

# UNIVERSITY CORP

## Disclosure and Release

I, \_\_\_\_\_ authorize UNIVERSITY CORP or any other third

(PLEASE PRINT)

party such as DAC Services or HireRight, to obtain any and all past employment/lease records regarding previous employment/lease (work history) and other areas of my background such as past employer/lease inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, drug/alcohol testing results and safety performance history. I agree to hold UNIVERSITY CORP and any and all of my past employers/lessees, harmless regarding any information that is obtained during the background inquiry. I am aware that this report in part is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report to view and possibly correct if not leased or not permitted to operate a vehicle for an owner-operator leased to UNIVERSITY CORP

I have the right to make a request to DAC and/or my past employers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the resources of information, and the recipients of any reports on me which DAC has previously furnished within the three-year period preceding my request. I hereby consent to UNIVERSITY CORP obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my qualification history with UNIVERSITY TRANSPORTATION, INC; if I am qualified, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of driving record report(s). If qualified, this authorization will remain on file and will serve as ongoing authorization for UNIVERSITY CORP to procure driving reports at any time during my tenure with the company. Effective 10/29/04, I also authorize UNIVERSITY CORP to create and maintain a Driver Investigation History File (DIHF) on my behalf in accordance with part 391(FMCSR).

➔	_____	_____	_____
	<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
➔	_____	_____	_____
	<b>Street Address</b>	<b>City</b>	<b>State      Zip Code</b>
➔	_____	_____	
	<b>(Area Code) +Home Phone Number</b>	<b>(Area Code) + Cell Phone Number</b>	
➔	_____	_____	
	<b>State &amp; County of Residence</b>	<b>Social Security Number</b>	
➔	_____	_____	
	<b>Date of Birth</b>	<b>Applicant's Signature</b>	
➔	_____	_____	_____
	<b>Driver's License State</b>	<b>Driver's License Number</b>	<b>Date</b>

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A DUI, DWI OR FELONY?

Yes       No

FOR QUICKER PROCESSING  
PLEASE FAX APPLICATION TO

(888) 632-7916

MAY WE CONTACT YOUR  
CURRENT EMPLOYER?

Yes       No

**INQUIRY TO PAST EMPLOYERS**

**UNIVERSITY CORP**

FROM- Prospective Motor Carrier

TO- Previous Employer

Company: UNIVERSITY CORP

Company \_\_\_\_\_

Individual: \_\_\_\_\_

Name \_\_\_\_\_

Street: 3789 GROVEPORT ROAD.

Street \_\_\_\_\_

City: COLUMBUS, OHIO 43207

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: 614-492-1144

Safety/Personnel Manager: The person below has applied to this company for a driving position. Your firm is listed by the applicant as a past employer/lossor. Kindly reply to this inquiry in reference to this applicant. As you will note from the waiver stated below, the applicant has waved any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Respectfully: UNIVERSITY CORP  
Fax Response: 888-632-7916

➔ Name of applicant: \_\_\_\_\_

➔ Social Security No: \_\_\_\_\_

➔ Job applied for: \_\_\_\_\_

1. This applicant lists dates of employment/lease with your firm from : \_\_\_\_\_ to \_\_\_\_\_ is this correct? Yes No  
If no, please explain: \_\_\_\_\_
2. What kinds(s) of work did he/she do? Driver (type of vehicle \_\_\_\_\_) Dock  Office  Shop  Other   
(Specify) \_\_\_\_\_
3. If employed/leased as a driver, please indicate type of equipment driven. Tractor trailer  Straight truck  Twin-trailers  Bus   
Other (Specify) \_\_\_\_\_
4. Number of DOT recordable accidents as defined under 390.5 within the previous three years? \_\_\_\_\_; number of accidents in which applicant was ticketed \_\_\_\_\_, number of accidents in which the applicant was at fault \_\_\_\_\_ (please explain) \_\_\_\_\_;  
Date of each accident \_\_\_\_\_
5. To your knowledge, was this person's C.D.L./ operator's license suspended while in your employ? \_\_\_\_\_ If so, please explain: \_\_\_\_\_
6. Number of hours-of-service violations that resulted in an out-of-service order within the past three years? \_\_\_\_\_
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? \_\_\_\_\_
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes  No  If so, please explain: \_\_\_\_\_
9. Why did this employee/contractor leave your company? Resigned  Discharged  Laid Off
10. Would you re-employ/lease this person? Yes  No  Please explain: \_\_\_\_\_
11. Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person supplying information)

**WAIVER**

Former Employer \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize you to release all information concerning my employment, lease history and/or driver investigation history file, including oral assessments of my job performance, ability and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

➔ Applicant's Signature \_\_\_\_\_ Witness's Signature \_\_\_\_\_

# UNIVERSITY CORP

Request / Consent For Information From Previous Employer (s) - Lessor (s)  
On Alcohol & Controlled Substances Testing

## SECTION I: TO BE COMPLETED BY PROSPECTIVE DRIVER

Date \_\_\_\_\_  
 Print Name( First, M.I., Last): \_\_\_\_\_  
 Driver Signature: \_\_\_\_\_

**This is in compliance with 382.405(f) and (h), which state:**

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information if is permitted only in accordance with the terms of the employee's specific written consent as outlined in 40.321(b).

40.25 Further states:  
 (a) An employer may obtain, pursuant to a driver's written consent any of the information concerning the driver which is maintained under this part from the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years which are maintained by the driver's previous employers under 382.401(b)(1)(i) through (iv).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 30 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the three preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

I, the above mentioned signed, hereby authorize that

Previous Employer (APPLICANT LEAVE BLANK)

Release and forward all information on my Alcohol and Controlled Substances Testing/Training records to: UNIVERSITY CORP

**ATTN: Safety Department      Phone: 614-492-1144    Fax: 888-632-7916**

## SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER

	YES	NO
1. Has this person ever tested positive for a controlled substance in the last three years?	___	___
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years?	___	___
3. Has this person ever refused a required test for drugs or alcohol in the last three years?	___	___
4. Has this person failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP); pursuant to the DOT drug and alcohol requirements?	___	___
5. Has this person subsequently violated the alcohol or controlled substance regulations after successfully completing a SAP's rehabilitation program?	___	___
6. Within the previous three years, has this person violated any of the DOT drug and alcohol requirements while employed in a safety-sensitive position?	___	___
7. Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations?	___	___

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:

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

Phone No: \_\_\_\_\_ Signature of Previous Employer: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION III: TO BE COMPLETED BY PROSPECTIVE MOTOR CARRIER

<p><b>RELEASE OF INFORMATION</b></p> <p>Person interviewed from previous employer:                  Contact: _____                  Interview by: _____                  Date: _____                  Date received back: _____</p>	<p><b>CONSENT FORM</b></p> <p><input type="checkbox"/> Faxed to previous employer  <input type="checkbox"/> Mailed to previous employer</p> <p><b>INTERVIEW METHOD</b></p> <p><input type="checkbox"/> Mail  <input type="checkbox"/> Phone  <input type="checkbox"/> Personal Interview</p>
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**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 University Corp ("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 University Corp ("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.

*LAST UPDATED 12/22/2015*

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**  
**(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)**

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 7 years' information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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