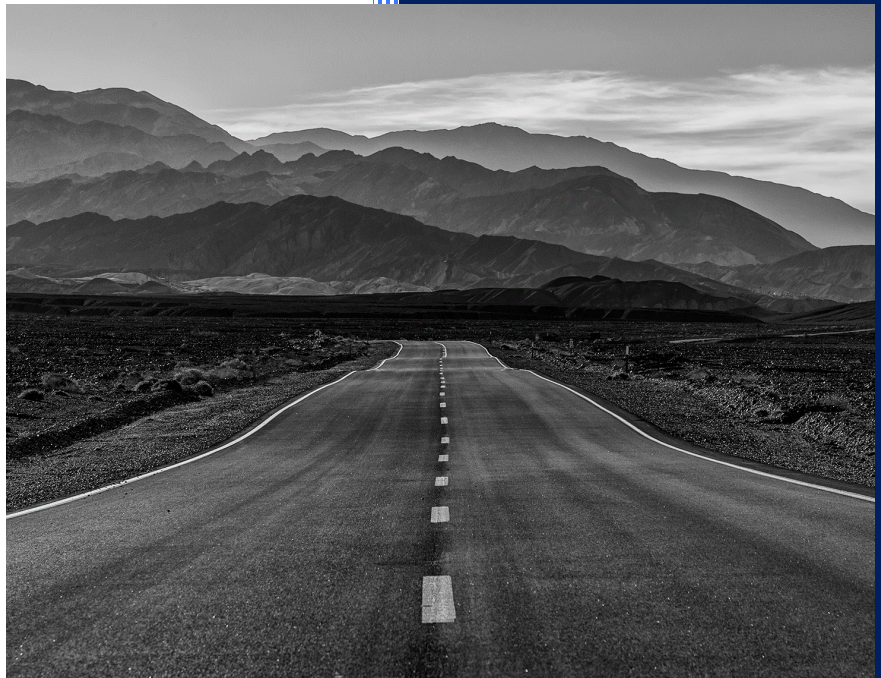


# Applicant Packet



Mya Trucking

Glenview Dr Suite 103 North Richland

Hills TX 76180



## OTHER DISCLOSURE ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

### Disclosure

**Investigative Consumer Report:** MYA Trucking LLC (the "Company") may request an investigative consumer report about you from HireRight, Inc. ("Hire Right"), a consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

**Ongoing Authorization:** If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

**Additional State Law, Notices:** Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

**Summary of Rights under the Fair Credit Reporting Act:** A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

**San Francisco Fair Chance Ordinance Official Notice:** A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

**HireRight Privacy Policy:** Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx)



## **DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

### **DISCLOSURE**

MYA Trucking LLC (the "Company ") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. Hire Right is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

### **AUTHORIZATION**

I hereby authorize **MY A** Trucking LLC to obtain the consumer reports described above about me.

Applicant Printed Name: \_\_\_\_\_  
6305 GLENVIEW DR. SUITE 103 NORTH RICHLAND HILLS TX 76180

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## DRIVER DISCLOSURE

### CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE (FOR EMPLOYMENT PURPOSE)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, the Company, along with any Third Party of Company wishes to engage, may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reason for termination, etc.) accident history, safety performance history/violation information, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, worker's compensation claims, credit history, credit worthiness, credit capacity, bankruptcy filings, criminal history records information about your character, general reputation, personal characteristics and mode of living(collectively, "Information"). Information may be obtained from government agencies, educational institutions, third party clients, personal references, personal interviews and other information suppliers collectively, "Suppliers").

Upon providing identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in the Company's or Third Parties files pertaining to you at the time of you request, including but not limited to: (i) whether any Reports have been provided to other parties; (ii) identification of any Suppliers utilized by the Company in compiling such Reports; (iii) identification of any recipients of Reports furnished by the Company or their Suppliers within the two (2) year period preceding your request.

### AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize the Company and the Third Parties they utilize to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention, or other lawful purpose. If hired or contracted, I authorize the Company and Third Parties to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Third Parties and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in the Company's possession and my employment history with the Company if I am hired, may be supplied by the Company to other motor carriers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part II below, unless I have given a separate specific consent for the Company to share such information.

### FMCSA Notification of Driver Rights

*In compliance with 49 CFR Part 391.23 (i) you have certain rights regarding the performance history information that will be provided to prospective employers. I) You the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2)Drivers who have previous Department Of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five(5) business days of receiving written request. If the prospective employer has not yet receiving requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the request safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available. The prospective motor carrier may consider the driver to have waived his/her request to review the records.*

By signing below, I certify that: i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction;(iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize the Company and any person or entity contacted by the Company to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are valid as an original.

Applicant DOB: \_\_\_\_\_ Applicant Driver License Number: \_\_\_\_\_ Driver License State: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **ACKNOWLEDGMENTS & AUTHORIZATION**

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate " Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local, government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional license s, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

California, Minnesota or Oklahoma consumers: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

### ***Additional State Law Notice***

Please note the following:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family, history to verify your identity.

HireRight, Inc. ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

Additional California-specific information is set out below.

**MASSACHUSETTS:** Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company; whichever date is later.

**NEW JERSEY:** You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

**NEW YORK:** You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company, you may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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Applicant - Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MANDATORY USE FOR ALL MONTHLY ACCOUNTHOLDERS

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

I. In connection with your application for employment with MYA TRUCKING, LLC ("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.

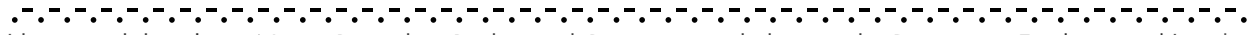
When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide 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 summary of your rights under the Fair Credit Reporting Act.

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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 MYA TRUCKING, 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 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 Data Qs 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 and that if sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

NOTICE: This 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 forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.







## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/creclit](http://www.ftc.gov/creclit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

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In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will, receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Para información en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.
- A Summary of Your rights Under the Fair Credit Reporting Act.
- The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the

**MYA TRUCKING, LLC. 6350 Glenview Dr. Suite 103. North Richland Hills, Tx 76180**

files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

*Para información en español, visit [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

TYPE OF BUSINESS:	CONTACT :
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center FCRA Washington DC 20580 1-877-382-4357
National Banks, federal branches/agencies or foreign banks (word "National or initials "N.A. appear in or after bank's name)	Office of the comptroller of the currency Compliance Management p 6-6 Washington, DC 20219 1-800-513-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies or foreign banks)	Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis , MN 55480 Telephone 888851-1920 Website address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email address: Consumer Help@Federal reserve.gov
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National credit Union 1775 Duke Street Alexandria, VA 22314 703-519-4600
State -chartered banks that are not members of the Federal Reserve System	Federal deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue , Suite 100 Kansas City, Missouri 64 108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act 1921	Department of Agriculture Office of Deputy Administrator-GIPSA TX 76180 Washington DC 20250 202-720-7051

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## DRIVER APPLICATION FORM

NAME: \_\_\_\_\_

Last First Middle

---

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hire date \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street City State Zip Number of Years

Past 3 year residence : \_\_\_\_\_

Street City State Zip Number of Years

Street City State Zip Number of Years

### TO BE READ AND SIGNED BY APPLICANT

I authorize you make such investigation 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 employment has been extended.) I hereby release employers, schools, health care providers and other person from all liability 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 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.23(o) and (e). I understand that I have the right to:

Review information provided by current/previous employers:  
 Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information 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 \_\_\_\_\_

### Driver's License

DL Number: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Expire: \_\_\_\_\_

DL Class Please select only One: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ Non-CDL \_\_\_\_\_

DL Endorsements: Please select all that apply. Double/Triple \_\_\_\_\_ HazMat \_\_\_\_\_ Passenger \_\_\_\_\_ Tanker \_\_\_\_\_ HazMat Tanker \_\_\_\_\_ School Bus \_\_\_\_\_

### Qualifications

Have you Worked for this company before? Yes \_\_\_ No \_\_\_ If yes, what dates? From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/year) (Month/year)

Are you currently employed? Yes \_\_\_ No \_\_\_ Do you have driving experience? (if yes, please enter it below) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Type of Equipment	Star Date (Month/year)	End Date (Month/year)	Miles Operated

### Driver Past Record

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_ If Yes Describe \_\_\_\_\_

Have you ever been disqualified for violation(s) of the Federal Motor Safety Regulations? Yes \_\_\_ No \_\_\_ If Yes Describe \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_ If Yes Describe \_\_\_\_\_

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) Yes \_\_\_ No \_\_\_ If Yes Describe \_\_\_\_\_

Please list all states and providences in which you operated a commercial motor vehicle during the past years: \_\_\_\_\_

Please list any other relevant experience: \_\_\_\_\_

Please list any safe driving awards you have received: \_\_\_\_\_

Is there any reason you may not be able to perform all of the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Describe \_\_\_\_\_

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

### Accidents and Violations

Have you been involved in the past 3 Years. (If yes, please complete the information below) Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Accident: _____ <small>(mm/dd/yyyy)</small>	Location: _____ <small>(City/State)</small>	Type of vehicle Operated: _____
Describe the accident _____		
No. of Injuries: _____	No. of fatalities: _____	Was HazMat (Other than from fuel tanks) released? Yes _____ No _____
Date of Accident: _____ <small>(mm/dd/yyyy)</small>	Location: _____ <small>(City/State)</small>	Type of vehicle Operated: _____
Describe the accident _____		
No. of Injuries: _____	No. of fatalities: _____	Was HazMat (Other than from fuel tanks) released? Yes _____ No _____
Date of Accident: _____ <small>(mm/dd/yyyy)</small>	Location: _____ <small>(City/State)</small>	Type of vehicle Operated: _____
Describe the accident _____		
No. of Injuries: _____	No. of fatalities: _____	Was HazMat (Other than from fuel tanks) released? Yes _____ No _____

Have you been involved any violation in the past years (if yes please complete the information below) Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Violation: _____ <small>(mm/dd/yyyy)</small>	Location: _____ <small>(City/State)</small>	Type of vehicle Operated: _____		
Describe the Violation _____		Fine: \$ _____ DOT regulation Cited: _____		
Date of Violation: _____ <small>(mm/dd/yyyy)</small>	Location: _____ <small>(City/State)</small>	Type of vehicle Operated: _____		
Describe the Violation _____		Fine: \$ _____ DOT regulation Cited: _____		
Date of Violation: _____ <small>(mm/dd/yyyy)</small>	Location: _____ <small>(City/State)</small>	Type of vehicle Operated: _____		
Describe the Violation _____		Fine: \$ _____ DOT regulation Cited: _____		
Street	City	State	Zip	Number of Years

### Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employer's form whom you have driven commercial vehicle seven years prior to the initial three years (total of ten years employment record).

You are required to list the complete mailing address: street number and name, city state and zip code.

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_\_\_ 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? Yes \_\_\_\_\_ NO \_\_\_\_\_  
ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_\_\_ 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? Yes \_\_\_\_\_ NO \_\_\_\_\_  
ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

\* Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations 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 9 or more passengers, OR (3) is of any size is used to transport hazardous materials in a quantify requiring placarding.

PLEASE COMPLETE NEXT PAGE

FOURTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

SIXTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

SEVENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

EIGHTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

NINTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

TENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason for Leaving \_\_\_\_\_  
 Were you subject the Federal Motor Carrier Safety Regulations while employed? Yes \_\_\_ 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? Yes \_\_\_ NO \_\_\_  
 ACCOUNT FOR THE PERIOD BETWEEN JOBS-Include dates(month/year)and reason. \_\_\_\_\_

\* Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations 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 9 or more passengers, OR (3) is of any size is used to transport hazardous materials in a quantify requiring placarding

**MYA TRUCKING, LLC. 6350 Glenview Dr. Suite 103.North Richland Hills, Tx 76180**



**PRE-EMPLOYMENT/CONTRACT DRUGS ALCOHOL STATEMENT**

Terminal: \_\_\_\_\_ Last First Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Driver ID: \_\_\_\_\_

Section 40.25 (i)

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

Prospective Employee

Or contractor Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The prospective employee/contractor is required by section 40.25 (j) to respond to the following questions:

- 1) 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 alcohol testing rules during the past three years?

Check one: Yes \_\_\_ No \_\_\_

- 2). If you answered yes, can you provide/obtain proof you successfully completed DOT return-to-duty requirements?

Check one: Yes \_\_\_ No \_\_\_

Employee/contractor: \_\_\_\_\_ Date: \_\_\_\_\_



## EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING

I \_\_\_\_\_ acknowledge receiving a copy of the company and alcohol policy.

I voluntarily agree to provide a sample of my urine for testing and submit to and related physical or other examination when I have been requested to do so.

I authorize the release of the Test Result (and any other relevant medical information) to the company for its use evaluation and suitability for continued employment, I also release the Company from all ability arising out of or connected with the testing.

I understand that if I refused to submit to the testing to give a requested sample (s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the company standard, I may be terminated.

I understand that any attempt to switch, adulterate or in any way tamper with the requested sample (s) or to other wise manipulate the testing process will result in termination of employment.

I also understand that if my test results are dilute on the second testing, I may be terminated.

I have read this entire policy and each of the above statements.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

6305 GLENVIEW DR. SUITE 103. NORTH RICHLAND HILLS TX 76180

Signature Driver:

\_\_\_\_\_

Date:

\_\_\_\_\_



# RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



**Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.**

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
--------------------------	---

\_\_\_\_\_ ,  
Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or  
controlled substance test results reported under Texas state law to

\_\_\_\_\_ ,  
Print Motor Carrier's Name Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

**X**

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.**