



## APPLICATION FOR DRIVERS

You must answer every question.

If any question does not apply to you, answer with Not Applicable (NA).

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, height, weight, ancestry, national origin, religion, sexual orientation, marital status, veteran status, or disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

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

Circle type of driver operation desired:      LOCAL                  REGIONAL                  OVER THE ROAD

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: cell preferred \_\_\_\_\_

If you were at the above address less than three years, list your previous address(es):

Address 1: \_\_\_\_\_ How Long: \_\_\_\_\_

Address 2: \_\_\_\_\_ How Long: \_\_\_\_\_

Address 3: \_\_\_\_\_ How Long: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Can you provide proof of age:    Yes \_\_\_ No \_\_\_

Do you have current and unrestricted authorization to work in the United States?    Yes \_\_\_ No \_\_\_

Have you worked for this company before?    Yes \_\_\_ No \_\_\_

Are you employed now?    Yes \_\_\_ No \_\_\_    If No, how long since leaving last employment? \_\_\_\_\_

Have you ever been convicted of a crime or arrested for a felony that has not been expunged by a court?

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

(Answering this question in an affirmative answer does not necessarily preclude a hiring decision.)

If Yes to the above question, please provide date, nature of incident, and disposition:

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Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

### Employment History

The following information must be submitted for all employers during the previous three years . If applying to operate a commercial motor vehicle, the following information must be provided for all employers for whom you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

A total of 10 years' work history is required. All gaps in time must be shown.

#### Current/most recent employer

Business Name	Employment Dates Start Date:                      End Date:
Address	Position:                      Salary:
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT controlled substance & alcohol testing? Yes ___ No ___
Phone Number May we contact you? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes _____ No _____
Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

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#### Next previous employer

Business Name	Employment Dates Start Date:                      End Date:
Address	Position:                      Salary:
City, State, Zip	Were you ever employed in a safety sensitive function subject to DOT controlled substance & alcohol testing? Yes ___ No ___
Phone Number May we contact you? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes _____ No _____
Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

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Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

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Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

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Phone Number May we contact you? Yes ___ No ___	Were you subject to Federal Motor Carrier Safety Regulations? Yes ___ No ___
Name of Supervisor:	Reason for leaving:

Any gap in employment must be explained. Please include dates (month/year) and reason:

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Have you ever been terminated from a prior job, regardless of how long ago?                      Yes \_\_\_ No \_\_\_

If Yes, please provide name of employer and reason for termination: \_\_\_\_\_

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Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation?                      Yes \_\_\_ No \_\_\_

If No, please explain: \_\_\_\_\_

**Accident record for past 3 years or more (attach another sheet if necessary)**

Last Accident: \_\_\_\_\_  
 Date Nature of Accident Injuries Fatalities

Next Previous: \_\_\_\_\_  
 Date Nature of Accident Injuries Fatalities

Next Previous: \_\_\_\_\_  
 Date Nature of Accident Injuries Fatalities

Traffic convictions and license forfeitures for the last 3 years (other than parking violation)

State of Violation Location Date Convicted Violation Penalty

State of Violation Location Date Convicted Violation Penalty

State of Violation Location Date Convicted Violation Penalty

Driver's License: \_\_\_\_\_  
 State License (No. and Type) Expiration Date

Have you ever been denied a license, permit or privileges to operate a motor vehicle? No \_\_\_ Yes \_\_\_  
 If Yes, please explain: \_\_\_\_\_

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

Have you ever been disqualified from driving subject to CFR 49 section 391 of the Federal Motor Carrier Regulations?  
 No \_\_\_ Yes \_\_\_ If Yes, please explain: \_\_\_\_\_

**Driving Experience: (Class of Equipment)**

Straight Truck: \_\_\_\_\_  
 Type of equipment (van, tanker, flatbed, reefer, etc.) Dates From To # of miles (total)

Tractor & Semi Trailer: \_\_\_\_\_  
 Type of equipment (van, tanker, flatbed, reefer, etc.) Dates From To # of miles (total)

Tractor-Two Trailers: \_\_\_\_\_  
 Type of equipment (van, tanker, flatbed, reefer, etc.) Dates From To # of miles (total)

Other: \_\_\_\_\_  
 Type of equipment (van, tanker, flatbed, reefer, etc.) Dates From To # of miles (total)

List states operated in for last five years: \_\_\_\_\_

Special courses of training that will help you as a driver: \_\_\_\_\_

Safe driving awards held and from whom: \_\_\_\_\_

Show any trucking, transportation, or other experiences that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere on this application: \_\_\_\_\_

List special equipment or technical materials you can work with: \_\_\_\_\_

**Education**

Circle highest grade completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
 Name City/State

## APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208, requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by Federal Motor Carrier Safety Regulation 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, e-mail, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the company if a conditional offer of employment is made.

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. I understand that pursuant to 49 CFR 391.23 I have a right to: review information provided by current employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information if the employer(s) and I cannot agree on the accuracy of the information.

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Applicant's Signature

Date



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE DRUG AND ALCOHOL TEST STATEMENT**

Applicant is required by 49 CFR Sec. 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 and alcohol testing rules during the past two years? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details. Use second sheet if necessary:

\_\_\_\_\_

2. If you answered yes to the above question, can you provide/obtain proof that you've successfully complied with the DOT return to duty requirements? Yes \_\_\_\_ No \_\_\_\_

3. Have you ever violated any other DOT drug and/or alcohol regulations? Yes \_\_\_\_ No \_\_\_\_  
If yes, please provide details. Use second sheet if necessary:

\_\_\_\_\_

4. If you answer yes to the above question, can you provide/obtain proof that you've subsequently successfully complied with the DOT return to duty requirements and DOT drug and alcohol regulations? Yes \_\_\_\_ No \_\_\_\_

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

Name: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

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



## Controlled Substances Test Consent

I understand that applicants covered by U.S. Department of Transportation Regulations must be tested for controlled substances as a precondition of employment. I am applying for a position covered by the following regulations:

- \_\_\_\_\_ 49 CFR Part 382.301 for FMCSA (Federal Highway)
- \_\_\_\_\_ 49 CFR Part 199.11(a) for PHMSA (Gas and Pipeline)

I understand that a urine specimen will be collected and tested for controlled substances.

I understand that a positive test result for controlled substances will disqualify me for a position with this employer. I also understand a report that my urine sample was adulterated or substituted will also disqualify me for a position with this employer.

I understand that if my urine sample is reported as diluted, I may be required to provide another sample for testing.

A Medical Review Officer will review my test result from the laboratory and report a final result to my prospective employer. The results will not be released to any other parties without my written authorization.

I understand the above conditions and agree to comply with them.

\_\_\_\_\_  
Applicant Name (PRINTED)

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

\_\_\_\_\_  
Date



## Consent to Obtain Motor Vehicle Record

I give my consent to the release of my driving record ("MVR") to Best Way Disposal ("Company") for review.

I consent to Company periodically obtaining and reviewing my driving records for the purpose of initial and continued employment.

My consent shall remain in effect unless and until revoked by me in writing.

\_\_\_\_\_  
Applicant Name (PRINTED)

\_\_\_\_\_  
Applicant Date of Birth

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

\_\_\_\_\_  
Applicant Driver's License Number & State

***Release of DOT/ FMCSA Drug and Alcohol Testing Information***

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the prospective employer listed below. This information may also be released to the employer's authorized background check vendor, Concorde, Inc. 1835 Market St., Philadelphia, PA 19103 - 215-563-5555. This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321, 391.23. I understand that the drug and alcohol testing information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

***Release of FMCSA Driving and Safety Information***

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer, listed below, to the prospective employer listed below. This information may also be released to the employer's authorized background check vendor, Concorde, Inc. 1835 Market St., Philadelphia, PA 19103 - 215-563-5555. This release is in accordance with DOT Regulation 49 CFR Part 391.23. The information to be released will include my driving safety history and the items identified at 49 CFR 391.23.

Employee/Applicant Printed or Typed Name: \_\_\_\_\_

SS or ID Number: \_\_\_\_\_ Phone \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

**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*

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

It is Best Way Disposal's company policy to perform certain background checks of its employees and applicants. This may include checking your previous employment, criminal and civil history, drug/alcohol test records, educational records, driving records, credit, etc. The report may contain information on your character, general reputation, personal characteristics and mode of living. Thus you may be the subject of a "consumer report" or an "investigative consumer report". The latter is obtained through personal interviews. We will use this information as part of the basis for our decision regarding your employment. This means that your former employers and others may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency. That agency is Concorde, Inc., 1835 Market Street, 12th Floor, Philadelphia, PA 19103, 215-563-5555 or 888-805-8885; www.concorde2000.com . In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain; we will also provide a copy of your rights in the form prescribed by the Consumer Financial Protection Bureau. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

Acknowledgement and Authorization

I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Concorde to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. This may include requests for information regarding my criminal, civil and motor vehicle records. I authorize the release of this information by any prior employer and anyone else having information or documentation about me to Company and Concorde. I authorize Concorde or other consumer reporting agencies to provide consumer and investigative consumer reports to you. I agree that so long as I remain employed by the above named employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

California, Minnesota and Oklahoma Applicants/Employees: Check the box if you want to receive a copy of any report.

California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the CALIFORNIA NOTICE REGARDING BACKGROUND INVESTIGATION.

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Concorde directly. By signing below, you acknowledge receipt of a copy of New York Correction Law Article 23-A.

Printed Name of Applicant/Employee Date of Birth Social Security Number

Signature Date Telephone Number

List Your Current Addresses - Street/City Zip

List Your Former Addresses for Last 7 years - Street/City Zip

List Your Former Addresses for Last 7 years - Street/City Zip

A COPY OF THIS DOCUMENT MAY SERVE AS THE ORIGINAL

*Para informacion en espanol, visite [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*

#### **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/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.

**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.

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.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4677
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-8 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 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
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



### Driver Background Request

I hereby authorize you to release the following information for the purpose of investigation as required by Part 391.23, 382.405(b) and 382.413. You are required by law to respond within 30 days. You are released from any and all liability which may result from furnishing such information. I the undersigned, understand if I wish to review the previous employer provided information I must submit a written request to the prospective employer within 30 days after being employed or being notified of denial of employment. I understand I have the right to issue a rebuttal if the previous employer's statements do not agree with my statements. Notice: Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provided the records.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ SSN \_\_\_\_\_

**Driver - Do Not Write Below This Line**

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact Name \_\_\_\_\_

1. \_\_\_\_\_ (applicant) indicated employment as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (Please supply correct dates).

2. Type of vehicles operated: Straight truck \_\_\_\_\_ Tractor/Semi trailer \_\_\_\_\_ Other \_\_\_\_\_

3. Company driver \_\_\_\_\_ Owner/operator \_\_\_\_\_ O/O driver \_\_\_\_\_

4. Was the driver subject to the FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Driver License # \_\_\_\_\_ State \_\_\_\_\_ Would you rehire? \_\_\_\_\_

6. Accidents (Past 3 Years):

Date	Description	Location	Preventable?	Injury/Tow	Fatal	Cost

Please complete each of the following questions regarding Alcohol and/or Substance Abuse testing:  
If the driver was not subject to Part 382 testing requirements, please check here \_\_\_\_\_ and sign below.

- Has this individual tested positive for a controlled substance in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did this individual take an alcohol test which resulted in a BAC of .04% or greater in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has this individual ever refused a test for alcohol or controlled substances including verified adulterated or substituted test results in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has this individual violated other DOT agency drug and alcohol testing regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you have answered YES to any of the above questions please ATTACH documentation of the individual's successful completion of the DOT Return-to-Duty and Follow-up Tests and the Substance Abuse Professional's name and contact information.

SAP Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*Please include information received from other previous employers.*

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

Please return completed forms to:



### Driver Notification of Rebuttal

As a driver, we are required to notify you of the following rights you are provided with under the Federal Motor Carrier Safety Regulations in Part 391.23.

You have the right to:

- 1) review information provided by previous employers;
- 2) have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer;
- 3) 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.

*Please refer to 391.23 (j) for further information.*

Drivers who 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 5 business days of receiving the written request, or if the requested information has not yet been received from the previous employer(s), within 5 business days of receipt.

If the driver does not arrange pick-up or receive the requested record within 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.

I, the undersigned, have received a copy of, read, and understand the above rights.

\_\_\_\_\_  
Applicant Name (PRINTED)

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

\_\_\_\_\_  
Date



**General Consent for Limited Queries of the  
Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to \_\_\_\_\_  
(the "Company") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I consent to any amount of limited queries required by law and/or company policy during the duration of my employment.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicles, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date