



HAULIN JACK SHIPPING SERVICE, INC.
2417 Eastbrook Rd New Castle, PA • Ph: (724) 856-5564 Fax: (724) 698-7017 • haulinjack@outlook.com .
www.haulinjack.com

Dear Applicant,

Thank you for your interest in working with us at Haulin' Jack Shipping Service, Inc. We strive to be an excellent workplace and are pleased that you would like to join our team. By completing the attached application, you are taking the first step to be considered for current employment/Owner Operator openings. If we do not have any immediate openings that we feel match your skills and experience, we will keep your application on file for one year, so you may be considered for future opportunities.

Haulin' Jack Shipping Service, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to race, sex, age, religion, national origin, disability, veteran status, or sexual orientation.

We are committed to hiring the very best employees to serve our valued customers. As a result, we assess applicants on several dimensions. This process includes criminal, credit, , motor vehical, FMCSA, and reference checks. In addition, all candidates who are offered employment must successfully pass a drug screen within three (3) days of offer (or as soon as administratively feasible).

We again thank you for your interest in working with us at Haulin' Jack Shipping Service, Inc.

Sincerely,

David James
President
Haulin' Jack Shipping Service, Inc.

Jack Alwardt
Vice-President / CFO
Haulin Jack Shipping Service, Inc.



Employee ID: _____

HAULIN' JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

COMPLETE IN FULL TO THE BEST OF YOUR ABILITY.

DATE OF APPLICATION: _____

PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME:	_____	MIDDLE:	_____	LAST NAME:	_____
PHYSICAL ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP:	_____
NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS?	_____				
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)	_____				
CITY:	_____	STATE:	_____	ZIP:	_____
PRIOR ADDRESS FOR PAST 3 YEARS:	_____				
(LIST ADDITIONAL ADDRESSES ON SEPARATE SHEET IF NECESSARY)					
CONTACT TELEPHONE:	_____	DATE AVAILABLE FOR WORK:	_____		
EMAIL ADDRESS:	_____	EMERGENCY CONTACT #:	_____		

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS
PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

DATE OF BIRTH:	_____	SOCIAL SECURITY NUMBER:	_____
POSITION APPLIED FOR:	_____	EIN NUMBER (IF APPLICABLE)	_____

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

Have you ever applied for employment or been employed by any of the companies listed above? ☐ YES ☐ NOHow did you hear about the Company? ☐ Referred ☐ Billboard ☐ Newspaper ☐ Radio ☐ Website ☐ Internet☐ Other: _____

If referred by a current employee, please provide: Employee Name: _____ Employee ID: _____

EXPERIENCE AND QUALIFICATIONS: DRIVER

Driver Licenses List any licenses held in the last three (3) years.	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO- MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

Total number of years of driving experience: _____

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Roll-Over, etc.)	FATALITIES	INJURIES
Most Recent:			
Next Previous:			
Next Previous:			
Next Previous:			



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VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)

LOCATION	DATE	CONVICTIONS: Forfeited, Bond, or Collateral	PENALTY

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

- a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? ☐ YES ☐ NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

- b. Have you ever been convicted or been on probation for DWI or DUI? ☐ YES ☐ NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicant pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: _____

Can you provide a copy? ☐ YES ☐ NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e., foot, leg, hand or arm)? ☐ YES ☐ NO

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

- Within the last two (2) years, have you ever 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? ☐ YES ☐ NO
- Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? ☐ YES ☐ NO



HAULIN JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

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EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Current Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
May we contact employer prior to hiring?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO



HAULIN' JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	



HAULIN' JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

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During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic infraction?
A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied.

☐ YES ☐ NO

If yes, please explain: _____

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? ☐ YES ☐ NO

Will you work overtime or shift work? ☐ YES ☐ NO

You may be required to drive in a slip-seat arrangement which requires that you drive for up to 11 hours per day and work to a maximum of 70 hours per week. This DOT rule mandates that a driver must have at least 24 hours off duty before restarting. Wage Expected \$ _____ Per _____ Date Available _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				YES	NO	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

REFERENCES

List two persons familiar with your work record and/or abilities. Do not list relatives.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

JOB RELATED SKILLS AND REQUIREMENTS

Do you have a current tanker endorsement? ☐ YES ☐ NO

Do you have liquid tanker driving experience? ☐ YES ☐ NO

If yes, how long? _____

Are you willing to take a drug test if required as part of your application? ☐ YES ☐ NO

If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after a hiring decision is made)? ☐ YES ☐ NO

Have you been given a job description or had the requirements of the job explained to you? ☐ YES ☐ NO

Do you understand the requirements? ☐ YES ☐ NO

Have you had safety training? ☐ YES ☐ NO



HAULIN' JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

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Do you understand the importance of a safe work place?

☐ YES ☐ NO**OTHER QUALIFICATIONS**

Please list any other qualifications which you have and which you believe would be important for consideration by the Company pertaining to this application.

CDL ENDORSEMENTS AND RESTRICTIONS

ENDORSEMENTS	RESTRICTIONS/ WAIVERS (LIST ALL)
<input type="checkbox"/> X TANKER & HAZMAT	
<input type="checkbox"/> H HAZMAT	
<input type="checkbox"/> N TANKER	
<input type="checkbox"/> P PASSENGER	
<input type="checkbox"/> T DOUBLE/TRIPLE TRAILER	
<input type="checkbox"/> OTHER(LIST): _____	

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed the Company will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) and a criminal check which is defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

Signature: _____ Date: _____

Name (Please Print): _____



HAULIN' JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

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NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal employment opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, veteran status, military service, or any other characteristic protected by applicable law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chairman and CEO or to make any agreement contrary to the foregoing.

NOTICE TO ALL APPLICANTS

The Company may not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditional upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position they desire within this company. The Company will make reasonable accommodations to qualified individuals with disabilities in the application process and, if hired, allow qualified individuals with disabilities to perform essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

The Company may use the information contained in this application and may contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to The Company by your previous employer(s):



HAULIN' JACK SHIPPING SERVICE, INC. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

- You have the right to review the information provided by your previous employer(s);
- You have the right to have errors in the information corrected by your previous employer(s) and for the previous employer(s) to re-send the corrected information to The Company; and
- You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information.

REPRESENTATION AND WAIVERS

Carefully review the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize The Company to investigate any and all statements contained in this application. I hereby consent to The Company conducting any checks concerning my background which are deemed necessary, advisable, or helpful by The Company (except contacting my current employer prior to hiring, unless permission is granted above). I understand that if hired, I will receive a copy of The Company rules and regulations and the Company's policies including its drug/alcohol policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand that if I am offered employment, it may be contingent upon passing a medical examination. If so, I hereby consent to such medical examination, and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either The Company or myself. I understand that no manager or representative of The Company as any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by The Company in my dismissal, regardless of when such falsification is discovered.

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: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____	Hired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Interviewed by: _____	Hired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Interviewed by: _____	Hired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Interviewed by: _____	Hired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Position: _____	Salary/Wage: _____	Start Date: _____

DISCLOSURE AND RELEASE FORM EMPLOYEE DRIVING RECORD INFORMATION

1. Because I must drive as an essential function of my employment or potential employment, I hereby give permission to _____ to obtain my state driving record (also known as my motor vehicle record or MVR) in accordance with the Fair Credit Reporting Act (FCRA) and the Federal Driver's Privacy Protection Act (DPPA).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation any party or agency contacted by _____ to furnish _____ a copy of my state driving record.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by _____ for the duration of my employment, and will serve as ongoing authorization for _____ to procure my state driving record at any time during my employment period.
6. I understand that _____ may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 1. Employer must notify me in writing of any such adverse action
 2. I have the right to receive a copy of the driving record upon which the adverse action was based.
 3. I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer reporting agency that provided my driving record to _____.
 4. I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
 5. I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

Employee's Name (Print)

Employee's Signature

Date

Social Security Number

Driver's License Number & State

Date of Birth

**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 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 _____ (“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

Company Name_____

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.

Applicant's signature

Date

Print name

ID number (Last 4 of SS#)