**APPLICATION FOR EMPLOYMENT**

COMPANY Ensure Trucking Inc. STREET ADDRESS 22419 W Renwick Rd

CITY, STATE AND ZIP CODE \_P\_la\_i\_nfi\_1e\_ld ,.\_l\_L\_6\_0\_54\_4 \_

NAME---=--------------,-------,--,---,--,-------------

(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

**ADDRESS** HOW LONG? \_

(STREET) (CITY) (STATE & ZIP CODEi

DATE OF BIRTH SOCIAL SECURITY NO. HIRE DATE \_

TELEPHONE NUMBER E-MAIL ADDRESS \_

**PREVIOUS THREE YEARS RESIDENCY**

-------------------------------# YEARS

(STREET) (CITY) (STATE & ZIP CODE)

----------------------------------- #YEARS

(STREET) (CITY) (STATE & ZIP CODE)

-------------------------------#YEARS

(STREET) (CITY) (STATE & ZIP CODE)

**(ATTACH** SHEET IF **MORE SPACE IS NEEDED) LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

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STATE LICENSE NO. TYPE **EXPIRATION** DATE

**DRIVING EXPERIENCE**

i

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC.) | DATESFROM TO | APPROX. NO. OF MILES /TOTAL) |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  |  |
| TRACTOR • TWO TRAILERS |  |  |  |
| OTHER ·- | .··-- , . ·-····· -··-----·---- ----·-- -· | -- -·- ··-·--·------- |  |  |  |

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OATES | NATURE OF ACCIDENT(HEAD-ON, REAR-END, UPSET, ETC.) | I i! NUMBER I! FATALITIES i | NUMBERINJURIES ' | CHEMICALII SPILLSI |
|  |  | I !! *I* |  | ! YES D NOD |
|  | ; Ii | YES □ NO □ |
|  | I I | YES □ NOD |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR** THE **PAST 3 YEARS COTHER THAN PARKING VIOLATIONS)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE CONVICTED(month/vear) | VIOLATION | STATE OF VIOLATION LOCATION | PENALTY(forfeited bond, collateral and/or oointsl |
|  |  |  |  |
|  |  |  |  |
|  | ..--·--------·· | -------·------- | ! |

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(ATTACH SHEET IF MORE SPACE IS NEEDED)

A Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If yes, explain--------------------------------

6Has any license, permit or privilege ever been suspended or revoked? YES NO

If **yes,** explain --------------------------------

EMPLOYMENT RECORD

 ATTACH SHEET IF MORE SPACE IS NEEDED

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three *years.* You must give the same information for all employers you have dnven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list thecomplete mailing address: street number and name, city, state and zip code.

LASTEMPLOYER: NAME

ADDRESS PHONE POSITION HELD FROM TO SALARY REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes□ No □

Was the previous Job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

□ □

SECOND LAST EMPLOYER: NAME

**ADDRESS \_**

PHONE

POSITION HELD FROM TO SALARY

REASONS FOR LEAVING

**ANY GAPS IN** EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

**AND REASON.** --------------------------------

**Were** you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? **Yes** □ No □

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

□ □

THIRD LAST EMPLOYER: NAME

ADDRESS PHONE

POSITION HELD FROM TO SALARY

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. ­

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes □ No □

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No□

□

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will **be made only if and after a conditional offer 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 m application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

·1 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 understand that I have the right to:

Review information provided by currenVprevious 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."

DATE APPLICANT'S SIGNATURE

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.

DATE APPLICANT'S SIGNATURE

Note: A motor carrier *may* require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Date

Applicant's Signature

This information is being requested in compliance with §40.25(9) and 391.23.

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: ,\_(8=1"'"'5,,\_..)...,2=3=..0.-. =2=0=02= ­

Prospective employer's email address: xcolon@ensuretrucking.com

22419 W Renwick Rd

 Plainfield, IL 60544

Telephone: (815) 230-2000

**)(Q.u1t.r *8,*** *{o/ott*

Attention: Street:

City, State, Zip:

Prospective Employer: ---=:E:..:.,n;..;:s-=-u"-re.=......;T"'"r..;;;u-=-c:::ik"'"in'""gln.-:c.;.;. ,..-----------------

To:

City. State, Zip: Fax No.:

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_

(employment application date)

Telephone: \_

Previous Employer: Email:

Street:

I, (Print Name) ....,.... ---c---,--,C"'C'."""--,--..,..,...--,----

First M.I. Last Social Security Number

Hereby authorize:

Date of Birth

**TO BE COMPLETED BY PROSPEC'itVE"""EMPLOYEE**

I

**PART1:**

**PART2:** I TO BE COMPLETED BY PREVIOUS EMPLOYER

**ACCIDENT** HISTORY

□ □

The applicant named above was employed by us. Yes No

Employed as from (m/y) t (m/y)

1. Did he/she drive motor vehicle for you? Yes □ No □ If yes, what type? StraightTruck D Tractor-Semitrailer□

□ □ □

**Bus** Cargo Tank Dou bles/Triples Other (Specify) \_

1. Reason for leaving your employ: Discharged □ Resignation □ Lay Off □ Military Duty □

If there is no safety performance history to report, check here□, sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.1S(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

□

Date Location # Injuries # Fatalities HazmatSpill

1. ------- -------- -------- -------- --------

**2.** ------- -------- -------- -------- --------

3. ------- -------- -------- ------- -------

Please provide information conceming any other accidents involving the applicant that were reported to government

**agencies** or insurers or retained under internal company policies: \_

Any other remarks:

Signature: Title: Date:

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

|  |  |  |
| --- | --- | --- |
| PART3: |  | TO BE COMPLETED BY PREVIOUS EMPLOYER |
| DRUG AND ALCOHOL HISTORYIf driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here □, fill in the dates of employment from to ,complete bottom of Part 3,sign, and return.Driver was subject to Department of Transportation testing requirements from to \_1.Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?**YES** □ **NO** □ |
| 1. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

YES □ NOD1. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or

controlled substance test?YES□ NO □1. Has this person committed other violations of Subpart B of Part 382, or Part 40?

YES □ NOD1. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed

rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.YES □ NOD1. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this

driver subsequently have an alcohol lest result of 0.04 or greater, a verified positive drug test, or refuse to be tested?YES D NODIn answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.Name ­Company: ­Street: ----------------------------------------City, State, Zip: Telephone: Part 3 Completed by (Signature): Date: \_ |
|  |  |
| **PART4a:** | I | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| This form was (check one) □ Faxed to previous employer □ Mailed □ Emailed □Other \_By: Date:  |
| PART4b: | I | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| Complete below when information is obtained.Information received from: ---------------------------------Recorded by: Method: 0 Fax □Mail D Email D TelephoneDate: D Other  |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**PAGE 1 PART 1:** Prospective Employee

* Complete the information required in this section
* Sign and date
* Submit to the Prospective Employer

**PAGE 2 PART 4a:** Prospective Employer

* Complete the information
* Send to Previous Employer

**PAGE 1 PART 2:** Previous Employer

* Complete the information required in this section
* Sign and date
* Turn form over to complete SIDE 2 SECTION 3

**PAGE 2 PART 3:** Previous Employer

Complete the information required in this section

* Sign and date
* Return to Prospective Employer

**PAGE 2 PART 4b:** Prospective Employer

* Record receipt of the information
* Retain the form

**RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

|  |
| --- |
| **§391.23(i)(2)** Drivers who have previous Department ofTransportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done al any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within fwe (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motorcarrier may consider the driver to have waived his/her request to review the records. |
| **PART1:** I **COMPLETED BY THE DRIVER/APPLICANT** |
| **TO:**Prospective Employer: Ensure Trucking Inc.StreeUP.O. Box: 22419 W Renwick RdCity, State, Zip: Plainfield IL 60544 Telephone# (815) 230-2000**FROM:**Driver/Applicant: Social Security/1.D. # Street: City, State, Zip: \_ Telephone# I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.This information should be: □sent to me at the above address.□I will arrange to pick up.Driver/Applicant Signature: Date: M D y--------··--·-··-·----------------- |

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**PART 2:**

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**COMPLETED BY** THE **PROSPECTIVE EMPLOYER**

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D

M

Telephone#

Signature/person providing information

 Release Date: -----' '--­

**By:**

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business­ days deadline will begin when the prospective employer receives the requested safety performance history information.

**Information supplled to:**

Name: ---------------------------------------

Street:

City, State. Zip: ----------------------------------

Comments: -------------------------------------

COPY 1 PROSPECTIVE EMPLOYER

**SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICANT REBUTTAL**

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.230)(3)** Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

**§391.230)(4)** After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer

must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer:
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

**PART1:**

I

**COMPLETED BY THE DRIVER/APPLICANT**

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Irequest that this rebuttal be sent to the attached list of motor carriers.

Driver/Applicant Signature: \_ Date: ,/ . \_

Driver/Applicant:

Social Security #

Street: --------------------------------

City, State, Zip: \_ Telephone No.:

Ihave submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): \_

**FROM:**

Fax: (815) 230-2002

Previous Employer: Ensure Trucking Inc. Street/P.O. Box: 22419 W Renwick Rd City, State, Zip: Plainfield IL 60544

Telephone: (815) 230-2000

**TO:**

M D Y

Date: -- ------

Signature:

**Received by:**

**COMPLETED BY THE PREVIOUS EMPLOYER**

I

**PART2:**

**COPY 1 PREVIOUS EMPLOYER**

**CORRECTION REQUEST**

**OF**

**ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs 0)(1) and (2) as printed below.

**§391.23(j)(1)** Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

**§391.230)(2)** After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it lo subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier emolover there is no need to nolifv the driver.

|  |
| --- |
| **PART** 1: I COMPLETED BY THE DRIVER/APPLICANT |
| TO: Prospective Employer: Ensure Trucking Inc.Street/P.O. Box: 22419 W Renwick RdCity, State, Zip: Plainfield, IL 60544 Telephone# (815) 230-2000**FROM:** Driver/Applicant: Social Security/LO.# \_Street: -------------------------------City, State, Zip: Telephone# \_Irequest correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: Ensure Trucking Inc.Attention: Safety / Xavier ColonStreet: 22419 W Renwick RdCity, State, Zip: Plainfield, IL 60544Explanation of desired correction (attach documents as necessary), \_Driver/Applicant Signature: \_ Date: / M D YDriver: Retain **COPY 4 DRIVER** RECORD for your files, Submit copies 1, 2, and 3 to your previous employer. |
|  |
| PART2: I COMPLETED BY THE PREVIOUS EMPLOYER |
| **Disposition of the requested information:*** Information was corrected and forwarded to the prospective motor carrier employer.
* The driver was notified on / / that the previous employer does not agree to correct the data.

**Return copy 3 to the driver.****Information sent to:** Company Name:Attention: Street:City, State. Zip:Comments: |
|  |  |
| **By:** Release Date: *I I*Signature/person providing information Telephone# M D y |
|  |  |
| **PART3:** ! **COMPLETED BY** THE **PROSPECTIVE MOTOR CARRIER EMPLOYER** |
| The corrected information was received on / / Prospective Employer: Location:Received by: |  |
|  |
|  | Signature Title |

**COPY** 1 **PROSPECTIVE EMPLOYER**

**AUTHORIZA11ON FOR RELEASE OF INFORMA11ON FOR EMPLOYMENT SCREENING**

**Driver Record Screening Disclosure**

I hereby authorize Embark Safely LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/Investigative consumer report may indude Information about my character, general reputation, personal characteristics, and mode of living as well as Information that is not Hmited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Calms, criminal history records (from local, state, federal, International and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehlde records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, soclal media information, and drug testing. Upon Request, Embark Safety UC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

### Authorization and Release

I ,authorize the complete release of these records or data pertaining to me which an individual, company,

finn, corporation, or public agency may have. I authorize the full release of the infonnation described above, without any reservation, throughout any duration of my employment at Ensure Trucking Inc (company name). I hereby release Embark Safety LLC, and Its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all UabUity for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. I certify that all Information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information Is required by law enforcement agencies and other entitles for Identification

purposes when checking records. It ls confidential and will not **be used** for any other purpose.

Applicant's first Name **Middle Name** Last Name {print legibly) Maiden/AKA/Previous Name(s)

Date of Birth (This will not affect hiring decision)

Drive License Number State (Month) (Day) (Year)

D\*\*'"Callfomla, Minnesota, Massachusetts, Millne and Oldahcxna Appllcants: please check this box to have a copy of your report emailed directly to you:

email: •••

**Notice to catlfomla Applicants:** Under section 1786.22 of Califomia Civil Code, you have the right to request from Embark Safety UC, upon proper Identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Embark Safety UC has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Embark Safety LLC during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an Investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Notice to Massachusetts Applicants: Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if

intended to be utilized for employment l)Urposes.

**Notice to New York Applicants:** Under Article 25 Section 380-C (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Artide 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction Information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more orimlnal offenses.

Please Initial here to acknowledge receipt of Article 23-A of New York Correction Law \_

re

(Electronic signatures are NOT acceptable •This document must be physically signed by appllcant)

***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 Ensure Trucking Inc. ("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 ofFMCSA; 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 Ensure Trucking Inc. ("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. Ifl 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

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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 ifl 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

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*

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**ENSURE TRUCKING INC.**

**DRUG TESTING AUTHORIZATION & CONSENT FORM**

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by Ensure Trucking Inc. or its designated agent, for the purpose of drug testing.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Ensure Trucking Inc.

I acknowledge that the drug test results will be utilized by Ensure Trucking Inc. to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release Ensure Trucking Inc, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Ensure Trucking Inc.. or its agents, for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Applicant's Signature Date

Applicant's Printed Name

 Street Address City State Zip

Social Security Number: \_

Applicant Home Phone Number (may be necessary for sending documents): \_

Applicant Email address (may be necessary for delivering message): \_

Zip Code You Would Like Collection Site Near: \_

**DRIVER APPPLICANT PRE-EMPLOYEMNT ALCHOL AND CONTROLLED**

# SUBSTANCES STATEMENT

#### Section 40.250) 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.

Applicant Name \_ Social Security#

During the past three (3) years, 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?

YES NO

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

Address, City State

**Zip. \_**

Telephone# \_

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. If you answered 'Yes" to the question above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 subpart 0.

Name of SAP

Address City State Zip Phone \_

Signature of Applicant/Driver

Date \_

Witness \_

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Part 1: Release of Information Form - 49 CFR Part 40 and 49 Part 382 Drug and Alcohol testing

I authorize per 49 CFR Part 40, release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment test during the past three years; (i) Alcohol test with a result of 0.04 or higher (ii) verified positive drug tests; (iii) refusal 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 involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (iv) above, I also authorize that carrier/company to release and furnish the dates ofmy negative drug and/or alcohol tests and/or test 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 three years.

Print Name:, \_

Signature: (Applicant Name)

Social Security: \_ Carrier/Company Requesting Information:

Date: \_

Ensure Trucking INC.

Joliet, IL 60431

Telephone: (815) 651-8121

Fax: (815) 733-6800

Part II: Consumers Report Disclosure and Release

In connection with application for employment and/or review of my driving record, I understand that Ensure Trucking, Inc. may request consumer reports, which may contain public record information. Joliet, IL. 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 request made by such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OF AGENCY CONTRACTED BY ENSURE TRUCKING INC. OR DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request from Ensure Trucking Inc. 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 Ensure Trucking, INC. has previously furnished within the three year period receding my request. I hereby consent to obtaining

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the above employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied Ensure Trucking, Inc. to other companies which request it

Printed Applicant's Name:

Address:

Signature:

Social Security Date of Birth

Driver's License Number

Date

A summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you. Such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other business. You can find the complete text of the FCRA, 15 U.S.C 1681-1681u, at the Federal Trade Commission's web site (www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law.

You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been uses against you.** Anyone who uses information from CRA to take action against you-such as denying an application for credit, insurance, or employment-must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out whats in your file.** At your request, a CRA must give the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days ofreceiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment with 60 days.

(2) You are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

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**You can dispute inaccurate information with CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous, The source must review your evidence and report its finding to the CRA. (The source also must advise national CRA's - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. IF the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to *remove* accurate data from the file unless it is outdated (as described below) or cannot be verified. If you dispute results in any changes to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute In addition, once you've noticed the source of the error in writing, it may not be continued to report the information if it is, in fact, in error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that i's more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, or employers without your permission.

**Your consent is required for reports that are provided to employers, or reports that consist medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. ACRA may not report medical information about you to creditor's insurers, or employers without permission.

**You may choose to exclude your name from CRA list for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for tow years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Must Be Read and Signed by Applicant:

I understand that information I proved 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 59 CFR 391.23(d) and©. I also understand that I have the right to: 1) review information provided by previous employer; 2) have errors in the information corrected by previous employers to re-send the corrected information to the prospective employer; 3) have rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

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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 condition offer of employment has been extended). 1 hereby release employers, schools, healthcare 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 probationary period during which time I may be discharged without recourse.

I, undersigned, have received a copy of, read, and understand the above-mentioned rights. I hereby certify that this application was completed by me and that the information provide is correct, and a true representation of the facts as known to me the applicant.

Applicant's Signature

Date

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