parking violations) of which the application was convicted or forfeited bond or collateral. Use supplementary sheet if necessary.

No violations during the 3 years preceding the date the application is submitted

Date	Commercial Vehicle? (Y/N)	Location (City, State)	Charge (Violation)	Penalty (Amount of fine)	Penalty Paid in Full (Y/N)	CSA Points Associated

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. **List employment in reverse order starting with the most recent. All time must be accounted for. Any gap in employment must be listed. Fill in all blanks.** Use supplementary sheet if necessary.

CURRENT OR LAST EMPLOYER NAME		CONTACT PERSON	PHONE NUMBER	
EMPLOYER ADDRESS		CITY	STATE	ZIP
____/____/____	____/____/____	POSITION HELD	SALARY/WAGE	REASON FOR LEAVING
DATE HIRED	DATE OF EXIT			

Employment within the last 3 years? Yes No

Were you subject to FMCSA regulations while employed? Yes No

Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

FOR OFFICE USE ONLY	Date of Verification: ____/____/____	Verified	Unable to Verify
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GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____/____/____ TO ____/____/____.

EXPLAIN: _____

PREVIOUS EMPLOYER NAME		CONTACT PERSON	PHONE NUMBER	
EMPLOYER ADDRESS		CITY	STATE	ZIP
____/____/____	____/____/____	POSITION HELD	SALARY/WAGE	REASON FOR LEAVING
DATE HIRED	DATE OF EXIT			

Employment within the last 3 years? Yes No

Were you subject to FMCSA regulations while employed? Yes No

Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

FOR OFFICE USE ONLY	Date of Verification: ____/____/____	Verified	Unable to Verify
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FOR OFFICE USE ONLY

APPLICANT NAME:

APPLICATION DATE:

GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

EXPLAIN: _____

PREVIOUS EMPLOYER NAME CONTACT PERSON PHONE NUMBER

EMPLOYER ADDRESS CITY STATE ZIP

____ / ____ / ____ DATE HIRED DATE OF EXIT POSITION HELD SALARY/WAGE REASON FOR LEAVING

Employment within the last 3 years? Yes No

Were you subject to FMCSA regulations while employed? Yes No

Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

FOR OFFICE USE ONLY

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GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

EXPLAIN: _____

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EMPLOYER ADDRESS CITY STATE ZIP

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EXPLAIN: _____

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EMPLOYER ADDRESS CITY STATE ZIP

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GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

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EMPLOYER ADDRESS CITY STATE ZIP

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Were you subject to FMCSA regulations while employed? Yes No

Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

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APPLICANT NAME:

APPLICATION DATE:

GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

EXPLAIN: _____

PREVIOUS EMPLOYER NAME CONTACT PERSON PHONE NUMBER

EMPLOYER ADDRESS CITY STATE ZIP

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Were you subject to FMCSA regulations while employed? Yes No

Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

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GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

EXPLAIN: _____

PREVIOUS EMPLOYER NAME CONTACT PERSON PHONE NUMBER

EMPLOYER ADDRESS CITY STATE ZIP

____ / ____ / ____ DATE HIRED DATE OF EXIT POSITION HELD SALARY/WAGE REASON FOR LEAVING

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Were you subject to FMCSA regulations while employed? Yes No

Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

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APPLICATION DATE:

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APPLICANT NAME:

APPLICATION DATE:

GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

EXPLAIN: _____

PREVIOUS EMPLOYER NAME CONTACT PERSON PHONE NUMBER

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Was your job designed as a safety sensitive function in any D.O.T. Regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? Yes No

FOR OFFICE USE ONLY

Date of Verification: ____ / ____ / ____ Verified Unable to Verify

GAPS IN EMPLOYMENT OR TIME MUST BE LISTED. PERIOD IN BETWEEN JOBS (IF ANY): ____ / ____ / ____ TO ____ / ____ / ____.

EXPLAIN: _____

CERTIFICATION OF GAPS IN EMPLOYMENT OR TIME

I confirm I have a full 10 year employment history with no gaps in time or employment history not listed.

During any gap in time or employment history listed, I certify that:

I was **not** employed with a motor carrier or any aspect of the motor carrier industry.

I was **not** convicted of a crime or felony.

I was **not** involved in a commercial motor vehicle accident of any type.

HOW DID YOU HEAR ABOUT US?

TV Newspaper Ad Radio Brochure Job Website D&D Website D&D Trailer D&D Billboard

Word of mouth Craigslist Internet Other _____

Family Member, name of relatives employed by D&D _____

Who referred you? _____

REQUEST FOR DRIVING RECORD

The following named applicant has submitted for a position with **D&D Transportation Services, Inc.** (Company) for the position of **Over the Road Driver**. In accordance with *Section 391.23* and *391.25*, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

 FIRST NAME

 MIDDLE NAME

 LAST NAME

 LICENSE NUMBER

 SOCIAL SECURITY NUMBER

 DATE OF BIRTH

 PRESENT ADDRESS

 CITY

 STATE

 ZIP

 PREVIOUS ADDRESS

 CITY

 STATE

 ZIP

I (Applicant) hereby authorize you to release the requested information to **D&D Transportation Services, Inc.** for purposes of investigation as required by *Sections 391.23* and *391.25* of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. I also hereby certify that this report requested and the release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (*Public Law 103-322, Title XXX, Section 30000(a)*).

This authorization shall remain on file and in effect at any time during my employment period or until I file a formal withdrawal.

 APPLICANT SIGNATURE

 PRINT NAME

 DATE

REQUESTED BY

 COMPANY REPRESENTATIVE SIGNATURE

 PRINT NAME & TITLE

 DATE

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of *Section 604(b)(2)(A)* of the **Fair Credit Reporting Act**, *Public Law 91-508*, as amended by the **Consumer Credit Reporting Reform Act of 1996** (*Title II, Subtitle D, Chapter 1, of Public Law 104-208*), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by *Sections 382.413, 391.23, and 391.25* of the **Federal Motor Carrier Safety Regulations**. I hereby certify the following:

1. The consumer (Applicant) has authorized in writing the procurement of this report;
2. The consumer (Applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (Applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the Consumer Reporting Agency.

I also hereby certify that the reports requested, Fair Credit Report Act Disclosure Statement, and release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (*Public Law 103-322, Title XXX, Section 30000(a)*).

APPLICANT SIGNATURE

PRINT NAME

DATE

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 **D&D Transportation Services, Inc.** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **D&D Transportation Services, Inc.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection

history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE

SIGNATURE

NAME (PLEASE PRINT)

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

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have 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 re-send the corrected information to the prospective employer.
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 wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

APPLICATION ACKNOWLEDGEMENT & AUTHORIZATION

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted , for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

APPLICANT SIGNATURE

PRINT NAME

DATE