

DOT DISCLOSURE (FOR EMPLOYMENT PURPOSES)

In accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to **WorkforceQA**, a third-party verifier, for the purpose of transmitting such records to **McGuire Transportation**. I understand that information/documents released pursuant to this Part 1 is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years** (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to **WorkforceQA** on behalf of **McGuire Transportation**, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages including the date, your name, social security number, and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
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ACKNOWLEDGEMENT & AUTHORIZATION FOR RELEASE OF DOT INFORMATION

By signing below, I certify that (1) All information provided herein is complete and accurate. (2) I have read and understand the intended purpose of this Disclosure and Authorization for Release of Information. (3) I agree that this document in original, faxed, photocopied, or electronic form, will be valid for any background reports that may be requested by or on behalf of **McGuire Transportation**.

Print Applicant Name

Social Security No.

Applicant Signature

Date (MM/DD/YYYY)

ACKNOWLEDGEMENT & AUTHORIZATION

I, _____, have carefully read and understand the DISCLOSURE REGARDING YOUR BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **McGuire Transportation**; its third party verifier, **WorkforceQA**; or the CRA, **Asurint**. This Disclosure and Authorization form in original, faxed, photocopied, or electronic form will be valid for any reports that may be requested by the Company. I understand that providing any false information or omitting any material information on my application or in the interview process may be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

If applicable, please check box acknowledging receipt of the federal Fair Credit Reporting Act Summary of Rights.

AUTHORIZING SIGNATURE

Signature: _____

(Please do not print; your signature is required)

Date: _____

(MM/DD/YYYY)

DISCLOSURE REGARDING YOUR BACKGROUND INVESTIGATION

McGuire Transportation (“the Company”) may obtain information about you for employment purposes through its contracted Third-party Verifier, **WorkforceQA**. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” procured by a Consumer Reporting Agency (CRA). The report is an independent investigation of your background, which pursuant to Section 603 of the Fair Credit Reporting Act (FCRA) may include information regarding your character, general reputation, personal characteristics, or mode of living. The scope of the report may include information concerning your driving record, civil and criminal court records, education, credentials, identity, past addresses, Social Security Number, substance abuse testing results, Worker’s Compensation information, previous employment, and personal references.

If you are denied employment as a result of information obtained from your background check, pursuant to the FCRA, the Company will furnish you with the required adverse communications, which include a copy of your background report, a copy of A Summary of Your Rights Under the Fair Credit Reporting Act, and instructions on how to dispute inaccurate information contained within the report. McGuire Transportation will procure the report from: **CRA: ASURINT, Compliance Department • P.O. Box 14730 • Cleveland, OH 44145 • (800) 906-2034 • www.asurint.com/Compliance.aspx**

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with McGuire Transportation Inc., 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 McGuire Transportation Inc. 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