

APPLICATION FOR EMPLOYMENT

GREEN/FORM NO.

Have all driver-applicants complete this form before driving a commercial motor vehicle.

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

To be completed by Employer:

Motor Carrier:	Net Trans Inc
Address:	5959 Old Ct St, East Syracuse, NY 13057

To be completed by Applicant:

Applicant Name:	Date of Application:
Current Address:	
Social Security No:	Date of Birth:
Telephone	Email:

Applicant Name

Date of Application

ADDRESS HISTORY

This section displays all previous addresses for the past 3 years, most recent first.

Address 1

Address:	Start Date:
City/State:	Stop Date:

Address 2

Address:	Start Date:
City/State:	Stop Date:

Address 3

Address:	Start Date:
City/State:	Stop Date:

Applicant Name

Date of Application

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer.

Employment 1

Employer:	Employed From: to
Address:	Position:
City, State:	Salary: per
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Employment 2

Employer:	Employed From: to
Address:	Position:
City, State:	Salary: per
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Applicant Name

Date of Application

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer.

Employment 3

Employer:	Employed From: to
Address:	Position:
City, State:	Salary: per
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Employment 4

Employer:	Employed From: to
Address:	Position:
City, State:	Salary: per
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Applicant Name

Date of Application

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer.

Employment 5

Employer:	Employed From: to
Address:	Position:
City, State:	Salary: per
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Employment 6

Employer:	Employed From: to
Address:	Position:
City, State:	Salary: per
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Applicant Name

Date of Application

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the **last 10 years** for whom you operated such vehicles. Please start with your most recent prior employer.

Employment 7

Employer:	Employed From: _____ to _____
Address:	Position:
City, State:	Salary: per _____
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Employment 8

Employer:	Employed From: _____ to _____
Address:	Position:
City, State:	Salary: per _____
Contact:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer:	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing:	

Applicant Name

Date of Application

☐ Applicant Hired Date: _____

Start Date:

Authorized By:

☐ Rejected for Reasons of:

Date of Termination of Employment:

Authorized by:

Dismissed

Quit

Other:

Reason:

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.

Applicant Signature

Date

HOURS OF SERVICE (HOS)

- Drivers are required to document their hours of service (HOS) activities “accurately,” and as legally required by Federal Motor Carrier Safety Regulations [FMCSR].
- The company will never ask a driver to violate HOS regulations under any circumstances.
- Intentional “fraudulent” HOS documentation will result in disciplinary action, up to and including termination.
- HOS violations within a rolling 36-month period will be considered Risk Associated Behavior (RAB) and will result in disciplinary action up to and including termination. Furthermore, this involves the strict 11-hour driving rule, 14-hour on-duty rule, and the 60/70-hour rules.
- Driving safely is primarily a driver’s responsibility. If you are running late, stay late. Do not hurry to make-up time and take unnecessary risks.
- Drivers are required to allow and document a minimum of 15 minutes each for the completion of a pre-and post trip vehicle inspection. Specialized equipment may take longer.
- Drivers must submit manual duty logs and download on-board computer data on a daily basis or before their next departure.

Note: Failure to comply with this policy will result in disciplinary action up to and including termination of employment.

LOG FALSIFICATION

Federal Motor Carrier Safety Regulations Part 395.8

Driver's record of duty status.

(a) Except for a private motor carrier of passengers (nonbusiness), every motor carrier shall require every driver used by the motor carrier to record his/her duty status for each 24-hour period using the methods prescribed in either paragraph (a)(1) or (2) of this section.

(1) Every driver who operates a commercial motor vehicle shall record his/her duty status, in duplicate, for each 24-hour period. The duty status time shall be recorded on a specified grid, as shown in paragraph (g) of this section. The grid and the requirements of paragraph (d) of this section may be combined with any company forms.

(2) Every driver who operates a commercial motor vehicle shall record his/her duty status by using an automatic on-board recording device that meets the requirements of §395.15 of this part. The requirements of this section shall not apply, except paragraphs (e) and (k) (1) and (2) of this section.

(b) The duty status shall be recorded as follows:

(1) "Off duty" or "OFF."

(2) "Sleeper berth" or "SB" (only if a sleeper berth used).

(3) "Driving" or "D."

(4) "On-duty not driving" or "ON."

(c) For each change of duty status (e.g., the place of reporting for work, starting to drive, on-duty not driving and where released from work), the name of the city, town, or village, with State abbreviation, shall be recorded.

Note:

If a change of duty status occurs at a location other than a city, town, or village, show one of the following: (1) The highway number and nearest milepost followed by the name of the nearest city, town, or village and State abbreviation, (2) the highway number and the name of the service plaza followed by the name of the nearest city, town, or village and State abbreviation, or (3) the highway numbers of the nearest two intersecting roadways followed by the name of the nearest city, town, or village and State abbreviation.

(d) The following information must be included on the form in addition to the grid:

(1) Date;

(2) Total miles driving today;

(3) Truck or tractor and trailer number;

(4) Name of carrier;

(5) Driver's signature/certification;

(6) 24-hour period starting time (e.g. midnight, 9:00 a.m., noon, 3:00 p.m.);

(7) Main office address;

(8) Remarks;

(9) Name of co-driver;

(10) Total hours (far right edge of grid);

(11) Shipping document number(s), or name of shipper and commodity;

(e) Failure to complete the record of duty activities of this section or § 395.15, failure to preserve a record of such duty activities, or making of false reports in connection with such duty activities shall make the driver and/or the carrier liable for prosecution.

(f) The driver's activities shall be recorded in accordance with the following provisions:

(1) *Entries to be current.* Drivers shall keep their records of duty status current to the time shown for the last change of duty status.

(2) *Entries made by driver only.* All entries relating to driver's duty status must be legible and in the driver's own handwriting.

(3) *Date.* The month, day and year for the beginning of each 24-hour period shall be shown on the form containing the driver's duty status record.

(4) *Total miles driving today.* Total mileage driven during the 24-hour period shall be recorded on the form containing the driver's duty status record.

(5) *Commercial motor vehicle identification.* The driver shall show the number assigned by the motor carrier, or the license number and licensing State of each commercial motor vehicle operated during each 24-hour period on his/her record of duty status. The driver of an articulated (combination) commercial motor vehicle shall show the number assigned by the motor carrier, or the license number and licensing State of each motor vehicle used in each commercial motor vehicle combination operated during that 24-hour period on his/her record of duty status.

(6) *Name of motor carrier.* The name(s) of the motor carrier(s) for which work is performed shall be shown on the form containing the driver's record of duty status. When work is performed for more than one motor carrier during the same 24-hour period, the beginning and finishing time, showing a.m. or p.m., worked for each motor carrier shall be shown after each motor

(1) *Off duty.* Except for time spent resting in a sleeper berth, a continuous line shall be drawn between the appropriate time markers to record the period(s) of time when the driver is not on duty, is not required to be in readiness to work, or is not under any responsibility for performing work.

(2) *Sleeper berth.* A continuous line shall be drawn between the appropriate time markers to record the period(s) of time off duty resting in a sleeper berth, as defined in §395.2. (If a non-sleeper berth operation, sleeper berth need not be shown on the grid.)

(3) *Driving.* A continuous line shall be drawn between the appropriate time markers to record the period(s) of driving time, as defined in § 395.2.

(4) *On duty not driving.* A continuous line shall be drawn between the appropriate time markers to record the period(s) of time on duty not driving specified in § 395.2.

(5) *Location-remarks.* The name of the city, town, or village, with State abbreviation where each change of duty status occurs shall be recorded.

Note:

If a change of duty status occurs at a location other than a city, town, or village, show one of the following: (1) The highway number and nearest milepost followed by the name of the nearest city, town, or village and State abbreviation, (2) the highway number and the name of the service plaza followed by the name of the nearest city, town, or village and State abbreviation, or

(3) the highway numbers of the nearest two intersecting roadways followed by the name of the nearest city, town, or village and State abbreviation.

(i) *Filing driver's record of duty status.* The driver shall submit or forward by mail the original driver's record of duty status to the regular employing motor carrier within 13 days following the completion of the form.

01 *Drivers used by more than one motor carrier.* (1) When the services of a driver are used by more than one motor carrier during any 24-hour period in effect at the driver's home terminal, the driver shall submit a copy of the record of duty status to each motor carrier. The record shall include:

0) All duty time for the entire 24-hour period;

0i) The name of each motor carrier served by the driver during that period; and

(iii) The beginning and finishing time, including a.m. or p.m., worked for each carrier.

(2) Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

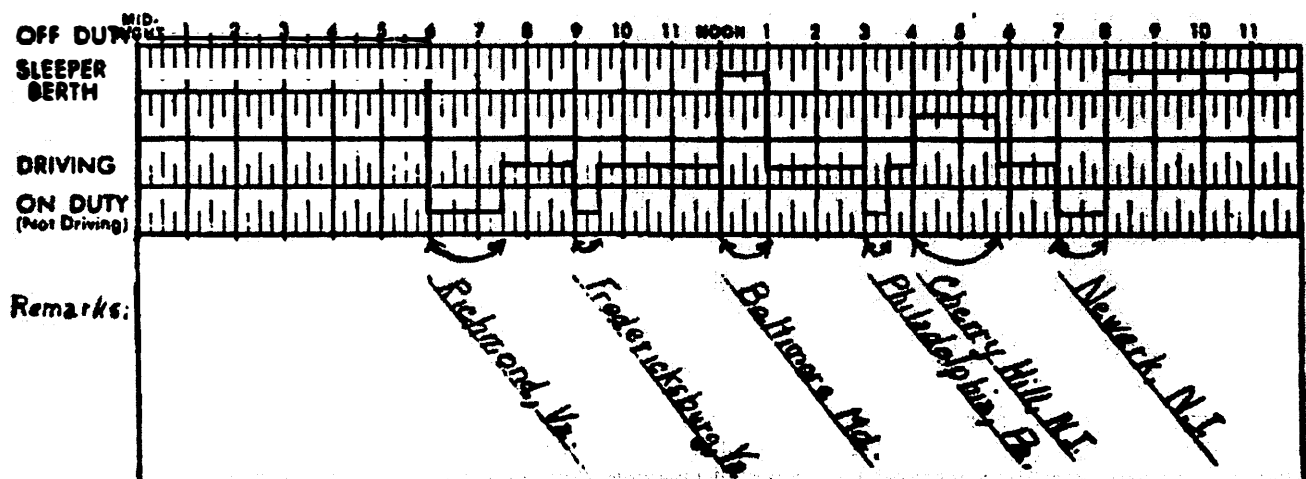
(k) *Retention of driver's record of duty status.* (1) Each motor carrier shall maintain records of duty status and all supporting documents for each driver it employs for a period of six months from the date of receipt.

(2) The driver shall retain a copy of each record of duty status for the previous 7 consecutive days which shall be in his/her possession and available for inspection while on duty.

Note:

Driver's Record of Duty Status.

The graph grid, when incorporated as part of any form used by a motor carrier, must be of sufficient size to be legible. The following executed specimen grid illustrates how a driver's duty status should be recorded for a trip from Richmond, Virginia, to Newark, New Jersey. The grid reflects the midnight to midnight 24-hour period.



Graph Grid (Midnight to Midnight Operation)

The driver in this instance reported for duty at the motor carrier's terminal. The driver reported for work at 6 a.m., helped load, checked with dispatch, made a pre-trip inspection, and performed other duties until 7:30 a.m. when the driver began driving. At 9 a.m. the driver had a minor accident in Fredericksburg, Virginia, and spent one half hour handling details with the local police. The driver arrived at the company's Baltimore, Maryland, terminal at noon and went to lunch while minor repairs were made to the tractor. At 1 p.m. the driver resumed the trip and made a delivery in Philadelphia, Pennsylvania, between 3 p.m. and 3:30 p.m. at which time the driver started driving again. Upon arrival at Cherry Hill, New Jersey, at 4 p.m., the driver entered the sleeper berth for a rest break until 5:45 p.m. at which time the driver resumed driving again. At 7 p.m. the driver arrived at the company's terminal in Newark, New Jersey. Between 7 p.m. and 8 p.m. the driver prepared the required paperwork including completing the driver's record of duty status, driver vehicle inspection report, insurance report for the Fredericksburg, Virginia accident, checked for the next day's dispatch, etc. At 8 p.m., the driver went off duty.

(Approved by the Office of Management and Budget under control number 2125-0016)(47 FR 53389, Nov. 26, 1982, as amended at 49 FR 38290, Sept. 28, 1984; 49 FR 46147, Nov. 23, 1984; 51 FR 12622, Apr. 14, 1986; 52 FR 41721, Oct. 30, 1987; 53 FR 18058, May 19, 1988; 53 FR 38670, Sept. 30, 1988; 57 FR 33649, July 30, 1992; 58 FR 33777, June 21, 1993; 59 FR 8753, Feb. 23, 1994; 60 FR 38748, July 28, 1995; 62 FR 16709, Apr. 8, 1997; 63 FR 33279, June 18, 1998; 75 FR 17245, Apr. 5, 2010; 77 FR 28451, 28454, May 14, 2012; 77 FR 59828, Oct. 1, 2012)

This certifies that I am familiar with the above-mentioned qualifications specified the U.S. Department of Transportation Federal Motor Carrier Safety Administration Manual.

Signature

Date

Net Trans Inc

5959 Old Ct St, East Syracuse, NY 13057

Title: No Passenger Policy	Date of Issue: January 1, 2021
Approved by: <i>Paul Dyachuk</i>	Original Issue:

PURPOSE

In an era when cargo theft rings are sophisticated and terrorist activity indicates well- thought-out plans, a seemingly lone individual looking for a ride may actually have ulterior motives.

*This policy also includes any "ride-along" family or friends of our drivers. Anyone who is not an employee of V Line Inc, or assigned to the trip by Dispatch or Management are prohibited from riding in our equipment. **Due to safety regulations at several of our customers and the fact that we have to protect our investment in equipment, V Line Inc does not allow pets as passengers.***

SCOPE

*Due to liability and security concerns, V Line Inc will strictly enforce this **NO PASSENGER POLICY**. Any violation of this policy is also in violation of our safety policies.*

All employees will:

- *Refrain from picking up hitchhikers along the road and transporting them even the shortest distance.*
- *If compelled to assist someone on the roadside, use a cell phone to call for help.*
- *Not have family or friends as passengers in their truck at any time, in particular children.*

The Management of Net Trans Inc:

- *Provide a safe and healthy work environment for all employees.*
- *Ensure that employees understand and follow company safety policies and procedures; anyone failing to comply with said safety practices will be subject to insurance discipline, up to an including termination of employment.*

DEFINITIONS

Liability *Legal responsibility for costs and damages*

FCRA Consumer Report Disclosure

DISCLOSURE FOR CONSUMER REPORT

Net Trans INC may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.



I Have Read and Understand the FCRA Disclosure for Consumer Report

Print Name:

Date:

Signature:

SSN:

DOB:

Phone:

Email:

RECEIPT OF DRIVER'S RIGHTS

PURPLE/FORM NO.

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). By regulation you must have informed the driver of his/her rights before accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

☒ I acknowledge that Net Trans Inc has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

☒ **Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).

☒ **Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.

☒ **Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

☒ 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 of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

☒ 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).

Driver's Full Name

Driver's Signature

Date

Supervisor/Authorized Motor Carrier Representative Signature

Date

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION

GREEN/FORM NO.

Have each driver-applicant sign this form before conducting the mandatory Safety Performance History background investigations.

This form must accompany the Safety Performance History Inquiry Form you send when conducting this background investigation. Part 391.23(f)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor Carrier Safety Administration (FMCSA). Have the driver sign one release per previous employer. Send separate release forms to each of the driver's previous employers to insure that the driver's prior employment information is kept confidential.

RELEASE

I, _____ hereby authorize _____ to release information that verifies my previous employment and Safety Performance History as required by 49 CFR Part 391.23 within 30 days of receiving this authorization. By signing this release I acknowledge that the information released will be used by the Prospective Employer named below when making their hiring decision and will be kept confidential.

Driver's Full Name

Driver's Signature

Date

Net Trans Inc
Prospective Employer

Supervisor/Authorized Motor Carrier Representative Signature

Date

SAFETY PERFORMANCE HISTORY INQUIRY

GREEN/FORM NO.

Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section.

Applicant Name:	Social Security Number:
Prospective Employer: Net Trans INC	Account Number:
Applicant Signature:	Previous Employer:

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section.

Verification of Employment

/ /	/ /		
Emp. Start	Emp. End	Position	CDL Required? (Yes/No)

Accident Information

☐ No accident information to report (as defined by Part 390.5)

/ /			
Date of Accident	City/Town & State	# of Fatalities	# of Injuries

☐ Release of hazardous materials? (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Prohibited Drug and Alcohol Testing Information

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment

☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ☐ No

Have a verified positive drug test result? ☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ☐ Yes ☐ No

Have a violation of any of the other drug and/or alcohol testing prohibitions? ☐ Yes ☐ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? ☐ Yes ☐ No

Successfully complete the return to duty program while in your employment? ☐ Yes ☐ No

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name	Title
Telephone	Fax
Mailing Address	
Signature of Company Official releasing this information	Date Released

5959 Old Ct St, East Syracuse, NY 13057 nettransinc1@gmail.com 315 308 8000

REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: _____

ADDRESS: _____

CITY/STATE: _____ **DRIVER'S CDL#:** _____

Employment History

The above referenced individual states that HE/SHE was employed by you as a commercial
 MOTOR VEHICLE DRIVER _____ TRUCK DRIVER _____ BUS DRIVER _____ OTHER _____
 FROM _____ TO _____ WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT.
 YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY
 FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED
 ENVELOPE.

NAME OF CARRIER OFFICIAL: _____

SIGNATURE OF CARRIER OFFICIAL DATE: _____

1. Is the employment record with your company correct as stated? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? _____ Passenger car _____ Straight truck _____
 _____ Bus _____ Tractor-Semi-trailer _____ Other(specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving employment: Discharged _____ Laid off _____ Resigned _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

Alcohol & Drug History

1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [yes] [no]
 2. Has the above named driver verified positive for a controlled substances test result? [yes] [no]
 3. Has the above named driver refused a required test for alcohol or drugs during the past 12 month? [yes] [no]
- If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.
 Name _____ Telephone _____ or [] check here if it is unknown if the driver received treatment.

Authorization to Release

I, _____ do hereby authorize to contact my previous employer(s) in accordance with current US Dot rules and regulations as set forth in 49 SFR 382.413 in order to obtain the following information for the preceding two years: I fully understand the above and do hereby give my consent to obtain the information required 49 SFR 382.413

Driver's signature _____ **Date** _____

Witness's Signature _____ Date _____

AGREE TO PRE-EMPLOYMENT SCREENING PROGRAM

In connection with your application for employment with **Net Trans Inc**, Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

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

Accepted by

_____ (Print name)

_____ (Signature)

_____ (Date)

NEW YORK CORRECTION LAW ARTICLE 23-A

NEW YORK CORRECTION LAW ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

1. "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
2. "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
3. "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
4. "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
5. "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

1. There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
2. the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- a. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- b. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- c. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- d. The time which has elapsed since the occurrence of the criminal offense or offenses.
- e. The age of the person at the time of occurrence of the criminal offense or offenses.
- f. The seriousness of the offense or offenses.
- g. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- h. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Accepted by _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by V Line Inc at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by V Line Inc. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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: You acknowledge and authorize V Line Inc to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided 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 would like to receive a copy of a consumer report if one is obtained by the Company.

Accepted by _____

print name	signature	date
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Applicant Name

Date of Application

ADDITIONAL CONSIDERATIONS

Additional considerations as provided by the applicant.

Has artificial and/or prosthetic limb? _____

Has vision impairment? _____

Has hearing impairment? _____

Has diabetes? _____

Has a seizure disorder? _____