

PRE-QUALIFICATION FORM

Revised 5/14

This form is only good for generating the MVR, DAC employment history, and Criminal background check. All other forms must still be completed and submitted to the safety department before approval is granted.

Company Liberty Transport Terminal Terminal

Applicant Name _____ Phone # _____

Date of Birth _____ Social Security #: _____ TWIC Card Y or N

Address _____ City _____ State _____ Zip _____

Email Address: _____

CDL # _____ State _____ Expiration Date _____

of Tickets last 12 months _____ Last 36 Months _____

of Chargeable Accidents last 3 years _____ Major _____ Minor _____

DWI/DUI/Reckless Driving: No _____ Yes _____ Date _____

Ever failed drug screen: No _____ Yes _____ Date _____

License ever suspended: No _____ Yes _____ Date _____

Ever terminated from job: No _____ Yes _____ Date _____

Ever been convicted of a felony: No _____ Yes _____ Date _____

Do you give permission to check your employment under part 391 and your past history on substance testing under 382.413
Yes _____ NO _____

(If answer is NO, contractor may not be signed on)

List all employment for the past 3 years: (DO NOT LEAVE ANY GAPS)

Company Name _____ Dates _____ Phone # _____

Liberty Transport (company name)

**Past Employment Verification / Substance Abuse / Alcohol Testing Information
Release Authorization**

I authorize you to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records (MVR), CDLIS Records, Drug Screening, Employment Verification, and Criminal Background Checks. I hereby authorize you, or those service providers working on your behalf, to make a thorough investigation of all information given by me and release any and all persons and/or institutions from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my hire:

- I understand that any false or misleading information I provide may result in discharge.
- I understand that the information I provide regarding my current and/or prior employers will be used to contact those employers for the purpose of investigating my safety performance history and authorize you to generate forms for each such employer to provide that information along with the following release using my electronic signature (if applicable) and dated as of my start date:

“In accordance with 49 CFR 391.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification, including the release of information from my Department of Transportation regulated drug and alcohol testing records, by my previous employers to the employer identified above and persons acting on behalf of this employer.”

- I authorize you to investigate my driving record at any time by obtaining my MVR as required by 49 CFR 391.25.
- I authorize you to conduct limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) at any time to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to you under a full query of the Clearinghouse without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a query of the Clearinghouse, you must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.
- I acknowledge that my employment history with you will be supplied to third party providers and/or other companies which may seek such information to qualify me in the future.

I understand that I have the right, upon written request made within 30-days of my start date or being notified of denial of employment, to request whether a consumer report has been run about me. Upon request, you or your service provider will supply a copy of the completed background report along with a copy of an individual’s rights under the Fair Credit Reporting Act. I understand that I have the right to:

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

A copy of this form is as valid as the original.

Date: _____

Signature: _____

Name (please print): _____

Please fill out information below if you would like to request any of the documents listed to be sent via registered mail (Applicant only_

Signature: _____

Name (please print): _____

Previous employers: _____ DAC Reports: _____ Criminal background Reports: _____ MVR: _____ PSP: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE
PSP Online Service**

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

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

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number 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 Liberty Transport (“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 be 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.

Date: _____

Signature: _____

Name (Please Print): _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.
LAST UPDATED 2/11/2016



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	Liberty Transport _____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Account Code:	_____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23. DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/ or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/ or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

Request for Information from Previous Company/Employer

Applicant Name: _____ Date of Birth: _____

I hereby authorize the company or employer named below to release to Motor Carrier by mail, fax, or telephone, the information requested below. I further agree to release and hold harmless the company or employer named below and its directors, officers, employees and agents for any information so provided.

Applicant’s Signature	Social Security #	Date
Applicants do not write below this line		

The attached release wherein Applicant authorizes the release of the information requested below (Per CFR 391.23 a. through c.) Any information received regarding the applicants driving or employment record will be used solely for “permissible purposes” as defined by the Fair Credit Reporting Act, Public Law # 91-508.

To: _____ Fax: _____ Phone: _____

Address: _____

Dates of hire/contact: From: _____ To: _____ Full Time _____ Part Time _____

Positions held: _____

Reason for leaving: _____ If “terminated” why? _____

Eligible for re-hire/re-contract: _____ If No, why? _____

MOTOR VEHICLE ACCIDENTS

<u>Date</u>	<u>Chargeable (Yes/No)</u>	<u>Brief Description of Accidents</u>	<u>DOT Reportable(Yes/No)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trailer Type: _____ Trailer Length _____ Area of Operation: _____

Drug and Alcohol Testing and Test Results

- Was the applicants’ position with your company designated as a “Safety Sensitive Function”? Yes No
- Was the applicant subject to alcohol and drug testing as required by 49 CFR Part 40? Yes No
- Has this applicant had a verified positive drug test? Yes No
- Has this applicant had an alcohol test with a Breath Alcohol Concentrate of 0.04 or higher? Yes No
- Has this applicant refused to be tested (including verified adulterated or substituted drug test results)? Yes No
- Has this applicant committed any other violations of DOT drug and alcohol testing regulations? Yes No
- If this applicant has violated a DOT drug or alcohol regulation, do you have documentation of the applicant’s successful completion or failure to complete DOT return to duty requirements, including but not limited to follow up tests? Yes No

Comments: _____

Person Providing Information: _____ Title: _____ Date: _____

Employment History

List below (10) years employment. List all employment. Applicants stating "self employed" are required to provide evidence of such employment, i.e. tax returns, form 1099, etc. when submitting.

PRESENT OR MOST RECENT JOB	Dates(mth/yr) From:	to:	Position Held	Reason for Leaving	
	Company	Salary			
	Address	Contact Person			
	City	State	Zip	Telephone ()	
	Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No				
	Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No				

May we contact your present employer/Lessor (if any) to verify your work record? _____ Yes _____ No

Period of unemployment (if any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB	Dates(mth/yr) From:	to:	Position Held	Reason for Leaving	
	Company	Salary			
	Address	Contact Person			
	City	State	Zip	Telephone ()	
	Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No				
	Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No				

Period of unemployment (if any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB	Dates(mth/yr) From:	to:	Position Held	Reason for Leaving	
	Company	Salary			
	Address	Contact Person			
	City	State	Zip	Telephone ()	
	Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No				
	Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No				

Period of unemployment if any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB	Dates(mth/yr) From:	to:	Position Held	Reason for Leaving	
	Company	Salary			
	Address	Contact Person			
	City	State	Zip	Telephone ()	
	Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No				
	Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No				

Period of unemployment if any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB	Dates(mth/yr) From:	to:	Position Held	Reason for Leaving	
	Company	Salary			
	Address	Contact Person			
	City	State	Zip	Telephone ()	
	Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No				
	Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No				

Period of unemployment if any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB	Dates(mth/yr) From:	to:	Position Held	Reason for Leaving	
	Company	Salary			
	Address	Contact Person			
	City	State	Zip	Telephone ()	
	Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No				
	Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No				

Period of unemployment if any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB

Dates(mth/yr) From:	to:	Position Held	Reason for Leaving
Company		Salary	Full Time or Part Time
Address		Contact Person	
City	State	Zip	Telephone ()
Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No			
Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No			

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB

Dates(mth/yr) From:	to:	Position Held	Reason for Leaving
Company		Salary	Full Time or Part Time
Address		Contact Person	
City	State	Zip	Telephone ()
Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No			
Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No			

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB

Dates(mth/yr) From:	to:	Position Held	Reason for Leaving
Company		Salary	Full Time or Part Time
Address		Contact Person	
City	State	Zip	Telephone ()
Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No			
Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No			

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB

Dates(mth/yr) From:	to:	Position Held	Reason for Leaving
Company		Salary	Full Time or Part Time
Address		Contact Person	
City	State	Zip	Telephone ()
Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No			
Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No			

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB

Dates(mth/yr) From:	to:	Position Held	Reason for Leaving
Company		Salary	Full Time or Part Time
Address		Contact Person	
City	State	Zip	Telephone ()
Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No			
Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No			

Period of unemployment If any) Dates (mth/yr): From: _____ To: _____

PRESENT OR MOST RECENT JOB

Dates(mth/yr) From:	to:	Position Held	Reason for Leaving
Company		Salary	Full Time or Part Time
Address		Contact Person	
City	State	Zip	Telephone ()
Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/company? _____ Yes _____ No			
Did you perform any safety sensitive functions in the job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49CFR part 40? _____ Yes _____ No			