

DATE OF APPLICATION: ____/____/____



4715 Pinewood Road * Louisville, KY 40218 * Phone: (502) 452-6557 * Fax: (502) 454-1595

APPLICATION

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

TO BE READ AND SIGNED BY APPLICANT

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 also 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

Applicant Signature: X _____ **Date** ____/____/____

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER ____ - ____ - _____		

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____		CITY _____	STATE _____ ZIP _____
PHONE: _____	FAX: _____	E-MAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____		FROM: ____/____/____	TO: ____/____/____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

SECOND LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____		CITY _____	STATE _____ ZIP _____
PHONE: _____	FAX: _____	E-MAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____		FROM: ____/____/____	TO: ____/____/____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

THIRD LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____		CITY _____	STATE _____ ZIP _____
PHONE: _____	FAX: _____	E-MAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____		FROM: ____/____/____	TO: ____/____/____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

* 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 and is used to transport hazardous materials in a quantity requiring placarding.

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

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* 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 and is used to transport hazardous materials in a quantity requiring placarding.

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

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE: ____ NUMBER: _____ EXPIRATION DATE: ____/____/____
 STATE: ____ NUMBER: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u>	
____/____/____	_____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u>			<u>APPROX. MILES</u> <u>DRIVEN</u>
		FROM	TO	or	
STRAIGHT TRUCK	_____	_____	_____		_____
TRACTOR & SEMI TRAILER	_____	_____	_____		_____
OTHER	_____	_____	_____		_____
LIST COMMODITIES HAULED: _____					

EDUCATION

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

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

IN CASE OF EMERGENCY, CONTACT: _____ (____) _____
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

X _____
Applicant Signature

_____/_____/_____
Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST DRUG/ALCOHOL TESTING AND ACCIDENT HISTORY

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____ /_____/_____
First Middle Last Social Security # Date of Birth

Hereby authorize my previous employer _____ to release and forward the information requested below concerning my alcohol and controlled substances testing and accident history records within the previous three (3) years from the date of my employment application, which is ____/____/____. The information should be sent to my prospective employer _____ to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: _____ Date: _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): Faxed Mailed E-mailed Completed by Phone Other _____

By: _____ Date: _____

To Previous Employer: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ E-mail: _____

Contact Name: _____ Title: _____

APPLICANT NAME: _____

Social Security Number: _____ **Date of Birth:** _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations.

PLEASE SEND RESPONSES TO:

Company: **FC TRANS, LLC.**

Phone No.: **(502) 452-6557**

Street Address: **4715 PINWOOD ROAD**

Fax. No.: **(502) 454-1595**

City, State, Zip: **LOUISVILLE, KY 40218**

Attention: Josh Smith

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? YES NO

If yes, please state the actual dates of employment: FROM: ____/____/____ TO: ____/____/____

Did he/she drive a motor vehicle for your company? YES NO

If yes, please check the type(s) of vehicles operated: STRAIGHT TRUCK TRACTOR/SEMI-TRAILER
 CARGO TANK FLATBED DOUBLES/TRIPLES BUS OTHER (please specify) _____

Reason for leaving your company: DISCHARGE RESIGNATION LAY OFF MILITARY DUTY

Would this applicant be considered for employment with your company again? YES NO

If there is no safety performance history to report, check here , sign at the bottom of Part 3 on page 2 and return.

ACCIDENT HISTORY:

Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years.
Or, check here if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat Spill
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Any other remarks: _____

DRUG AND ALCOHOL HISTORY

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

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM ____/____/____ TO ____/____/____

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

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

PART 3 COMPLETED BY (signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): Fax Mail E-mail Telephone
 Other _____

DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

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

Have you, the applicant, tested positive, or refused to test, on any **pre-employment** drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: **YES** **NO**

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

Name of Motor Carrier: _____

Address: _____

Telephone No.: _____

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

Name of SAP: _____

Address: _____

Telephone No.: _____

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

Signature of Applicant

Date

**CERTIFICATE OF COMPLIANCE WITH
DRIVER LICENSE REQUIREMENTS**

NOTICE TO DRIVERS:

The Motor Carrier Safety Regulations part 383, applies to every person who operates a commercial motor vehicle in interstate, foreign or intrastate commerce, who operates a vehicle with a gross weight rating of 26,001 pounds or more, can transport 16 or more passengers including the driver, or transports hazardous materials that require placarding.

If the above applies you must comply with the following:

1. A driver may not possess more than one license. A motor carrier may not use a driver with more than one license. The driver's license must be from the driver's state of domicile.
2. A driver who violates state and/or local traffic laws (other than parking) must notify the motor carrier and the state that issued the license, within thirty days after the violation occurred.
3. A driver who receives either a revocation or suspension of their license must notify the motor carrier the next business day after receiving the notice.
4. A driver must provide previous work history when applying to operate a commercial motor vehicle.

DRIVER CERTIFICATION

I hereby agree that I have read and understand the above requirements issued in the Federal Motor Carrier Safety Regulations. The following license is the only one I possess.

Driver's Name _____ Social Security # _____ - _____ - _____
please print

Driver's Address _____
street address (P.O. box) city state zip

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

Driver's Signature **X** _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

Driver's Name: _____
 Address: _____

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months.

NOTE - If no violations during the past 12 month period, write "NONE"

Date of Conviction	Location	Vehicle Type	Description of Violation (e.g. speeding 69/55)

Driver/License Information			
License #:		Expiration Date:	
State of Issue:		Social Security #:	

If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I further certify that the above license is the only one I hold.

X _____
 Driver's Signature Date of Certification

Name of Motor Carrier: FC TRANS, LLC.
 Address: 4715 PINWOOD ROAD
LOUISVILLE, KY 40218

COMPANY USE ONLY – ANNUAL REVIEW OF DRIVING RECORD

Carrier Instructions: At least once every 12 months a review of a driver's driving record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15. The driver should complete the top portion of the form, and the carrier should complete the bottom.

In accordance with Section 391.25 FMCSR, all information pertinent to the above driver's safety of operation, including all collisions, and the list of violations furnished by him/her in accordance with Section 391.27 FMCSR for the past 12 months has been reviewed.

- Meets minimum requirements for safe driving
- Does not meet minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to §391.15

Remarks/Action(s) Taken: _____

Reviewed by: _____
Supervisor's Signature Date of Review



**CONTROLLED SUBSTANCES AND/OR ALCOHOL
TEST NOTIFICATION**

All drivers and/or applicants to this company must comply with Part 382 – Controlled Substances and Alcohol Use Testing of the Federal Motor Carrier Safety Regulations (FMCSR).

Section 382.113 of the FMCSR – Requirement for notice

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

**Company Name: FC TRANS, LLC.
4715 PINWOOD ROAD
LOUISVILLE, KY 40218**

Driver/Applicant Name: _____
(PRINT) (FIRST, M.I., LAST)

**You are hereby notified the following test will be administered in compliance with the
Federal Motor Carrier Safety Regulations.**

1) The test is scheduled: Date: ____/____/____
Location: _____
Time: _____ a.m. p.m.

2) Check type of test: Alcohol Controlled Substances

3) Check reason for test: Pre-Employment Random Reasonable Suspicion
 Post-Accident Return-To-Duty Follow-Up

4) Appointment Instructions/Comments:

I understand as a condition of my employment with this company, the above identified test is required. I also understand that a refusal to take the above identified test or a positive test result will medically disqualify me from the operation of a commercial motor vehicle.

Driver/Applicant Signature _____/_____/_____
Date

Witnessed by:

Company Representative Signature _____/_____/_____
Date



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 FC TRANS, 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:

2. I authorize FC TRANS, LLC. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening 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

FC TRANS, LLC
4715 Pinewood Rd
Louisville, KY 40218
Tel: 502-452-6557 Fax: 502-454-1595

iiX/Express Net

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act (FCRA), 15 U.S.C 1681 et seq., the regulations applicable to the Federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49CFR 40.329, the Americans with Disabilities Act and all other applicable federal, state and local laws, I hereby authorize and permit **FC TRANS, LLC** to obtain information, where permitted, **pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation, alcohol and drug testing, verification of my academic and/or professional credentials and information and/or copies of documents from any military service records.**

I understand that an "investigative consumer report" may result that could include information as to my character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.

DOT Drivers: I understand that Title 49 of the Federal Code of Regulations, 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX and its agents.

I consent to and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under FRCA, I may request a copy of a consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. **Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.**

Applicant's Full Name _____
(Print clearly)

Date _____

Signature _____