



Thank you for considering a position with Haas Trucking. We have been in business since 1987 and have steadily grown over the years. Haas has built an excellent reputation with its customers for high quality service. We are very loyal to our team who make the operation a success. Our highest values are summarized below. We offer excellent service to our customers, perform as a team, act with integrity, and do our job safely.

**H**ighest Customer Service  
**A** Team of Individuals  
**A**bsolute Integrity  
**S**afety First

Our compensation program is designed to provide a consistent source of income to our drivers. Our best drivers will make between \$50,000 and \$80,000 per year, especially when they're active in our gainshare program. We have designed our *Lifestyle Fleet* around on the understanding that it's important to have a life outside of work. You can choose between local, 4-day fleet, and long-haul driving. Haas provides a family-friendly environment, so you can maintain a healthy work-life balance.

Our drivers are the backbone of our company. We place an extremely high value on every one of them. Benefits that are available to members of the Haas team include:

- Zero- or low-cost health insurance
- 401k match
- 6 paid holidays
- Revolving loan funds
- Apartment discounts
- On-site fitness facility
- Great company culture

Money doesn't matter if YOU don't matter, and you matter a great deal to us.

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (print) \_\_\_\_\_

Date of Application \_\_\_\_\_



1791 E. Michigan Ave | P.O. Box 386 | Albion, MI 49224  
(517) 629-2326 | FAX (517) 629-8632

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

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquired of 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 my 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_

DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY OUT \_\_\_\_\_

OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

# APPLICATION TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

List your addresses of residency for the past 3 years:

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_  
yrs./mo.

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ yrs./mo.  
\_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ yrs./mo.  
\_\_\_\_\_ How long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ yrs./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for commercial drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

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

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to driver a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary).

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECTED TO THE FMCSR† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECTED TO THE FMCSR† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECTED TO THE FMCSR† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECTED TO THE FMCSR† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECTED TO THE FMCSR† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECTED TO THE FMCSR† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any sized vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT	/ /				
NEXT PREVIOUS	/ /				
NEXT PREVIOUS	/ /				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY
	/ /		
	/ /		
	/ /		

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
 B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

\_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THAN 8 PASSENGERS	-----			
MOTOR COACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THAN 15 PASSENGERS	-----			
OTHER (SPECIFY)				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST ANY COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

**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 \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**TO BE SIGNED AND READ BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

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



## Authorization and Consent to Obtain and Release Information

1. *Driver:* For purpose of this Authorization and Consent to Obtain and Release Information (the "Authorization"), the driver is (print drivers name):  
\_\_\_\_\_.
2. *Recipient:* For purpose of this Authorization, the Recipient is Haas Trucking, Inc., a Michigan Corporation, including its employees and agents.
3. *Authorization and consent for Recipient to obtain Driver Information.* The driver authorizes any person, agency, or entity to provide to the recipient any and all documents and information regarding the Driver's driving records and motor vehicle records, including, without limitation, (i) personal information and highly restricted personal information as described in 18 U.S.C.2721; and (ii) Driver Record Service Reports; all of such information may be referred to as the "Driver Information." The Driver consents to the provision of all Driver Information to the Recipient.
4. *Date and signature.* In witness of this Authorization, the Driver has signed this document.

Date of the Authorization and Consent to provide information: \_\_\_\_\_

Driver's Signature: **X** \_\_\_\_\_

Driver's Street Address: \_\_\_\_\_

Driver's City, State, ZIP Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's Date of Birth: \_\_\_\_\_

Driver's Years of Experience: \_\_\_\_\_

**CONFIDENTIAL**

*Prospective Employer Name & Address:*  
Haas Trucking, Inc.  
1791 E Michigan Ave  
Albion, MI 49224

Past Employer: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
SS# \_\_\_\_\_  
DOB: \_\_\_\_\_  
Dates of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Phone: 1-517-629-2326 | Fax: 1-517-629-8632

A separate request for information, must be signed, by the applicant for each company, which the applicant has worked within 3 years prior to application date. A single blank request signature is prohibited.

I hereby authorize information from my Department of Transportation regulated drug and alcohol testing records and other information including but not limited to accident information specified in 390.15(b)(2) to be released by my Previous Employer to Haas Trucking, Inc at its address listed above. The information requested includes all of the information in the section below titled "to be completed by the previous employer and faxed or mailed to Prospective Employer listed above."

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

\_\_\_\_\_  
Date of Request

**To be completed by the previous employer and faxed or mailed to Prospective Employer**

Are the Applicants Name, SSN, DOB and Dates of Employment listed above correct? Y / N  
In no, explain:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was applicant subject to FMCSRs while employed by above employer? Y / N

Type of equipment driven during employment with the above employer \_\_\_ Straight Truck \_\_\_ Dump \_\_\_ Tractor/Trailer \_\_\_ Bus  
\_\_\_ Other | If other, describe: \_\_\_\_\_

In what state(s) did applicant drive? \_\_\_\_\_

To your knowledge was the applicant's CDL, Chauffeur's, or operator's license suspended while in your employ? \_\_\_ Y/N | If so please explain: \_\_\_\_\_

Is there anything in the applicant's history that might suggest he or she may not be trusted to handle company funds? Y / N

Did the applicant pose either repeated and/or severe disciplinary problems? Y / N | If yes, explain:  
\_\_\_\_\_

Would you re-employ this person? Y / N | If no, explain: \_\_\_\_\_

Number of reported accidents, as defined by 49CFR 390.5 \_\_\_\_; Number of accidents which applicant was ticketed for: \_\_\_\_; Number of preventable accidents in which the applicant was involved in: \_\_\_\_

Within the last 3 years for DOT regulated past employees:

- Did the applicant have an alcohol test with a result of 0.04 or higher? Y / N
- Did the applicant have a verified positive drug test? Y / N
- Did the applicant refuse to be tested for either drugs or alcohol? Y / N
- Did the applicant have other violations of DOT agency drug and alcohol testing? Regulations? Y / N
- Did a previous employer report a drug and alcohol rule violation to you? Y / N

NOTE: If you answered 'yes' to any of the last five questions you must provide a copy of the appropriate documentation (SAP reports, MRO reports, follow up testing records, BATF's results) to the new prospective employer listed above.

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Print Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**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 Haas 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 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 for FMCSA in a decision to not hire you or make any other adverse employment 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 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 as taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with 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.fmsca.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 FMCSR 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 Haas 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.fmsca.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.

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORT  
FROM THE PSP Online Service**

In connection with your application for employment the Haas Trucking, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision not to hire you or to make any other adverse employment decisions regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and 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 they action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such reports, please read the following and sign below.

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

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

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

Company Name \_\_\_\_\_

## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

X \_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security Number

# Certification of a Positive Pre-Employment Drug or Alcohol Test Result or Report of a Refusal to Test

In compliance with the provisions of the Federal Motor Carrier Safety Regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25 (j)), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following questions:

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Have you ever tested positive on any pre-employment drug 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?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever tested positive on any pre-employment alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the DOT Agency Drug and Alcohol testing rules during the past two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever refused 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?        | <input type="checkbox"/> | <input type="checkbox"/> |

**If any of the above questions were answered YES, please complete the following:**

Company name and address for which you applied for, but did not obtain, safety sensitive transportation work:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Date of Positive Test or Test Refusal: \_\_\_\_\_

Name, address, and telephone number of the Substance Abuse Professional that approved your return to duty:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Person to contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I did not see a Substance Abuse Professional following this event.

**I certify with my signature below that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for the immediate termination of any employment or contractual agreement I may have with the company.**

X \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Applicant Signature