

APPLICATION FOR DRIVING EMPLOYMENT



GREEN PRODUCTS

PO Box 756, Conrad, IA 50621
Fax: 641-366-2366 Phone: 641-366-2001 www.greenproducts.com
e-mail: info@greenproducts.com

Name of Applicant _____ Application Date _____
(Last) (First) (Middle)

In compliance with Federal and State equal employment 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 history, motor vehicle record, driving record, criminal background history, court records, credit history/financial, medical history, records from HireRight (formerly DAC Services, Inc.), or any third-party consumer reporting agency, and other related sources as company feels necessary in making an employment consideration. Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I understand, agree, and authorize to have my safety performance information including crash data from the previous 5 (five) years and inspection history from the previous 3 (three) years released from the FMCSA (Federal Motor Carriers Safety Administration) Pre-Employment Screening (PSP) Program, HireRight (formerly DAC Services, Inc.), or any third-party consumer reporting agency.

By signing below, I am hereby releasing any employers, educational institutions, health care providers, financial providers, third-party agencies, and any other persons from all liability in responding to inquiries and releasing information in connection with this application and my suitability for employment.

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 investing my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that if I had employment with a DOT employer in the past 3 (three) years, I have the right to: review information provided by previous employers and/or consumer reporting agencies; have errors in the information corrected by previous employers and/or consumer reporting agencies and for those previous employers or agencies 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.

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 Green Products Company.

Signature _____ Date Signed _____

ADMINISTRATIVE COMPANY USE ONLY

DRIVER PROCESSING RECORDING INFORMATION

APPLICANT HIRED DATE _____ APPLICANT REJECTED DATE _____

DRIVING HIRED DATE EMPLOYED _____ POINT OF EMPLOYMENT _____

DEPARTMENT EMPLOYED _____ CLASSIFICATION _____

(IF REJECTING APPLICANT, PLACE SUMMARY REPORT OF REASONS SHOULD IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____ DATE _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER (SPECIFY) _____

TERMINATION PLACED IN FILE _____ SUPERVISOR _____

TO BE READ AND COMPLETED BY APPLICANT

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied for: _____

Name _____ Social Security #: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Home Phone number (_____) _____ Alternate Phone number (_____) _____

E-mail address: _____ Date Available _____

Current Address _____
(House or apt. #) (Street) (City) (State) (Zip Code)

Complete listing of addresses of residency for the past 3 years (Attach sheet if more space is needed.)

Street or Apartment Number	City	State & Zip Code	Months Resided

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

Have you worked for this company before? _____ What location? _____

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 _____
(If an advertisement, please list source.)

Have you ever been bonded? _____ Name of bonding company _____ (Answer only if a job requirement)

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, please explain: _____

EMPLOYMENT HISTORY

(Attach additional sheet if more space is needed)

If you are applying to drive a commercial motor vehicle* in intrastate or interstate commerce you shall provide 10 (ten) years of information on employers for whom you operated such vehicle. All driver applicants to drive in interstate only commerce must provide information on all employers during the preceding 3 years.

- Provide complete mailing address, phone & fax numbers, street number, city, state and zip code.
- List employers in reverse order starting with the most recent. Add additional sheets as necessary.

EMPLOYER			DATE			
<u>NAME</u>			FROM		TO	
			MONTH	YEAR	MONTH	YEAR
<u>ADDRESS</u>			<u>POSITION HELD</u>			
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>SALARY WAGE</u>			
<u>CONTACT PERSON & TITLE:</u>		<u>PHONE #:</u>	<u>REASON FOR LEAVING</u>			
		<u>FAX #:</u>				
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			
<u>NAME</u>			FROM		TO	
			MONTH	YEAR	MONTH	YEAR
<u>ADDRESS</u>			<u>POSITION HELD</u>			
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>SALARY WAGE</u>			
<u>CONTACT PERSON & TITLE:</u>		<u>PHONE #:</u>	<u>REASON FOR LEAVING</u>			
		<u>FAX #:</u>				
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			
<u>NAME</u>			FROM		TO	
			MONTH	YEAR	MONTH	YEAR
<u>ADDRESS</u>			<u>POSITION HELD</u>			
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>SALARY WAGE</u>			
<u>CONTACT PERSON & TITLE:</u>		<u>PHONE #:</u>	<u>REASON FOR LEAVING</u>			
		<u>FAX #:</u>				
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						

EMPLOYMENT HISTORY CONTINUED

(Attach additional sheet if more space needed)

EMPLOYER			DATE		
<u>NAME</u>			FROM		TO
			MONTH	YEAR	MONTH
<u>ADDRESS</u>			<u>POSITION HELD</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>SALARY WAGE</u>		
<u>CONTACT PERSON & TITLE:</u>		<u>PHONE #:</u> <u>FAX #:</u>	<u>REASON FOR LEAVING</u>		
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		
<u>NAME</u>			FROM		TO
			MONTH	YEAR	MONTH
<u>ADDRESS</u>			<u>POSITION HELD</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>SALARY WAGE</u>		
<u>CONTACT PERSON & TITLE:</u>		<u>PHONE #:</u> <u>FAX #:</u>	<u>REASON FOR LEAVING</u>		
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		
<u>NAME</u>			FROM		TO
			MONTH	YEAR	MONTH
<u>ADDRESS</u>			<u>POSITION HELD</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>SALARY WAGE</u>		
<u>CONTACT PERSON & TITLE:</u>		<u>PHONE #:</u> <u>FAX #:</u>	<u>REASON FOR LEAVING</u>		
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, vehicles 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 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.

You must answer the following questions. Failure to do so will result in voiding of your application.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? YES NO
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations? YES NO
3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)? YES NO

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE.

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

(ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED)

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED)

DRIVER'S EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NUMBER	ENDORSEMENT(S)	EXPIRATION DATE
DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS				

- 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, PROVIDE DETAILS: _____

DRIVER'S EXPERIENCE (CHECK YES OR NO)

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

DRIVER'S 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)

DRIVER'S 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 application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY INQUIRY

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) & §40.321(b).

Corrected Copy, Replaces Response Dated: _____

PROSPECTIVE EMPLOYER'S CONTACT INFORMATION

Company Name: Green Products Company THIS FORM WAS (check appropriate box)
 Attention: Brenda Mailed, Date: _____
 Street: 16902 290th St., PO Box 756 Faxed, Date: _____
 City, State, Zip: Conrad, IA 50621 Fax: 641-366-2366 Emailed, Date: _____
 Phone Number: 641-366-2001 Email: brenda@greenproducts.com Relayed by Phone Date: _____
 Name of Person Contacted: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER

DRIVER IDENTIFICATION

Name of Previous Employee: _____ DOT Regulated Driver
 Social Security No.: _____ Date of Birth: ____/____/____ Non-DOT Regulated Driver
 Employed from _____ to _____ as _____

PREVIOUS EMPLOYER'S INFORMATION

Company Name: _____ Phone Number: _____
 Contact Name: _____ Email: _____
 Street: _____
 City, State, Zip: _____

SAFETY PERFORMANCE HISTORY (Mark an X in appropriate box)

There is no safety performance history to report.
 Driver operated a: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____
 Driver did not operate a commercial motor vehicle.
 Reason for leaving employ: Discharged Resignation Lay Off Military Duty Other (Specify) _____

ACCIDENTS HISTORY:

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

No accident register data for this driver.
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.
 Under DOT drug and alcohol testing requirements for the past 3 years from the request date shown above:

	Yes	No	
1. Was this person employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40? (If NO, skip this section.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances test result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213. 			
3. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
4. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.02 or greater, a verified positive drug test, or refusal to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In providing this information, any DOT drug or alcohol testing information obtained from previous employers in the 3 years prior to the request date shown above is included.

Any other remarks: _____

DRIVER TO COMPLETE THIS SECTION ONLY:

Driver's
 Authorization: _____

PREVIOUS EMPLOYER SIGNATURE & TITLE

Signature: _____
 Title: _____ Date: _____



GREEN PRODUCTS

PO Box 756, Conrad, IA 50621
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FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE CERTIFICATION & AUTHORIZATION FORM

Please take notice that one or more consumer reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. §1681, *et seq.* Should a decision to take any adverse action against you be made, based either in whole or in part on the consumer report, the consumer reporting agency that provided the report played no role in our decision to take such adverse action.

Information provided by you on this form will be furnished to HireRight (formerly DAC Services, Inc.), 4500 S. 129th East Avenue, Suite 200, Tulsa, OK 74134, in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual service for our company, and/or (3) security clearance or access. Reports verifying your previous employment, previous drug and alcohol test results, and driving record may be obtained on you for employment purposes. These reports are required by 49 Code of Federal Regulations Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. You have a right to request a complete and accurate disclosure of the nature and scope of any investigative consumer report requested. In addition, you have a right to a written summary of your rights under §1681g of the Fair Credit Reporting Act, as amended.

I authorize Green Products Company to make such investigations and inquiries of my personal, employment history, motor vehicle record, driving record, criminal background history, court records, credit history/financial, medical history, records from HireRight (formerly DAC Services, Inc.), or any third-party consumer reporting agency, and other related sources as company feels necessary in making an employment consideration. I understand, agree, and authorize to have my safety performance information including crash data from the previous 5 (five) years and inspection history from the previous 3 (three) years released from the FMCSA (Federal Motor Carriers Safety Administration) Pre-Employment Screening Program (PSP), HireRight (formerly DAC Services, Inc.), or any other third-party consumer reporting agency.

Without liability, I authorize any person/organization whose name I have provided for reference, previous employment, or contracted with, to provide any information they may have concerning my safety performance, all accidents (including those defined in 390.5 of FMCSR), all drug & alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance, or other work related characteristics, reasons for leaving employment/lease and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.

I attest this application and supplemental documents were completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and supplemental documents submitted shall be sufficient grounds for disqualification of this application or termination from employment, should this application result in employment with Green Products Company.

I attest I have read and understand this Disclosure Notice Certification & Authorization Form and hereby authorize Green Products Company, by signing below, to obtain such report(s) for employment purposes.

Print Name

Social Security Number

Signature

Date

Your Social Security Number is needed to keep records accurate, because other people may have the same name.



GREEN PRODUCTS

PO Box 756, Conrad, IA 50621
Fax: 641-366-2366 Phone: 641-366-2001 www.greenproducts.com

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

In connection with your application for employment with GREEN PRODUCTS COMPANY ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize GREEN PRODUCTS COMPANY ("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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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): _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

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 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; (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 II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (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; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____
Applicant Signature: _____ Date: _____

ADDITIONAL STATE LAW NOTICES

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Notices continue on next page

**NEW YORK CORRECTION LAW
ARTICLE 23-A**

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

Section 750. Definitions.

751. Applicability.

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

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

754. Written statement upon denial of license or employment.

755. Enforcement.

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

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

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

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

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

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

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

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

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

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.