

Application Date: _____



4555 Hollins Ferry Road ♦ Baltimore, Maryland 21227
phone.443.247.1414 ♦ toll-free.800.882.6926 ♦ fax.443.297.1412
email: DriverProcessing@cowansystems.com

COWAN SYSTEMS, LLC
DRIVER APPLICATION

In compliance with the Federal and State Equal Opportunity laws, qualified, applicants are considered for any applicable position without regard to race, color, religion, sex, national origin, marital status, age, non-job related disability or any other status protected by federal or state law.

Complete the entire application. Omission of any information (dates of employment, phone numbers, etc.) will delay the processing of your application.

Circle all that apply: ROAD LOCAL PART-TIME COMPANY DRIVER CONTRACT DRIVER EMPLOYEE OF CONTRACTOR

Full Name:		SSN:
Current Address:		
Street		City/State/Zip
How long?		
Previous Address:		
Street		City/State/Zip
How long?		
Birth Date:	Do you have the legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
License #	License State:	Expiration Date:
Phone #	Email:	
Cell Phone #	Referred By?	

List ALL accidents and incidents you have been involved in, regardless of fault, within the past 5 years.

Date Occurred	Type (Describe briefly)	Fatalities	Injuries	Did you receive a citation?

List ALL moving violations you have received in the past 3 years, regardless of the type of vehicle.

Date Occurred	City/State	Charge (if speeding list MPH)	Comm. Vehicle?	Outcome



EMPLOYMENT HISTORY

Full Name:	SSN:
------------	------

Begin with your present or most recent employer and work backwards. List all employment for the past 10 years. All time must be accounted for, including military, schooling, self-employment, and periods of unemployment longer than 30 days. All listings must include dates and phone numbers. (If you drove as an independent contractor, list the company or companies the vehicle was leased to as "employer.")

ALL EMPLOYMENT WILL BE VERIFIED

If unemployed... From:	To:	Did you collect unemployment benefits?
Employer:	From:	To: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Phone #	
Position Held:	Equipment Operated:	
Specific reason for leaving:	Salary/Wage:	
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If unemployed... From:	To:	Did you collect unemployment benefits?
Employer:	From:	To: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Phone #	
Position Held:	Equipment Operated:	
Specific reason for leaving:	Salary/Wage:	
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If unemployed... From:	To:	Did you collect unemployment benefits?
Employer:	From:	To: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Phone #	
Position Held:	Equipment Operated:	
Specific reason for leaving:	Salary/Wage:	
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		



EMPLOYMENT HISTORY
Continued

Full Name:	SSN:
------------	------

ALL EMPLOYMENT WILL BE VERIFIED

If unemployed... From: To:	Did you collect unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer:	From:	To:
Address:	Phone #	
Position Held:	Equipment Operated:	
Specific reason for leaving:	Salary/Wage:	
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If unemployed... From: To:	Did you collect unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer:	From:	To:
Address:	Phone #	
Position Held:	Equipment Operated:	
Specific reason for leaving:	Salary/Wage:	
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If unemployed... From: To:	Did you collect unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer:	From:	To:
Address:	Phone #	
Position Held:	Equipment Operated:	
Specific reason for leaving:	Salary/Wage:	
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		



EMPLOYMENT HISTORY
Continued

Full Name:	SSN:
------------	------

ALL EMPLOYMENT WILL BE VERIFIED

If unemployed...	From:	To:	Did you collect unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer:	From:	To:	
Address:	Phone #		
Position Held:	Equipment Operated:		
Specific reason for leaving:	Salary/Wage:		
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

If unemployed...	From:	To:	Did you collect unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer:	From:	To:	
Address:	Phone #		
Position Held:	Equipment Operated:		
Specific reason for leaving:	Salary/Wage:		
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

If unemployed...	From:	To:	Did you collect unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer:	From:	To:	
Address:	Phone #		
Position Held:	Equipment Operated:		
Specific reason for leaving:	Salary/Wage:		
Were you subject to the FMCSR while at this employer to include drug and alcohol testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO



EQUIPMENT EXPERIENCE

Class of Equipment	Type (van, tanker, reefer, etc.)	Dates (From-To)	Approximate # of miles
Tractor/Trailer			
Tractor/Twin-Trailer			
Other			

List states or regions operated in for the last 5 years:

EDUCATION

High School: 1 2 3 4	College: 1 2 3 4	Trade School (type of training):
Last School Attended:		
Name		City/State

DRIVER'S LICENSE INFORMATION

List ALL driver's licenses held within the past 3 years (excluding current license held).

License State	License #	Date Surrendered

Have you ever driven for Cowan Systems before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", From:	To:
Location:	Reason for leaving:	



1. Are you currently employed? YES NO

If you answered "YES" to question 1, may we contact your current employer? YES NO

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

3. Has your license, permit, or privilege even been suspended or revoked? YES NO

If you answered "YES" to question 2 and/or 3, you must explain in writing below:

4. Have you ever pleaded guilty to, or been convicted of a... Felony? YES NO Criminal misdemeanor? YES NO

(Residents of the states of Illinois, Massachusetts, Minnesota, New Jersey, Oregon, Vermont, Washington, California, Colorado, Connecticut, Hawaii, New Mexico, Washington, D.C., and Rhode Island should not answer this question. Also, a positive response to this question does not necessarily eliminate you from further consideration.)

If you answered "YES" to "Felony?" or "Criminal misdemeanor?" within question 4, please (a) explain the nature and circumstances of the conviction or guilty plea, (b) give the date of the conviction or guilty plea, and (c) give the date when your sentence or probation ends or ended:

a.

b.

c.

5. Have you ever refused or failed a DOT required drug or alcohol test of any kind, INCLUDING any pre-employment drug or alcohol test given by an employer to which you applied for, but did not obtain employment? YES NO

If you answered "YES" to question 5, please explain:



SIGNATURE AND CERTIFICATION

ALL APPLICANTS:

I certify that this application was completed by me, and that all the entries on it and the information in it are true and complete to the best of my knowledge. Federal Motor Carrier Safety Regulations (382.301) require all Commercial Driver applicants to submit to a controlled substance urinalysis test prior to being engaged as a Company or Contract Driver. As a condition of my application processing, I agree to the urine sample collection and controlled substance testing. I understand that a confirmed positive result will medically disqualify me from further consideration as a driver applicant. I understand that I have the right to review information provided by the previous employers. I understand that I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send corrected information to Cowan Systems, LLC. I understand that I have the right to have a rebuttal statement attached to any alleged erroneous information, if the previous employer and I cannot agree on the accuracy of information provided.

ALL CONTRACT DRIVER APPLICANTS ONLY:

I understand that any Cowan Systems, LLC engagement of my driving services as an independent owner-operator OR employee of a contractor will be governed by a signed and dated written Transportation Service Agreement (or any existing predecessor Agreement) specifying terms and conditions of my engagement as a driver. In the event of my engagement as a Contract Driver, I understand that any false or misleading information given by me on my application or during any interview may result in the immediate termination of the Transportation Service Agreement, regardless of when the information was discovered to be false or misleading.

ALL COMPANY DRIVER APPLICANTS ONLY:

I understand that any employment offered to me will not be for any specified duration and, further, that my employment is terminable by either party at will with or without notice or cause. In the event of my employment, I understand that any false or misleading information given by me on my application or during any interview may result in the immediate termination of my employment, regardless of when the information was discovered to be false or misleading. I further understand that the first ninety (90) days of my employment is a probationary period, and during that time, I will not be eligible for any employee benefits.

Applicant Signature

Date

Printed Name

END OF APPLICATION



4555 Hollins Ferry Road ♦ Baltimore, Maryland 21227
 phone.443.247.1414 ♦ toll-free.800.882.6926 ♦ fax.443.297.1412
 email: DriverProcessing@cowansystems.com

The individual listed below has applied for employment with our company and has listed you as a previous employer. We are requesting employment information in compliance with FMCSR 40.25, 382 and 391.23.

Applicant Name:	SSN:
------------------------	-------------

I authorize the carriers (company/school) listed below to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to Cowan Systems LLC or to HireRight for the sole purpose of transmitting such records to Cowan Systems LLC. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Cowan Systems LLC or HireRight to review involves tests required by DOT. If any carrier (company/school) listed below furnishes Cowan Systems LLC or HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional.

Previous Employer	City	State	Phone Number

I hereby authorize you to release to Cowan Systems LLC any and all pertinent information regarding my employment with your company for purpose of investigation as required by Section 40.25, 382 and 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from you furnishing this information.

Applicant Signature _____
Date

DISCLOSURE AND AUTHORIZATION UNDER 49 C.F.R. PART 391.23 INCLUDING DOT DRUG AND ALCOHOL INFORMATION

For purposes of an investigation in accordance with 49 C.F.R. Part 391.23, I authorize my previous employers, contractors (if owner-operator), and trucking schools, as applicable, to release and forward to the motor carrier named in the application to which this Disclosure and Authorization is attached, ("Company") the following information for the past three (3) years:

1. DOT alcohol and controlled substance information in accordance with Parts 382 and 40 of the Federal Motor Carrier Safety Regulations (49 CFR Part 382 and 49 CFR Part 40, Section 40.25) limited to the following DOT regulated testing items, including pre-employment testing results: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested; (iv) other violations of DOT agency drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation, if any, of completion of the return-to-duty process following a rule violation.

2. Safety performance history information in accordance with 49 CFR Part 391.23, which includes: employment dates, work history (which may include position held, reason for leaving, any termination information, whether subject to the Federal Motor Carrier Safety Administration regulations, equipment experience, area driven, and other information as applicable) and accident information (including accident date, nature of accident, whether it was preventable, whether there were injuries, fatalities, or hazardous materials involved, and copies of any accident report).

Pursuant to Section 391.23(i) of the Federal Motor Carrier Safety Regulations, you have the following rights with regard to the information released:

1. You have the right to make a written request at any time to review the information provided by previous employers, contractors (if owner-operator), or trucking schools, as applicable.
2. You have the right to have errors in the information corrected by the previous employer, contractor (if owner-operator), or trucking school, as applicable and for that employer, contractor (if owner-operator), or trucking school to re-send the corrected information.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer, contractor (if owner-operator), or trucking school and you cannot agree on the accuracy of the information.

I acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it.

Sign Here: _____

Date: _____

AUTHORIZATION

Commencing on the date shown below, and during my employment and/or leased services with COWAN SYSTEMS, LLC, COWAN INTERMODAL GROUP, LLC, COWAN TRANSPORT SERVICES, LLC AND CARLISLE CARRIER, LLC as a commercial driver (in other words while I am subject to the drug and alcohol testing rules in 49 CFR Part 382 for Cowan Systems, LLC, COWAN INTERMODAL GROUP, LLC, COWAN TRANSPORT SERVICES, LLC AND CARLISLE CARRIER, LLC), I hereby authorize COWAN SYSTEMS, LLC, COWAN INTERMODAL GROUP, LLC, COWAN TRANSPORT SERVICES, LLC AND CARLISLE CARRIER, LLC to conduct periodic limited queries of the FMCSA's Drug & Alcohol Clearinghouse to determine if a Clearinghouse record exists for me.

I understand that if any limited query reveals that the Clearinghouse contains information about me, that information will not be released unless I grant electronic consent via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. According to Federal regulations, if I fail or refuse to provide such consent within 24 hours, COWAN SYSTEMS, LLC, COWAN INTERMODAL GROUP, LLC, COWAN TRANSPORT SERVICES, LLC AND CARLISLE CARRIER, LLC must remove me from safety-sensitive duties.

Name (Print): _____

Signature: _____

Date: _____

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application to drive a commercial vehicle for the motor carrier named in the application to which this Disclosure is attached, ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

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

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

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

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

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. 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.

I acknowledge that I have read and understand the PSP Disclosure and Authorization and also have been given the opportunity to copy/print it.

Sign: _____

Date: _____

DISCLOSURE FOR CONSUMER REPORTS

In connection with your employment or owner-operator (independent contractor) application, the motor carrier to which you are applying may order one or more consumer report(s) (commonly known as "background reports" or "background checks") about you from one or more consumer reporting agencies. If you are hired or engaged as an owner-operator (independent contractor), additional consumer reports may be obtained in connection with and throughout your employment for employment purposes or for the legitimate business purpose of evaluating you as an owner-operator.

To the extent allowed by law, the consumer reports may include information concerning your character, general reputation, personal characteristics, mode of living, drug and alcohol test results, motor vehicle records, driving records, criminal history, public court records, employment history (including names and dates of previous employers, reason for termination of employment, work experience, and accidents), social security number validation, education, licensure, or verification of other information supplied by you. Such reports may be obtained from private and public record sources, including sanctions databases, CDLIS, former employers, public court records, and federal, state, and other government agencies that maintain such records.

I acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it.

Signed: _____

Date: _____

AUTHORIZATION FOR CONSUMER REPORTS

I authorize the motor carrier named in the application to which this Authorization is attached to obtain one or more consumer report(s) or investigative consumer report(s) about me. If hired or engaged as an owner-operator (independent contractor), I understand this authorization shall remain on file and shall serve as ongoing authorization for additional consumer reports or investigative consumer reports to be obtained from any consumer reporting agency at any time during my employment or contract period without asking me for authorization again.

I acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it.

Sign Here: _____

Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., 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 the 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 N.W., 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 1-888-5-OPTOUT (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, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>

9. Retailers, Finance Companies, and All
Other Creditors Not Listed Above

Federal Trade Commission
Consumer Response Center
600 Pennsylvania Avenue, N.W.
Washington, DC 20580
(877) 382-4357

I acknowledge that I have read and understand the federal FCRA Summary of Rights and have been given the opportunity to copy/print the Summary of Rights.

Sign Here: _____

Date: _____

CALIFORNIA DISCLOSURE REGARDING BACKGROUND CHECKS DOCUMENT

In connection with your employment or owner-operator (independent contractor) application, the motor carrier named in the application to which this Disclosure is attached ("Company") may order a consumer report or investigative consumer report on you. If you are hired or engaged as an owner-operator (independent contractor), additional consumer reports may be obtained for employment purposes or for the business purpose of evaluating your owner-operator relationship pursuant to your written instructions. Such reports may contain information about your character, general reputation, personal characteristics, and mode of living. The specific nature and scope of the investigation that will be conducted includes: drug and alcohol test results, motor vehicle records, driving records, social security number validation, federal criminal history, state criminal history, public court records, employment history (including names and dates of previous employers, reason for termination of employment, work experience, and accidents), education, licensure, or verification of other information supplied by you. Such reports may be obtained from private and public record sources, including sanctions databases, CDLIS, former employers, public court records, and federal, state, and other government agencies that maintain such records. The companies that may prepare the report on you are:

HireRight, LLC
3349 Michelson Drive, Suite 150
Irvine, CA 92612
Phone: 866-521-6995
Fax: 877-797-3442
E-mail: customerservice@hireright.com
Web: <http://www.hireright.com/applicants>

Tenstreet
120 W. 3rd Street
Tulsa, OK 74103
Phone: (877) 219-9283
Email: support@tenstreet.com
Web: <http://www.tenstreet.com/drivers/>

SUMMARY OF RIGHTS UNDER CIVIL CODE SECTION 1786.22

- a. An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- b. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 1. In person, if he or she appears in person and furnishes proper identification. A copy of his or her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 2. By certified mail, if he or she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- c. The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself or herself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his or her identity.
- d. The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him or her pursuant to Section 1786.10.
- e. The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

f. The consumer shall be permitted to be accompanied by one other person of his or her choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

I acknowledge that I have read and understood this California Disclosure Regarding Background Checks document.

Sign Here: _____

Date: _____

A Summary of Your Rights Under New Jersey's Fair Credit Reporting Act

Under the New Jersey Fair Credit Reporting Act (NJFCRA or the "Act"), an employer, before taking adverse employment action, is required to provide the applicant or employee with a summary of their rights under the Act with respect to consumer reports or investigative consumer reports obtained for employment purposes from a consumer reporting agency (CRA). This Summary is intended to serve that purpose.

You can find the complete text of the NJCRA, N.J. Stat. §§56:11-29 - 56:11041, at the New Jersey State Legislature's web site (<http://www.njleg.state.nj.us/>). You may have additional rights under the federal Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, which is available on the Internet at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- **You must consent to the procurement for employment purposes of a report about you.** Before an employer can obtain a report about you from a CRA, the employer must provide you with notice that it will request the report and obtain your consent to that request. A CRA may not give out information about you to your employer, or prospective employer, without your written consent.
- **You must be told if information in your file has been used against you for employment purposes.** An employer who uses information from a consumer or investigative consumer report to take action against you - such as denying an application for employment or terminating employment - must tell you that its decision is based in whole or in part on the report. The employer also must provide you with a description of your rights under the NJCRA and a reasonable opportunity to dispute with the CRA any information on which the employer relied.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has recently requested your file. These disclosures may be made in person, over the telephone or by any other reasonable method available to the CRA.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the disputed items, free of charge, within 30 days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of the investigation. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files within 30 days after you dispute it. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the business name and address.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRAdata violates the NJFCRA, you may sue them in state court.

I acknowledge that I have read and understand the Summary of Rights Under New Jersey's Fair Credit Reporting Act and also have been given the opportunity to copy/print the Summary of Rights.

Sign Here: _____

Date: _____

A Summary of Your Rights Under Washington's Fair Credit Reporting Act

Under the Washington state Fair Credit Reporting Act (WFCRA or the "Act"), an employer, before taking adverse employment action, is required to provide the applicant or employee with a summary of their rights under the Act with respect to consumer reports or investigative consumer reports obtained for employment purposes from a consumer reporting agency (CRA). This Summary is intended to serve that purpose.

You can find the complete text of the WFCRA, Wash. Rev. Code §§19.182.005—19.182.902, at the Washington State Legislature's web site (<http://www.leg.wa.gov>). You may have additional rights under the federal Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, which is available on the Internet at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- **You must consent to the procurement for employment purposes of a report about you.** Before an employer can obtain a report about you from a CRA, the employer must provide you with notice that it will request the report and obtain your consent to that request. A CRA may not give out information about you to your employer, or prospective employer, without your written consent.

- **You must be told if information in your file has been used against you for employment purposes.** An employer who uses information from a consumer or investigative consumer report to take action against you - such as denying an application for employment or terminating employment - must tell you that its decision is based in whole or in part on the report and give you the name, address and phone number of the CRA that provided the report. The employer also must provide you with a description of your rights under the WFCRA and a reasonable opportunity to dispute with the CRA any information on which the employer relied.

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file (except that medical information may be withheld), and a list of everyone who has recently requested your file. These disclosures may be made in person, over the telephone or by any other reasonable method available to the CRA. At your request, any medical information contained in your file will be disclosed to the healthcare provider of your choice.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the disputed items, free of charge, within 30 business days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of the investigation. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files within 30 business days after you dispute it. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the business name and address.

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

I acknowledge that I have read and understand the Summary of Rights Under Washington's Fair Credit Reporting Act and have been given the opportunity to copy/print the Summary of Rights.

Sign Here: _____

Date: _____

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

The motor carrier named in the application to which this Disclosure is attached. ("Company") will order an 'investigative consumer report' concerning you for employment purposes or, if you are an owner-operator (independent contractor), for the legitimate business purpose of evaluating your suitability for an independent contractor engagement pursuant to your written instructions.

An 'investigative consumer report' is defined as a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

The investigative consumer report the Company will order concerning you will contain information concerning your character, general reputation, personal characteristics, and mode of living, obtained through personal interviews.

You have the right to request the additional disclosures provided for under the Fair Credit Reporting Act, 15 U.S.C. 1681d(b), which reads as follows:

Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1) of this section, make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

At present, the specific 'nature and scope' of the investigative consumer report the Company may request is as follows: Employment Verifications, Motor Vehicle Reports, CDLIS, Criminal Records, and PSP. The report(s) will be requested from the following:

HireRight, LLC
3349 Michelson Drive, Suite 150
Irvine, CA 92612
Phone: 866-521-6995
Fax: 877-797-3442
E-mail: customerservice@hireright.com
Web: <http://www.hireright.com/applicants>

Tenstreet
120 W. 3rd Street
Tulsa, OK 74103
Phone: (877) 219-9283
Email: support@tenstreet.com
Web: <http://www.tenstreet.com/drivers/>

You have the right to request whether an investigative consumer report was ordered. You can also make a written request for a complete and accurate disclosure of the nature and scope of the investigation that was requested, request a copy of the report, a copy of any federal or state local notices of rights that may apply to you, or request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries of each consumer reporting agency issuing an investigative consumer report about you, by sending a letter or email to the Company. You may also request and promptly receive from all such consumer reporting agencies free copies of any such investigative consumer reports.

MARYLAND: You have the right to request additional disclosures from the Company regarding the nature and scope of the requested investigation.

MASSACHUSETTS: If you contact the Company, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask the CRA for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the CRA for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The CRA must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the CRA for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the CRA's address and telephone number. You have the right to contact the CRA to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided in connection herewith.

WASHINGTON STATE: If you submit a written request to the Company, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within five business days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

I represent that I understand this Disclosure and consent to ordering of the Investigative Consumer Report.

Sign Here: _____

Date: _____