

COPY

DRIVERS LICENSE

AND

**SOCIAL SECURITY CARD
OR
BIRTH CERTIFICATE**

COPY

OF MEDICAL CARD
AND
LONG FORM PHYSICAL

DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. **Please read carefully and sign in the space provided if you meet these qualifications.** If you do not meet these qualifications, return this to the person you received it from and explain the reason. If you meet these qualifications, an in-depth background investigation will be conducted and a hiring decision will be made.

1. Must be at least twenty-three (23) years of age.
2. Must have at least one (1) year of recent verifiable all weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (1) year of verifiable all weather straight-truck experience in the past three (3) years if applying for a straight truck position.
3. Must not have had a D.W.I or D.U.I. conviction in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.
4. No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.
5. No more than three (3) moving violations in the last three (3) years of which only one (1) can be a major moving violation.
6. No more than three (3) minor accidents in the last five (5) years.
7. Possess only one (1) driver's license and it must be from the state of residence.
8. Fill out the application completely to include ten (10) years of employment history. If you do not have the information at this time, return the application and come back when you have the information. We do not allow applications to be removed from the office area.
9. You will be required to pass a D.O.T. physical. We will only accept an applicant's existing physical if there is at least 12 months remaining before expiration. We will not accept any physical issued for less than a one (1) year period.
10. You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.

I, _____ the undersigned, meet the above qualifications and further agree to abide by all company policies. Misrepresentation on the application will result in immediate termination.

DATE _____

SIGNATURE _____

Job Description

Job Title: Driver of Semi Tractor / Trailer

Department / Terminal _____

Report To: Terminal Manager/Dispatcher/Operations Supervisor

General Purpose: Pick up and deliver to assigned locations in compliance with applicable rules and regulations.

This job description may be revised at any time as dictated by customer needs and management decision.

Essential Functions

1. Receive and follow dispatch orders. Call in daily if on the Casual Board and not working.
2. Pre-trip vehicle inspection.
3. Hook up to correct trailer as directed by dispatcher.
4. Drive vehicle on specified route observing DOT and Premium safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product and assist in loading and unloading as assigned.
8. Backhaul product or return to domicile location as directed.
9. Communicate with client for direction on breakdowns, accidents, product spills, emergencies, and other problems.
10. Fuel vehicle as needed at approved locations.
11. Prepare trip record and DOT logs daily.
12. Be responsible for advance from company by obtaining receipts for expenses.
13. Participate in safety programs.
14. Comply with all DOT and FMCSR regulations.

Physical and mental requirements:

1. Demonstrate sound judgment in operation of vehicle.
2. Work 60 -70 hours per week, within federal guidelines, including nights and weekends.
3. Pull, twist, bend, and lift 75 pounds to shoulder height as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection.
5. Sit for up to 11 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand, and write as required to perform essential functions.

Date: _____

Signature: _____

DATE OF APPLICATION: ____/____/____

APPLICATION

COMPANY **Howe Transportation**
ADDRESS **1419 N 16th**
CITY **Chickasha** STATE **OK** ZIP **730**

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

TO BE READ AND SIGNED BY APPLICANT

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 also understand that I have the right under 49 CFR 391.23(i)(1) 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

Applicant Signature: X _____ **Date** ____/____/____

DRIVER NAME _____
(LAST) (FIRST) (MIDDLE)
ADDRESS _____
CITY _____, STATE _____, ZIP _____
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____
DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER ____ - ____ - ____
EMAIL ADDRESS _____

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A **COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS** PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT HISTORY

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

Is it ok to contact this employer? ☐ YES ☐ NO

CURRENT OR LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

SECOND LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

THIRD LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

* The Federal Motor Carrier Safety Regulations 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.

****Any gaps in employment and/or unemployment must be explained.**

NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A **COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS** PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT HISTORY

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

FOURTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING? _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

FIFTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING? _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

SIXTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING? _____
JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

* The Federal Motor Carrier Safety Regulations 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.

****Any gaps in employment and/or unemployment must be explained.**

NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A **COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS** PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT HISTORY

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

SEVENTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

EIGHTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

NINTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO *Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

* The Federal Motor Carrier Safety Regulations 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.

****Any gaps in employment and/or unemployment must be explained.**

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
(A, B OR C)

ENDORSEMENTS (check all that apply): ☐ DOUBLE/TRIPLE TRAILERS ☐ TANK VEHICLES
☐ PASSENGER VEHICLES ☐ HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE _____ TYPE _____ LICENSE # _____ EXP. DATE: ____/____/____
STATE _____ TYPE _____ LICENSE # _____ EXP. DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ. MAT. SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____
OTHER	_____	_____	_____

LIST COMMODITIES HAULED: _____

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ☐ YES ☐ NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? ☐ YES ☐ NO

IF SO, WHEN? ____ / ____ / ____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? ☐ YES ☐ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ☐ YES ☐ NO

Proof of citizenship or immigration status will be required upon employment.

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? ☐ YES ☐ NO

HAVE YOU EVER TESTED POSITIVE OR REFUSED A DOT
DRUG OR ALCOHOL TEST? ☐ YES ☐ NO

IN CASE OF EMERGENCY, CONTACT: _____ () _____
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9f-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, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from Hire Right Services and/or Asurint that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from Hire Right Services and/or Asurint concerning (1) previous driving record requests made by others from such stage agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above-described information from Hire Right Services and/or Asurint, and agree that such information which Hire Right Services and/or Asurint has or obtains, and my employment history with you, if I am hired, will be supplied by Hire Right Services and/or Asurint to other companies which subscribe to Hire Right Services and/or Asurint.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO HIRE RIGHT SERVICES AND/OR ASURINT INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO HIRE RIGHT SERVICES AND/OR ASURINT FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO HIRE RIGHT SERVICES AND/OR ASURINT FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, 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.

X _____
Applicant Signature

_____/_____/_____
Date

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate document entitled A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Premium Transportation Group, Inc. or any of its subsidiaries at any time after receipt of this authorization and throughout my employment, as allowable by applicable law. 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, current or former employer, or insurance company to furnish any and all background information requested by **Asurint, P.O. Box 14730, Cleveland, OH 44114, 800-906-2034, <https://www.asurint.com/privacy-policy> and/or HireRight, LLC 3349 Michelson Drive, Suite 150, Irvine, CA 92612 800-400-2761, www.hireright.com/Privacy-Policy.aspx** and/or Premium Transportation Group, Inc. or any of its subsidiaries. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original and I agree to receive any notices, relating to my background check, electronically.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you like to receive a copy of a consumer report if one is obtained by the Company. ☐

Print Name: _____

Signature: _____

Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

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 FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>

Company Name: EMPLOY AMERICA GROUP, INC.

Medina Office

Ph 800.725.5608 Fax 330.723.3767

Date					Reply to		
Company					Email		
City, State					Phone		
Phone					Fax		
Fax							
Email							
Applicant:					SS#:		
Dates per applicant:					to		
Are the dates above correct?					Yes	No	
					Full Time		Part Time
If no, what are the correct dates?					to		
Position with your company:							
Type of Cargo Hauled:							
Type of Vehicle Operated:		Tractor Trailer	Straight Truck	Other			
Type of Trailer:	Dry Van	Flatbed	Reefer	Tanker	Dump	Other	
Type of Driving:	Local	Regional	OTR	HazMat?	Yes	No	
Reason for Leaving:	Quit	Discharged	Layoff	Please explain:			
Eligible for rehire?	Yes	No	Upon Review				

ACCIDENTS:

Pursuant to §391.23, please complete the following for any accidents the applicant was involved in the last 3 years.

If none, please check this box. ☐

Date	Location	Description	# Injuries	# Fatalities	Hazmat Spill?

Completed by:

Signature:	Title:	Date:
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AUTHORIZATION / LIABILITY RELEASE

I hereby authorize the company stated below to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to _____ which may request such information in connection with my application for employment with them. I hereby release this company from any and all liability of any type as a result of providing this information to _____. This information is being requested in compliance with §40.25 and §391.23. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Signature of Applicant:	Company:	Date:

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle, and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

EMPLOY AMERICA GROUP, INC

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: _____
Print name as it appears on driver's license

License Number & State: _____

License Number & State: _____

License Number & State: _____

Date of Birth: ____/____/____

Signature of employee/potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Date: _____

FMCSA DRUG & ALCOHOL CLEARINGHOUSE – LIMITED QUERIES

CONSENT FORM

I, _____, hereby provide consent to
(Driver's Printed Name)

Howe Transportation

(Name of Motor Carrier)

and/or their TPA to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse on an annual basis during the duration of my employment to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier and/or their TPA to obtain my full Clearinghouse record. I further understand that if I refuse to provide such consent, I will be removed from performing all safety-sensitive duties including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature: _____

Date: _____