

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Print)

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

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

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

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

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

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

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

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

## CRITERIA FOR DETERMINING SATISFACTORY DRIVER'S RECORD

**Adcock Northeast Auto Transport positions, which require full or part-time operation of motorized vehicle applicants, will not be hired and if employed, may be terminated if their driving record indicates any of the following:**

1. Be at least 23 years of age
2. Have a minimum of 24 months recent, verifiable CDL experience
3. Have no more than one moving violation in the past 12 months
4. No more than 1 preventable accidents in the past 12 months
5. No more than 2 preventable accidents in the past 36 months
6. Pass a pre-employment DOT drug screen and be entered into our DOT certified random drug screen program
7. Have not failed or refused a DOT drug screen in the past 36 months
8. Have no DUI, OWI, or DWI convictions in the last 5 years
9. Felony convictions may preclude employment

When a driving record reflects a continuing trend of poor or careless driving habits, he/she may be designated a "habitual offender" and denied employment. An example of a habitual offender would be a person whose driving record reflects driving citations during each of the four preceding years, regardless of the number of demerits accumulated.

\*The Federal Motor Carrier Safety Administration regulates drivers of any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle –

- (1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight, or gross combination weight of 4,536 kg (10,001 pounds) or more, whichever is greater; or
- (2) Is designated or used to transport more than 8 passengers (including the driver) for compensation; or
- (3) Is designated or used to transport more than 15 passengers (including the driver and is not used to transport passengers for compensation; or
- (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.c. 5103 and transported in a quantity requiring placarding under regulations prescribed by the secretary under 49 CFR, subtitle B, Chapter I, subchapter C.

\*\*Examples of safety sensitive functions in Department of Transportation (DOT) regulated modes subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40 includes, but not limited to, pipeline controllers, airplane mechanics, locomotive hostlers/helpers, bus drivers and any commercial driving position where a CDL is required.

**APPLICANT TO COMPLETE**  
**(Answer all questions – please print)**

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip yr./mo.  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip yr./mo.  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip yr./mo.

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

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

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

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

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

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

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

If yes, explain if you wish.

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

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

**EMPLOYMENT HISTORY (continued)**

| EMPLOYER  |              | DATE                         |                             |
|---|--------------|------------------------------|-----------------------------|
| Name  |              | From<br>MO.    YR.           | To<br>MO.    YR.            |
| Address   |              | Position Held                |                             |
| City  |              | Salary/Wage                  |                             |
| Contact Person  | Phone Number | Reason for Leaving           |                             |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?  |              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |                              |                             |

| EMPLOYER  |              | DATE                         |                             |
|---|--------------|------------------------------|-----------------------------|
| Name  |              | From<br>MO.    YR.           | To<br>MO.    YR.            |
| Address   |              | Position Held                |                             |
| City  |              | Salary/Wage                  |                             |
| Contact Person  | Phone Number | Reason for Leaving           |                             |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?  |              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |                              |                             |

| EMPLOYER  |              | DATE                         |                             |
|---|--------------|------------------------------|-----------------------------|
| Name  |              | From<br>MO.    YR.           | To<br>MO.    YR.            |
| Address   |              | Position Held                |                             |
| City  |              | Salary/Wage                  |                             |
| Contact Person  | Phone Number | Reason for Leaving           |                             |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?  |              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |                              |                             |

| EMPLOYER  |              | DATE                         |                             |
|---|--------------|------------------------------|-----------------------------|
| Name  |              | From<br>MO.    YR.           | To<br>MO.    YR.            |
| Address   |              | Position Held                |                             |
| City  |              | Salary/Wage                  |                             |
| Contact Person  | Phone Number | Reason for Leaving           |                             |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?  |              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |                              |                             |

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicle designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

| DATES         | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIALS SPILL |
|---------------|---|------------|----------|---------------------------|
| LAST ACCIDENT |   |            |          |                           |
| NEXT PREVIOUS |   |            |          |                           |
| NEXT PERVIOUS |   |            |          |                           |

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

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS-DRIVER**

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

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
|                 |       |             |      |                 |
|                 |       |             |      |                 |
|                 |       |             |      |                 |

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

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_

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

**DRIVING EXPERIENCE CHECK YES OR NO**

| CLASS OF EQUIPMENT   | CIRCLE TYPE OF EQUIPMENT   | DATES      |          | APPROX. NO. OF MILES (TOTAL) |
|--|----------------------------|------------|----------|------------------------------|
|  |                            | FROM (M/Y) | TO (M/Y) |                              |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO                                  | (VAN,TANK,FLAT,DUMP,REFER) |            |          |                              |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO                        | (VAN,TANK,FLAT,DUMP,REFER) |            |          |                              |
| TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO                            | (VAN,TANK,FLAT,DUMP,REFER) |            |          |                              |
| TRACOT-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO                           | (VAN,TANK,FLAT,DUMP,REFER) |            |          |                              |
| MOTORCOACH-SCHOOL BUS (More than 8 passengers) <input type="checkbox"/> YES <input type="checkbox"/> NO  | ---                        |            |          |                              |
| MOTORCOACH-SCHOOL BUS (More than 15 passengers) <input type="checkbox"/> YES <input type="checkbox"/> NO | ---                        |            |          |                              |
| OTHER _____  |                            |            |          |                              |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

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

WHICH SAFEDRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS—OTHER**

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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

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

# FMSCA DRIVER RELEASE and CONSENT

**Section I. To be completed by the prospective employer, signed by the applicant, and transmitted to the previous employer:**

Employee Printed or Typed Name:

Employee SS or ID Number:

***Release of Drug and Alcohol Testing Information***

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in *Section I-B*, to the prospective employer listed in *Section I-A*. This information may also be released to the employer's authorized background check vendor. This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321, 391.23. I understand that the drug and alcohol testing information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items; 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

***Release of Driving and Safety Information***

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer, listed in *Section I-B*, to the prospective employer listed in *Section I-A*. This information may also be released to the employer's authorized background check vendor. This release is in accordance with DOT Regulation 49 CFR Part 391.23. The information to be released will include my driver safety history and the items identified at 49 CFR 391.23 as set forth in *Section II-C* Below.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section I-A.**

Prospective Employer Name:

Address:

Phone #:

Fax #:

Designated Employer Representative:

**Section I-B.**

Previous Employer Name:

Address:

Phone#:

Fax #:

Designated Employer Representative (If known):

**Section II. Drug and Alcohol Testing Information**

**To be completed by the Previous Employer and transmitted by mail or fax**

**Section II-A.** In the three years prior to the date of the employee's signature (In Section I), for DOT-regulated testing

- |   |                    |
|---|--------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                       | YES _____ NO _____ |
| 2. Did the employee have verified positive drug tests?  | YES _____ NO _____ |
| 3. Did the employee refuse to be tested?  | YES _____ NO _____ |
| 4. Did the employee have other violations of DOT agency drug and Alcohol testing regulations? | YES _____ NO _____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                   | YES _____ NO _____ |

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?  
N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

7. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in your employ, did the driver have any of the following testing violations subsequent to the completion of the referral:

- (i) Alcohol Tests with a result of a 0.04 or higher;
- (ii) Verified Positive Drug Tests; or
- (iii) Refusals to be tested (including verified adulterated or substituted drug test results)?

YES \_\_\_\_\_ NO \_\_\_\_\_

*NOTE: If you answered, "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**Section II-B.**

Name of person providing information in Section II-A:

Title:

Phone #:

Date:

**Section II-C Driving Safety and Performance Information**

**To be completed by the Previous Employer and transmitted**

**Employment Verification**      Employed from \_\_\_\_\_ to \_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Was Applicant a DOT regulated driver? \_\_\_\_\_

**Vehicle Identification**      The Applicant operated the following types of vehicles:  
 Straight Truck     Tractor Semi-Trailer     Bus  
 Double/Triple     Other (specify) \_\_\_\_\_

**Accidents**      Include all accidents as defined at 49 CFR 390.5. If no accidents, check here



**Other comments regarding the driver's safety and performance:**

II-D.

Name of person providing information in Section II-C:

Title:

Phone #:

Date:



## MVR RELEASE CONSENT FORM

In conjunction with my potential employment at \_\_\_\_\_  
("the company"), I \_\_\_\_\_ (applicant) consent to the release of  
my Motor Vehicle Records (MVR) to the company. I understand the company will use these  
records to evaluate my suitability to fulfill driving duties that may be related to the position for  
which I am applying. I also consent to the review, evaluation, and other use of any MVR I may  
have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy  
Protection Act", and is intended to constitute "written consent" as required by this Act.

Signed (applicant) \_\_\_\_\_

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

Drivers' License Number: \_\_\_\_\_ State: \_\_\_\_\_

# Notice to Drivers & Certificate of Compliance

(Note: Original to be retained by carrier, copy for driver)

## I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provided for stronger controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of the legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND the state, which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

**PENALTIES** Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5000 and/or 90 days in jail.

## II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of Act 1986.

Driver's Name (Print) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Driver's Address \_\_\_\_\_

License State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

Driver's Signature \_\_\_\_\_

**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 from employment with Adcock Northeast Auto 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 on 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 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 of 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 Adcock Northeast Auto 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 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.

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)