



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability or other basis prohibited by law. This Company complies with applicable state and federal laws prohibiting discrimination.

Please print in ink. All questions must be answered!

I am applying for one of the following driving positions: Full-time Part-time Other _____

Truck Driving Experience: _____ Years Apprenticeship Training Program Truck Driver School Training

Social Security # _____ - _____ - _____ Date of Birth (req. by 49 C.F.R 391.21) ____ / ____ / ____

Name: First _____ M.I.. ____ Last _____

Address: _____ City _____ State ____ Zip _____

Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address: _____

Have you ever been known by any other name? Yes No Other name: _____

If employed, can you provide verification of your legal right to work in the United States? Yes No

Can you legally travel between the U.S. and Canada? Yes No

If no, please explain: _____

Who referred you to our Company? Name: _____

The conviction of a crime is not an automatic bar to employment. All circumstances will be considered including the nature of the offense and the relationship of the offense to this Company's business. Failure to disclose all convictions will result in immediate disqualification.

Yes/No <u>If yes, provide dates and explain in details column</u>	<u>Date(s) / Details (If necessary, add additional sheets)</u>
1. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of a felony, received a deferred prosecution, or have any felony charges currently pending?	_____
2. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of a misdemeanor, received a deferred prosecution, or have any misdemeanors currently pending?	_____
3. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance, or are any charges pending, including reduction to a lesser charge? (List all dates)	_____
4. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been convicted of possession, sale, transfer or use of alcohol or a narcotic drug, amphetamine, inhalant, or derivative thereof, or have a current charge pending? (List all dates)	_____
5. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> tested positive for drugs/controlled substance or alcohol, or refused to submit to a required drug/alcohol test?	_____
6. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> been denied a license, permit or privilege to operate a motor vehicle?	_____
7. <input type="checkbox"/> <input type="checkbox"/> Has any driver's license, permit or privilege <u>ever</u> been suspended or revoked?	_____
8. <input type="checkbox"/> <input type="checkbox"/> Have you <u>ever</u> had a citation for leaving the scene of an accident?	_____

LIST ADDITIONAL ADDRESSES IN LAST 3 YEARS:

Street _____ City _____ State ____ Time Period _____
 Street _____ City _____ State ____ Time Period _____

LICENSES: (List all driver license numbers assigned to you in the past 10 years.)

State	License Number	Personal	Commercial	Hazmat		Expires
				Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MOVING VIOLATIONS: List all tickets and forfeitures for the past 5 years. Be sure to list all careless or reckless driving convictions or pending reckless or careless driving citations as such. (IF NONE, WRITE NONE)

Date	Conviction/Type	(If speed, list mph over limit)	City/State	Other Details

ACCIDENTS: List all accidents you have been involved in within the last 5 years regardless of fault, severity, or motor vehicle type. (IF NONE, WRITE NONE) (Please use additional sheet of paper for complete accident description if necessary.) Please describe the type of accident in detail.

Date	Type Accident (backing, turning, etc.)	City/State	Preventable/Non-preventable	# Fatalities	# Injuries

If ever involved in a fatality accident, please explain: _____

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 GED College: 1 2 3 4

CDL Driving School Name _____ City _____ State _____

Phone: _____ Fax: _____ Email: _____

Course Length: Weeks _____ Hours _____ CDL Graduation Date _____
 Month/Day/Year

EMPLOYMENT HISTORY: Starting with your most recent employer, provide 10 years of work history for driving jobs, 5 years of work history for non-driving jobs. Please include all phone numbers. Account for all time, including military service, periods of self-employment, and unemployment for more than 2 weeks. Provide documentation for periods of self-employment and military that includes affidavits, tax records, or DD214 long form for the last 5 years.

Have you ever worked for this Company before? Yes No If yes, when: _____ Position: _____

Period of Non-Employment: From _____ To _____ Reason _____

Current or Last Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____ May we contact this employer? Yes No

Period of Non-Employment: From _____ To _____ Reason _____

Prior Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____

Period of Non-Employment: From _____ To _____ Reason _____

Prior Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____

Period of Non-Employment: From _____ To _____ Reason _____

Prior Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____

Period of Non-Employment: From _____ To _____ Reason _____

Prior Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____

Period of Non-Employment: From _____ To _____ Reason _____

Prior Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____

Period of Non-Employment: From _____ To _____ Reason _____

Prior Employer:

Employed From: (mo/yr) _____ to (mo/yr) _____ Full Time Part Time Miles Driven Weekly: _____

Company Name: _____ Phone: (w/area code) _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Truck Type: Semi: Straight: Pay Rate: _____

Were you subject to the FMCSR's: Yes No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No

Reason for leaving: _____

APPLICANT AGREEMENT

To be carefully read and signed by applicant. If you have any questions or require an explanation of the terms of this Agreement, please ask for clarification.

I hereby authorize any law enforcement agency, court of record, or any third party agency to furnish **J.A.T. of Ft. Wayne** (the "Carrier") with information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

I understand and agree that the Carrier may procure my past employment records and background/credit information from a consumer credit bureau, as the Carrier deems necessary for the consideration of my employment.

I understand that this application for employment will not be accepted as final until satisfactorily completing a medical examination including drug testing, as well as a driving skill exam and personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier. I further agree to provide access to previous medical records if required.

I understand my application may be transferred to an electronic filing system, and the original may not be retained.

I acknowledge and agree that, as a condition of employment with the Carrier, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR), parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with the testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to hire or immediate termination of my employment, if hired.

I understand that at any point in the future, whether I am actively employed by the Carrier or not, the Carrier may provide information concerning my employment and services with the Carrier to any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Carrier.

I understand and agree that my submitting this application to the Carrier for employment in no way obligates the Carrier to offer me employment.

I understand that if I am hired, my employment will be "at will", meaning for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Carrier has the same right. I understand that no supervisor, manager, or executive of the Carrier, other than the President, has the authority to alter the foregoing and the President may do so only in writing that is signed by both the President and the employee in question.

I hereby authorize, without liability, any person or organization whose name I have given as reference, or by whom I have been previously employed or contracted with, to furnish to **J.A.T. of Ft. Wayne** any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment/lease, and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination from employment, if this application results in employment.

I have read and understand the terms of the above Agreement.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

J.A.T. of Ft. Wayne is an Equal Opportunity Employer

Julie Scott / 800-322-5298
DAC Services
Use Fax # 800-267-4093(Manual Service)
Use Fax # 800-257-8069(if Database Retrieval)

From: Larry Clevenger
J.A.T. of Fort Wayne, Inc.
Fax #: (260) 482-9990
DAC Customer #: 10557

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature.)

Print Name: _____
(Applicant Name)

Signed: _____
(Applicant Signature Required)

Social Security No: _____

Date: _____

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with the employer named above, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from DAC, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the three year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Name:

(Applicant Name) Signed: _____
(Applicant Signature)

Required)

Social Security

No: _____ Date: _____

PART I – DOT DRUG AND ALCOHOL RELEASE

((Company))

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items(i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	(____)____-____
_____	_____	_____	(____)____-____
_____	_____	_____	(____)____-____

Attach additional forms for additional past employers. Attached documents must also include the individual's signature.)

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ - _____ - _____ Date: _____

PART II – INVESTIGATIVE CONSUMER REPORT RELEASE

In connection with my application for employment (including contract for services) with the employer named above, I hereby fully release and discharge you and DAC services, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or DAC Services from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have been provided a copy of the summary of rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to the FCRA.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete.

I hereby authorize and give my consent to the above company procurement of consumer report(s). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

Print Applicant Name _____ Applicant Signature 

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used

List States & Counties of Residence for the past: 3 years 5 years 7 years 10 years (Attach a separate sheet if more space is needed.)

State _____ City/County _____ From 19 ____ to 19 ____

State _____ City/County _____ From 19 ____ to 19 ____

Home Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex (circle one): Male Female

Driver's License No. _____ State Issuing License _____

**PAST EMPLOYMENT
INFORMATION REQUEST FORM**

I hereby authorize you to release the following information to J.A.T. of Fort Wayne, Inc., 5031 Industrial Road, Fort Wayne, In. 46825 for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

____/____/____
Date

x _____
Applicant's Signature

ISSUED TO:

COMPANY _____

NAME/TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

Dear Sir/Madam:

_____, Social Security # ____ - ____ - ____ has submitted an application to our company for a position as a DRIVER, and states that he/she previously worked for your company from ____/____/____ to ____/____/____. Would you please take a moment and complete the information requested below? Your reply will be held in strict confidence and we appreciate your prompt response.

Sincerely,

-
1. Did the above named applicant work for your company? YES NO
If YES, please state the actual dates of employment: FROM ____/____/____ TO ____/____/____
 2. Did he/she drive a motor vehicle for your company? YES NO
If YES, please check the appropriate type of vehicle Straight Truck Tractor/Semi-trailer
 Bus Other (specify) _____
If NO, please state what kind of work he/she performed _____
 3. Was he/she a safe efficient driver? YES NO Other _____
 4. Was the above individual ever involved in a preventable collision(s)? YES NO
How Many? _____
Please give a brief driving history if available for the past three years _____
 5. Was his/her general conduct satisfactory? YES NO Other _____
 6. Would you permit this driver to drive for you again? YES NO OTHER _____
 7. Why did this driver leave your company: Discharge Lay Off Resigned Military Duty _____
 8. Do you have any further comments concerning the named individual's driving history? _____

Signature _____
Title _____
Date ____/____/____

DRUG/ALCOHOL TESTING HISTORY INQUIRY

I hereby authorize you to release the information below to J.A.T. of Fort Wayne, Inc.
(Prospective Carrier)
for purposes of investigation as required by Section 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____ /_____/_____
Applicant Signature Date

ISSUED TO: (Previous Employer)

COMPANY _____

NAME/TITLE _____

ADDRESS _____

CITY/STATE _____

Dear Sir/Madam:

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available information on your former commercial vehicle driver _____ regarding the following during the past three years:
Applicant Name

Sincerely,

Signature of Prospective Employer

- A. Has this person ever tested positive for a controlled substance in the last three (3) years?
_____ YES _____ NO
- B. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or Greater in the last two (3) years? _____ YES _____ NO.
- C. Has this person refused a required test for drugs or alcohol in the last three (3) years?
_____ YES _____ NO
- D. Has this person committed other violations of DOT agency drug and alcohol testing regulations?
_____ YES _____ NO

* If the answer to any of the above questions was **YES**, please provide the name and contact information for the Substance Abuse Professional that the listed applicant was referred to:

SAP Name : _____

Address : _____

Telephone No: _____

Signature of person furnishing information: _____
Title: _____
Date: _____/_____/_____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE
BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015