

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ **Date of Application:** _____
 (print)

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICATION TO COMPLETE

(Answer All Questions – Please Print)

Position(s) Applied For _____

Name _____ **Social Security Number** _____
 Last First Middle

List your address of residency for the past 3 years.

Current Address

 Street City
 State Zip Phone How long? yr./mo.

Previous Addresses

 Street City
 State Zip Phone How long? yr./mo.

 Street City
 State Zip Phone How long? yr./mo.

Do you have the right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Are you now employed? If not, how long since leaving last employment? _____

How did you find out about us? _____ Rate of pay expected: _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Have you ever been placed Out of Service by the DOT for a logbook or licensing violation in the past year? _____ If yes, please explain:

Date: _____ Location: _____

Charge: _____

Penalty: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description?] _____

If yes, explain if you wish: _____

Accident Record for past 3 years or more. (Attach sheet if more space is needed). If none, write none.

| | Date | Nature of Accident (Head-on, Rear-End, Upset, Etc.) | Fatalities | Injuries | Hazardous Material Spill |
|---------------|------|---|------------|----------|-----------------------------|
| Last Accident | | | | | |
| Next Previous | | | | | |
| Next Previous | | | | | |

Traffic Convictions and Forfeitures for past 3 years (other than parking violations. If none, write none.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(Attach sheet if more space is needed).

| State | License No. | Type | Expiration |
|-------|-------------|------|------------|
| | | | |
| | | | |

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

B. Has any license, permit, or privilege been suspended or revoked? _____

If the answer to either A or B is yes, please give details: _____

Driving Experience Check Yes or No

| Class of Equipment | Circle Type | Date From (M/Y) | Date To (M/Y) | Approx No. of Miles (Total) |
|--|----------------------------------|--------------------|------------------|--------------------------------|
| Straight Truck | Van, Tank, Flat, Dump, Reefer | | | |
| Tractor and Semi- Trailer | Van, Tank, Flat, Dump, Reefer | | | |
| Tractor- Two Trailers | Van, Tank, Flat, Dump, Reefer | | | |
| Tractor- Three Trailers | Van, Tank, Flat, Dump, Reefer | | | |
| Motorcoach- School Bus 8+ Passengers | --- | | | |
| Motorcoach- School Bus 15+ Passengers | --- | | | |
| Other | | | | |

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicles. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary).

| Employer | | Date | |
|--|--------------|--------------------|-----|
| Name | | From: | To: |
| Address | | Position Held | |
| City State Zip | | Salary/Wage | |
| Contact Person | Phone Number | Reason for Leaving | |
| Were you subject to the FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Employer | | Date | |
|--|--------------|--------------------|-----|
| Name | | From: | To: |
| Address | | Position Held | |
| City State Zip | | Salary/Wage | |
| Contact Person | Phone Number | Reason for Leaving | |
| Were you subject to the FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Employer | | Date | |
|--|--------------|--------------------|-----|
| Name | | From: | To: |
| Address | | Position Held | |
| City State Zip | | Salary/Wage | |
| Contact Person | Phone Number | Reason for Leaving | |
| Were you subject to the FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Employer | | Date | |
|--|--------------|--------------------|-----|
| Name | | From: | To: |
| Address | | Position Held | |
| City State Zip | | Salary/Wage | |
| Contact Person | Phone Number | Reason for Leaving | |
| Were you subject to the FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

List States Operated In For Last Five Years: _____

Show Special Courses Or Training That Will Help You As A Driver _____

Which Safe Driving Awards Do You Hold and From Whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show Any Trucking, Transportation, Or Other Experience That May Help In Your Work For This Company

 List Courses And Training Other Than Shown Elsewhere In This Application

 List Special Equipment or Technical Materials You Can Work With (Other Than Those Already Shown)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
 (Name) (City, State)

TO BE READ AND SIGNED BY APPLICANT

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 also understand that I am required to follow all rules and regulations of the Company, as well as the Federal Motor Carrier Safety Regulations.

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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the perspective 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.

Signature _____ Date _____

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 _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

49 CFR 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return to duty process. (see 49 CFR 40.25(b)(5) and (e)).

Prospective Employee Name

Social Security #

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 have successfully completed the DOT return-to-duty requirements as outlined in 49 CFR Part 40? Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Driver Applicant: Please complete the first section authorizing the release of all applicable records.

Previous Employer: Please complete the second section of this form and return it to the prospective employer.

COMPLETED BY DRIVER - RECORDS RELEASE AUTHORIZATION

| | | |
|------------------------|-------------------|-----------------|
| Name of Driver | Social Security # | DOB |
| Drivers License Number | State | Expiration Date |

I, _____ Hereby authorize:

| | | |
|-------------------|-----------|-----|
| Previous Employer | Address | |
| City/State/Zip | Telephone | Fax |

To release and forward the information requested for the purposes of investigation as required by 49 CFR 40.25 and 391.23, to:

| | | |
|----------------------|---------|----------------|
| Prospective Employer | Address | City/State/Zip |
| Telephone | Fax | |

Applicant's Signature: _____ **Date:** _____

COMPLETED BY PREVIOUS EMPLOYER SAFETY PERFORMANCE HISTORY

Employed from _____ to _____

Did he/she drive motor vehicle for you? Yes No If yes, what type?

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Tractor-Semitrailer | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Cargo Tank | <input type="checkbox"/> Doubles/Triples | <input type="checkbox"/> Other: |

Complete the following for any accidents included on your accident register (49 CFR 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above. If none, state NONE.

| Date | Type (Overturn, Rear-end, Sideswipe, etc) | Location | Injuries | Fatalities |
|------|---|----------|----------|------------|
| | | | | |
| | | | | |
| | | | | |

Was the driver subject to Department of Transportation drug and alcohol testing requirements while under your employ? Yes No If yes, complete the following:

Yes No

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
- Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
- Has this person committed other violations of Subpart B or Part 382, or Part 40?
- If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.

Was he/she a safe and efficient driver? _____

Was his/her general conduct satisfactory? _____

Reason for leaving your employ?

- Discharged Resignation Other (Please Describe):
- Lay Off Military Duty

Was this driver placed Out of Service for logbook or licensing violations while in your employ? Yes No If yes, please describe: _____

Please indicate your opinion by placing a check in the appropriate box:

| Characteristics | Excellent | Good | Fair | Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Disposition, Ability to get along with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative, Resourcefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving Skill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loyalty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Remarks: _____

Signature _____

Date _____

Job Title _____

Instructions**Please read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #)

| | |
|----------------------|-----------------------|
| Employee's signature | Date (month/day/year) |
|----------------------|-----------------------|

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | | |
|---|------------|-----------------------|
| Preparer's/Translator's Signature | Print Name | |
| Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 3. Updating and Reverification. To be completed and signed by employer.

| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

| | | |
|-----------------------|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
|-----------------------|-------------------|---------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

LISTS OF ACCEPTABLE DOCUMENTS

| LIST A Documents that Establish Both Identity and Employment Eligibility | LIST B Documents that Establish Identity | LIST C Documents that Establish Employment Eligibility |
|--|--|--|
| OR | | AND |
| 1. U.S. Passport (unexpired or expired) | 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | 1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i> |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | 2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i> |
| 3. An unexpired foreign passport with a temporary I-551 stamp | 3. School ID card with a photograph | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i> | 4. Voter's registration card | 4. Native American tribal document |
| 5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card <i>(Form I-197)</i> |
| | 6. Military dependent's ID card | 6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i> |
| | 7. U.S. Coast Guard Merchant Mariner Card | 7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i> |
| | 8. Native American tribal document | |
| 9. Driver's license issued by a Canadian government authority | For persons under age 18 who are unable to present a document listed above: | |
| | 10. School record or report card | |
| | 11. Clinic, doctor or hospital record | |
| | 12. Day-care or nursery school record | |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with _____ (“Prospective Employer”), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**