

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 E.J.S. & H.J.S. 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 E.J.S. & H.J.S. 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.

LAST UPDATED 12/22/2015

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize E.J. STUTZMAN, INC. / H.J.S. INC. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to E.J. STUTZMAN, INC. / H.J.S. INC. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. E.J. STUTZMAN, INC. / H.J.S. INC. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.

ACCIDENT HISTORY:

Please give the following information for any accidents included on your accident register § 390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years.

Or, check here if there is no accident register data for this applicant.

	# of Injuries	# of Fatalities	HazMat Spill	
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide any other information involving the applicant which is retained under internal company policies.

Any other remarks: _____

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , and sign below and return.

Applicant was subject to Dot Testing Requirements From: _____ / _____ / _____ To: _____ / _____ / _____

- Yes No Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- Yes No Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
- Yes No Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test?
- Yes No Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?
- Yes No If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP - prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests?
 Not Applicable (if yes, please send documentation of the SAP name, address, and phone number when you return this form)
- Yes No For a driver who successfully completed an SAP'S rehabilitation referral and remain in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested (including verified adulterated or substituted drug test results)?
 Not Applicable

In answering these questions, include any DOT drug or alcohol testing information obtained from the past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental drug test result.

PART 3 COMPLETED BY (signature) _____ TITLE: _____

PLEASE PRINT NAME: _____ From: _____ / _____ / _____

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) _____ / _____ / _____ by (check one) Faxed Mailed E-mailed Completed by Phone Other _____

DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

Section 40.25 (j) of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, 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?

Check one: Yes No

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone No.: _____

In addition, if the answer to the above question is YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone No.: _____

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

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYMENT PURPOSES

The undersigned hereby authorizes **EJ Stutzman Inc./H.J.S. Inc.**, or its insurance agency, Hummel Group, Inc. (i.e. Hummel Insurance Agency or RE Miller Insurance Agency), or its assigns, to obtain copies of the consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Date: ____ / ____ / ____

Signed: _____

(Print Name)

____ - ____ - ____
(Social Security #)

Drivers License #

License State

APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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 or non-job related disability.

List your addresses of residency for the past 3 years.

First Name Middle Initial Last Name

(Social Security #) What year did you receive your Commercial Drivers License? _____

Current Address: _____
Street City

State Zip Code () Phone How Long?

() - _____
Cell Phone Email Address

Emergency Contact Ph. # () - _____
Phone Relationship

Previous
Addresses: _____
Street City State Zip How Long?

Street City State Zip How Long?

Do you have the legal right to work in the United States? Yes No

**** Date you received your Class A License: ____/____/____
Date of Birth: ____/____/____ Can you Produce proof of age? Yes No
(Required for Commercial Motor Vehicle Drivers)

Have you worked for this company before? Yes No

From: ____/____/____ To: ____/____/____ Rate of Pay? _____ Position? _____

Reason for leaving : _____

Have you ever been charged with a drug offense? Yes No If yes, please explain: _____

***** Have you ever failed a drug test: Yes No If yes, please explain: _____

Have you ever been charged with a felony? Yes No If yes, please explain: _____

Currently employed? Yes No If not, how long since leaving last employment? _____

Were you referred? Yes No By whom: _____
Rate of pay expected

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the above description)? Yes No

If yes, explain if you wish: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

Any special equipment or technical materials you can work with (other than already shown)

EDUCATION

CHECK HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12
COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME ADDRESS

LIST ANY SPECIALCOURSES, CLASSES OR PROGRAMS THAT WILL HELP YOU AS A DRIVER _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Yes No
- B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATING FEDERAL MOTOR CARRIER SAFETY REGULATIONS? Yes No
- C. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? Yes No

IF ANSWER TO A, B, OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE "NONE"

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI				
TRACTOR 2 TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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 COMMERCIAL MOTOR VEHICLE* IN 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. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER				DATE					
NAME				FROM MO.		YR.	TO MO.		YR.
ADDRESS				POSITION HELD					
CITY		STATE	ZIP	SALARY/WAGE					
CONTACT	PHONE () -			REASON FOR LEAVING					

EMPLOYER				DATE					
NAME				FROM MO.		YR.	TO MO.		YR.
ADDRESS				POSITION HELD					
CITY		STATE	ZIP	SALARY/WAGE					
CONTACT	PHONE () -			REASON FOR LEAVING					

EMPLOYER				DATE					
NAME				FROM MO.		YR.	TO MO.		YR.
ADDRESS				POSITION HELD					
CITY		STATE	ZIP	SALARY/WAGE					
CONTACT	PHONE () -			REASON FOR LEAVING					

EMPLOYER				DATE					
NAME				FROM MO.		YR.	TO MO.		YR.
ADDRESS				POSITION HELD					
CITY		STATE	ZIP	SALARY/WAGE					
CONTACT	PHONE () -			REASON FOR LEAVING					

* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TOP TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

PERSONAL HISTORY

REFERENCE 1 (NON- RELATION)

			DATE
NAME			YEARS KNOWN
ADDRESS			JOB TITLE
CITY	STATE	ZIP	PLACE OF WORK
CONTACT	PHONE () -		

REFERENCE 2 (NON- RELATION)

			DATE
NAME			YEARS KNOWN
ADDRESS			JOB TITLE
CITY	STATE	ZIP	PLACE OF WORK
CONTACT	PHONE () -		

REFERENCE 3 (NON- RELATION)

			DATE
NAME			YEARS KNOWN
ADDRESS			JOB TITLE
CITY	STATE	ZIP	PLACE OF WORK
CONTACT	PHONE () -		

REFERENCE 4 (NON- RELATION)

			DATE
NAME			YEARS KNOWN
ADDRESS			JOB TITLE
CITY	STATE	ZIP	PLACE OF WORK
CONTACT	PHONE () -		

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history and are 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 inquires and releasing information in connection with my application.

In the event of my 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.

SIGNATURE

_____/_____/_____
DATE

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Applicant Hired YES NO (circle one)

If yes, date of hire

Terminal Location:

Classification:

Supervisor:

IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE

TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
LAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL RECORD						
CONVICTIONS						

SIGNATURE OF INTERVIEWING REPRESENTATIVE: _____

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT PLACED ON FILE _____ SUPERVISOR _____

ACCIDENT RECORD FOR THE LAST 3 YEARS (ATTACH SHEET IF MORE ROOM IS NEEDED) IF NONE, WRITE NONE.

	DATES	FATALITIES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)