



KELTON TOURS UNLIMITED LLC

1625 FORREST AVENUE

GADSDEN AL 35901

800-543-5796

FAX 256-546-1018

(Member of AMA, UMA, and ABA. DOD certified)

WWW.KELTONTOURSUNLIMITED.COM

ATTENTION

**PLEASE FILL OUT EVERYTHING IN THE
APPLICATION PACKET**

DO NOT LEAVE BLANKS

IF IT DOES NOT APPLY TO YOU, PUT N/A

THANK YOU!



Amerisearch Background Alliance Privacy Policy

Amerisearch Background Alliance offers a wide range of innovative pre-employment verification and screening services, including criminal-background checks, previous employment and education references, motor vehicle records, and more. The information provided by Amerisearch Background Alliance helps companies reduce their exposure to fraud, workplace violence, and negligent-hiring lawsuits. Amerisearch Background Alliance delivers the necessary data to make the best possible risk decisions.

Amerisearch Background Alliance is committed to respecting the privacy of the information we collect and distribute to customers.

Information we collect

Amerisearch Background Alliance does not collect personally identifiable information from individuals using this web site. Amerisearch Background Alliance obtains its information from public sources, such as courts, police departments, sheriffs' offices, motor vehicle departments, and other state and local agencies. We attempt to report accurate information, though we rely on these public sources -as creators of the records we provide -to maintain accurate records for this purpose.

Our customers

We provide information to business customers only -not to the general public. Amerisearch Background Alliance customers and markets include human resources, loss-prevention, and risk-management departments; employment agencies; investigators; finance companies; attorneys; and government. All customers must undergo a prequalification process and demonstrate a legitimate business need for the information.

Information we distribute

Output from Amerisearch Background Alliance's public-records database consists of criminal records for individuals matching customer search criteria. Search results can include court records from county, state, and federal courts. Results can also include information from state sex-offender registries. Customers are restricted to ordering reports for authorized business purposes only. Amerisearch Background Alliance also provides a service to verify prior employment and education as provided by job applicants to employers.

Information safeguards

We maintain strict standards on our collection, use, and distribution of information. Amerisearch Background Alliance does not provide its services to consumers or individuals. Amerisearch Background Alliance does not collect or compile information on particular persons or subjects, except to fulfill legitimate requests from businesses that have met our prequalification standards. We provide reports only to the customer who ordered the report, and the customer can use a report for only the particular purpose for which they ordered the report. We obtain the information

available through our online services from public sources or publicly available sources. We do not sell or provide access to information about our customers, the inquiries they may make, or the individuals that they request information about, except as required by law. We keep all transactions through our web site and systems confidential

Legal compliance

Amerisearch Background Alliance's privacy and data security standards follow legislative and regulatory requirements for consumer reporting agencies. Amerisearch Background Alliance complies with state and federal guidelines and the Fair Credit Reporting Act (FCRA). Amerisearch Background Alliance maintains a process whereby individual consumers may access and correct their information in accordance with legal requirements. For additional information on your rights under the FCRA, please refer to the FTC's web site at <http://www.ftc.gov>.

Cookies

"Cookies" are small pieces of information that your browser stores on your computer's hard drive. We do not presently use cookies. We do not collect and store cookies received through our web site.

Children

Amerisearch Background Alliance does not collect information about or market its services to children.

Amerisearch Background Alliance respects your privacy concerns

Amerisearch Background Alliance's privacy and security policies demonstrate our responsibilities to the individuals about whom we report information and to our customers who rely on us to safeguard the information they order. If you have any questions or concerns about Amerisearch Background Alliance's privacy and security policies, please contact us.

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with KELTON TOURS UNLIMITED LLC ("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.

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:

KELTON TOURS

2. I authorize UNLIMITED LLC ("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 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 provided in paragraphs 1-4 of this document to obtain an Applicant'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.**

LAST UPDATED 10/29/2012



AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check). These report(s) will be obtained through the following Consumer Reporting Agency: Amerisearch Background Alliance, an Ohio Corporation, Entity Number 1614631, Phone: (800) 569-6133 or their designated authorized source agent(s). You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of Federal Trade Commission's publication, "A Summary of Your Rights under the Fair Credit Reporting Act". You may have additional rights under state law.

By signing below, I authorize Amerisearch Background Alliance, to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking. Amerisearch Background Alliance will not provide any information where such disclosure is restricted by federal or state law. I authorize the employer named below to share my report with its clients that I may conduct business with on behalf of the named employer.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to Amerisearch Background Alliance, concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to (Employer/Business Entity Name): KELTON TOURS UNLIMITED LLC

Applicant Name: _____

Applicant Email address: _____

Applicant Phone number: _____

Any other Names used for Employment or Education: _____

Applicant Address: _____

City/State/Zip Code: _____

Social Security Number: _____

Day of Birth/ Month/Year: _____

Driver's License Number: _____ State _____

May we contact your current employer? YES NO Not Currently Employed

Applicant/Employee Signature: _____

Date: _____

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge check "Yes" below, a copy will be provided to me at the address above. I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

Para informacion en espanol, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N., Washington, D.C. 20580.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name
(print)

Date of Application

Company KELTON TOURS UNLIMITED LLC

Address 1625 FORREST AVENUE

City GADSDEN

State AL

Zip 35901

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.

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 understand, also, that I am required to abide by all rules and regulations of the Company.

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

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

Signature

Date

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE**KELTON TOURS UNLIMITED LLC**

(answer all questions - please print)

Position(s) Applied for _____

Name _____
Last First Middle Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street CityState Zip Code Phone How Long? _____
yr./mo.Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.Street City State & Zip Code How Long? _____
yr./mo.Street City State & Zip Code How Long? _____
yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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. _____

_____**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 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 as necessary.)

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 [†] 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					

EMPLOYMENT HISTORY (continued)**KELTON TOURS UNLIMITED LLC**

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 [†] 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	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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	
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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			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) **IF NONE, WRITE NONE**

DATES	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 THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) **IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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

YES _____ NO _____

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

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS**DRIVING EXPERIENCE** CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

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

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: _____

Request for Check of Driving Record

I do hereby authorize the Division of Motor Vehicles to release my driving record to: KELTON TOURS UNLIMITED LLC,
(insert company name)
and/or a third party consumer reporting agency, and any of their authorized agents for use by my prospective/current employer.

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

I understand I have the right to ask KELTON TOURS UNLIMITED LLC, if a consumer report has been run about me.
(insert name of company obtaining report)

Driver's Full Name: _____
(As it appears on the driver's license)

Driver's Current Address: _____

Driver's Former Address: _____

Date of Birth: _____

Driver's License Number: _____

Signature: _____ Date: _____

Note to Residents of California, Massachusetts, Minnesota, New Jersey, and Oklahoma: As part of authorizing your use of a fleet vehicle, your consumer report may be obtained and reviewed. By state law, you may receive a free copy of your report from your employer by checking the box below.

☐ Yes, I am a resident of California, Massachusetts, Minnesota, New Jersey or Oklahoma and would like a free copy of my report.

Note to Residents of Alaska, British Columbia, Manitoba, Newfoundland & Labrador, New Hampshire, Northwest Territories, Pennsylvania, Puerto Rico, Quebec, Saskatchewan, and Washington: State specific motor vehicle release forms must be completed and signed prior to obtaining the reports.

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Truck _____ Tractor _____ Trailer _____

Checked From _____ To _____ Date _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit _____
Looks for leakage of coolants, fuel, lubricants _____
Checks under hood – oil, water, general condition
of engine compartment, steering _____
Checks around unit – tires, lights, trailer hookup,
brake and light lines, body, doors, horn,
windshield wipers _____
Tests brake action, tractor protection valve, and
parking (hand) brake _____
Checks horn, windshield wipers, mirrors, emergency
equipment; reflectors, flares, fuses, tire chains
(if necessary), fire extinguisher _____
Checks instruments for normal readings _____
Checks dashboard warning lights for proper functioning _____
Cleans windshield, windows, mirrors, lights, reflectors _____
Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

Lines up units _____
Connects glad hands to trailer to apply trailer
brakes before coupling _____
Connects glad hands and light line properly _____
Couples without difficulty _____
Raises landing gear fully after coupling _____
Visually checks king pin assembly to be certain
of proper coupling _____
Checks coupling by applying hand valve or
tractor-protection valve (trailer air supply
valve) and gently applying pressure by
trying to pull away from trailer _____
Assure that surface will support trailer before
uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

A. ENGINE
Places transmission in neutral before starting engine _____
Starts engine without difficulty _____
Allows proper warm-up _____
Understands gauges on instrument panel _____
Maintains proper engine speed (rpm) while driving _____
Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

Starts loaded unit smoothly _____
Uses clutch properly _____
Times gearshifts properly _____
Shifts gears smoothly _____
Uses proper gear sequence _____

C. BRAKES

Knows proper use of tractor protection valve _____
Understands low air warning _____
Tests service brakes _____
Builds full air pressure before moving _____

D. STEERING

Controls steering wheel _____
Good driving posture and good grip on wheel _____

E. LIGHTS

Knows lighting regulations _____
Uses proper headlight beam _____
Dim lights when meeting or following other traffic _____
Adjusts speed to range of headlights _____
Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

Gets out and checks before backing _____
Looks back as well as uses mirror _____
Gets out and rechecks conditions on long back _____
Avoids backing from blind side _____
Signals when backing _____
Controls speed and direction properly while backing _____

B. PARKING (City)

Does not hit nearby vehicles or stationary objects _____
Parks proper distance from curb _____
Sets parking brake, puts in gear, chocks wheels,
shuts off motor _____
Checks traffic conditions and signals when
pulling out from parked position _____
Parks in legal and safe location _____

C. PARKING (Road)

Parks off pavement _____
Avoids parking on soft shoulder _____
Uses emergency warning signals when required _____
Secures unit properly _____

PART 5 - SLOWING AND STOPPING

Uses gears properly ascending _____
 Gears down properly descending _____
 Stops and restarts without rolling back _____
 Tests brakes before descending grades _____
 Uses brakes properly on grades _____
 Uses mirrors to check traffic to rear _____
 Signals following traffic _____
 Avoids sudden stops _____
 Stops smoothly without excessive fanning _____
 Stops before crossing sidewalk when coming out of _____
 driveway or alley _____
 Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING**A. TURNING**

Signals intention to turn well in advance _____
 Gets into proper lane well in advance of turn _____
 Checks traffic conditions and turns only _____
 when intersection is clear _____
 Restricts traffic from passing on right when _____
 preparing to complete right hand turn _____
 Completes turn promptly and safely and does not _____
 impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

Approaches signal prepared to stop if necessary _____
 Obeys traffic signal _____
 Uses good judgment on yellow light _____
 Starts smoothly on green _____
 Notices and heeds traffic signs _____
 Obeys "Stop" signs _____

C. INTERSECTIONS

Adjusts speed to permit stopping if necessary _____
 Checks for cross traffic regardless of traffic controls _____
 Yields right-of-way for safety _____

D. GRADE CROSSINGS

Adjusts speed to conditions _____
 Makes safe stop, if required _____
 Selects proper gear and does not shift gears _____
 while crossing _____
 Knows and understands federal and state rules _____
 governing grade crossing _____

E. PASSING

Passes with sufficient clear space ahead _____
 Does not pass in unsafe location: hill, curve, intersection _____
 Signals change of lanes _____
 Warns driver being passed _____
 Pulls out and back with certainty _____
 Does not tailgate _____
 Does not block traffic with slow pass _____
 Allows enough room when returning to right lane _____

F. SPEED

Speed consistent with basic ability _____
 Adjusts speed properly to road, weather, _____
 traffic conditions, legal limits _____
 Slows down for rough roads _____
 Slows down in advance of curves, _____
 intersections, etc. _____
 Maintains consistent speed _____

G. COURTESY AND SAFETY

Uses defensive driving techniques _____
 Yields right-of-way for safety _____
 Goes ahead when given right-of-way _____
 by others _____
 Does not crowd other drivers or force way _____
 through traffic _____
 Allows faster traffic to pass _____
 Keeps right and in own lane _____
 Uses horn only when necessary _____
 Generally courteous and uses proper conduct _____

PART 7 - MISCELLANEOUS**A. GENERAL DRIVING ABILITY AND HABITS**

Consistently alert and attentive _____
 Adjusts driving to meet changing _____
 conditions _____
 Performs routine functions without taking _____
 eyes from road _____
 Checks instruments regularly while _____
 driving _____
 Willing to take instructions and _____
 suggestions _____
 Adequate self-confidence in driving _____
 Is not easily angered _____
 Positive attitude _____
 Good personal appearance, manner, _____
 cleanliness _____
 Good physical stamina _____

B. HANDLING OF FREIGHT

Checks freight properly _____
 Handles and loads freight properly _____
 Handles bills properly _____
 Breaks down load as required _____

C. RULES AND REGULATIONS

Knowledge of company rules _____
 Knowledge of regulations: federal, state, _____
 local _____
 Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify)

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____
 (Specify)

 Signature of Examiner

13F 652
 (Rev. 5/02)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____

Social Security No. _____ Type of Trailer(s) _____

Operator's or Chauffeur's Lic. No. _____ State _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Organization _____

Title _____ Address of examiner _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)

ID NUMBER

DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – ☐ None.)

DATE

OFFENSE

LOCATION

TYPE OF VEHICLE OPERATED

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date

Driver's Signature

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature

Date

Printed Name

Title

KELTON TOURS UNLIMITED LLC

1625 FORREST AVENUE GADSDEN AL 35901

Motor Carrier Name

Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ **START HERE.** 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

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 of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

CERTIFICATION OF ROAD TEST

Driver's Name _____
Social Security No. _____
Operator's or Chauffeur's License No. _____
State _____

Type of Power Unit _____
Type of Trailer(s) _____
If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____

20 _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Title _____

KELTON TOURS UNLIMITED LLC 1625 FORREST AVE GADSDEN AL 35901

Organization and address of examiner
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(Rev. 7/14)

DRIVER QUALIFICATION & IDENTIFICATION CERTIFICATE

(NAME OF DRIVER) _____ (SS NO.) _____
(SIGNATURE OF DRIVER) _____

I certify that the above named driver, as defined in Sec. 390.5, is a single-employer driver driving a commercial motor vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His/her current medical examiner's certificate expires on _____ (DATE).

This certificate expires: _____

(DATE NOT LATER THAN EXPIRATION DATE OF MEDICAL CERTIFICATE)

Issued by **KELTON TOURS UNLIMITED LLC** Issued On _____
(NAME OF CARRIER) (DATE)

1625 FORREST AVENUE GADSDEN AL 35901
(ADDRESS)

(SIGNATURE) _____ (TITLE) _____

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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer KELTON TOURS UNLIMITED LLC may obtain information about you from
(insert company name)

AMERISEARCH BACKGROUND ALLIANCE for employment purposes. Thus, you may be the
(insert source of report)

subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by AMERISEARCH 2529 SOUTH RIDGE RD E ASHTABULA OH 44004.
(insert company name, full address and phone)

The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organizations all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

This is a sample document and should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. J. J. Keller & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

It's recommended this disclosure be reproduced on company letterhead for the company that intends to use it.