

HERITAGE Trucking Inc.

535 E McKellips Suite 117, Mesa, AZ 85203 • Office (480) 222-8100 • Fax (480) 464-8879

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Heritage Trucking Inc. We are an equal opportunity employer and do not discriminate in any aspect of employment on the basis of race, color, religion, sex, national origin, marital status, age, veteran status, non-job related disability or any other protected group status.

Today's Date: _____

Position Applying For: _____ Rate of Pay Desired: _____

GENERAL INFORMATION

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY #

CURRENT ADDRESS HOW LONG?

CITY STATE ZIP CODE

HOME PHONE ALTERNATE PHONE/CELL

PREVIOUS ADDRESSES (FOR THE LAST 3 YEARS)

ADDRESS CITY STATE HOW LONG?

ADDRESS CITY STATE HOW LONG?

ADDRESS CITY STATE HOW LONG?

DATE OF BIRTH ____/____/____ CAN YOU PROVIDE PROOF OF AGE? _____
(REQUIRED FOR COMMERCIAL DRIVERS)

ARE YOU EMPLOYED NOW: YES NO IF NOT HOW LONG SINCE LEAVING YOUR LAST EMPLOYMENT? _____

HAVE YOU EVER WORKED FOR THIS COMPANY? _____ IF YES, EXPLAIN WHEN AND WHERE: _____

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY PERFORMED SERVICES AS AN INDEPENDENT CONTRACTOR FOR HERITAGE TRUCKING INC?

NO _____ IF YES, EXPLAIN WHEN AND WHERE: _____

DATE AVAILABLE TO START WORK DAYS AVAILABLE HOURS AVAILABLE

ARE YOU WILLING TO WORK OVERTIME OR NIGHTS WHEN REQUIRED? YES NO

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTION OF THE JOB FOR WHICH YOU HAVE APPLIED (PLEASE REVIEW JOB POSTING BEFORE ANSWERING THIS QUESTION) YES NO IF YES, EXPLAIN: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? _____
(YOU WILL BE REQUIRED UPON EMPLOYMENT TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

DO YOU HAVE ANY LEGAL ACTIONS PENDING RELATED TO A FELONY OR MISDEMEANOR CHARGE? _____ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

(PENDING ACTION AND/OR A CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED. FAILURE TO ANSWER HONESTLY MAY RESULT IN DISCONTINUED CONSIDERATION OF OR TERMINATION OF EMPLOYMENT.)

GENERAL INFORMATION (CON'T)

HAVE YOU EVER TESTED POSITIVE FOR ILLEGAL SUBSTANCES DURING A ROUTINE D.O.T. OR NON-D.O.T. DRUG TEST? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER TESTED POSITIVE UNDER A BREATH ALCOHOL TEST WITH A CONCENTRATION OF .04 OR GREATER? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER REFUSED TO SUBMIT TO A DRUG OR ALCOHOL TEST? YES NO

IF YES, EXPLAIN: _____

EDUCATIONAL BACKGROUND

CIRCLE THE 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: _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYMENT DURING THE PRECEDING THREE YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE, AND ZIP CODES. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE OR INTERSTATE COMMERCE SHAL ALSO PROVIDE ADDITIONAL SEVEN YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE. (NOTE: LIST EMPLOYERES IN REVERSE ORDER STARTING WITH THE MOST RECENT FIRST. WRITE ON THE BACK OF THE PAPER IF YOU NEED MORE ROOM.

YOUR PREVIOUS EMPLOYMENT HISTORY MUST GO BACK AT LEAST TEN YEARS.

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE 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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE 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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE	POSITION HELD	
CITY		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE 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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE	POSITION HELD	
CITY		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE 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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE	POSITION HELD	
CITY		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE 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 & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

LICENSE INFORMATION

(Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one drivers license". I certify that I do not have more than one vehicle license, the information for which is listed below.

STATE	LICENSE #	TYPE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE MOTOR VEHICLE? YES NO

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE GIVE DETAILS: _____

ACCIDENTS AND INCIDENTS

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

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	COMMERCIAL OR PERSONAL VEHICLE	FATALITIES	INJURIES

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

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	COMMERCIAL OR PERSONAL VEHICLE	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

EXPERIENCE / QUALIFICATIONS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, ETC)	DATES		APPROX. # OF MILES (TOTAL)
		TO	FROM	
SUPER 16/18 TEN WHEEL DUMP				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
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 TO YOU HOLD AND FROM WHOM? _____

LIST 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 ALREADY SHOWN):

PROFESSIONAL REFERENCES

List professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone () _____ Home phone () _____

Address _____

City _____ State _____ Zip code _____

Relationship _____

2. Reference

Work phone ()	Home phone ()	
Address		
City	State	Zip code
Relationship		

PLEASE READ CAREFULLY AND SIGN

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose the Company all records and any other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I further understand that if employed I will be on a 90-day introductory period and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will".

By signing below, I certify that all of the information that I provide on this application and in an interview are and will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed. I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term consumer report includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports and investigative consumer reports.

If I am hired, as a condition of employment, I understand that I will be required to sign certain employee agreements relating to company policies. I understand that, if hired, I am required to abide by all rules and regulations of Heritage Trucking inc. and to comply with all policies and procedures. I further understand that Heritage Trucking policies and procedures are subject to modification without notice.

Applicant's Signature _____

Date _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Heritage Trucking Inc., for the purpose of investigation as required by Section 391.23 of Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

X _____ X _____
Applicant's Signature Date

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1966 (Title II, Subtitle D, Chapter 1, of the Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purposes;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and;
5. Before taking an adverse action based on the whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of the consumer rights as provided with the report by the consumer reporting agency.

I also certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of State motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title xxx,

X _____ X _____
Signature of Requestor (Date)

APPLICANT / DRIVERS RIGHTS

Applicants Rights Regarding Investigative Information required by the FMCSR Part 391.23

The applicant (Drivers) has the right to:

1. Review information provided by Heritage Trucking Inc. by previous employers.
2. Have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to Heritage Trucking Inc.
3. Have a rebuttal statement attached to the alleged erroneous information.

Drivers who have previous D.O.T. regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to Heritage Trucking, Inc., which 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. Heritage Trucking, Inc., will provide this information to the applicant within five (5) business days of receiving the written request. If Heritage Trucking, Inc., has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Heritage Trucking, Inc., receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of Heritage Trucking, Inc., making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I acknowledge Heritage Trucking Inc. has explained my rights as related to investigative information as required under FMCSR Part 391.23

X _____ X _____
Applicant (Driver) Signature (Date)

Driver Job Description

(Initial each blank)

- _____ May drive various kinds of trucks which may include transfers, semi-end dumps, belly dumps, 10-wheel dumps, Super 16 and Super 18 dump trucks to transport construction aggregates to job sites.
- _____ May pull semi-trailer or trailer.
- _____ Must make normal operating adjustments to equipment.
- _____ Requires the use of strong detergents and corrosive acids to remove buildup on trucks.
- _____ Must perform daily, routine D.O.T. vehicle inspections.
- _____ Job requires shifting gears, covering/uncovering load, changing wheels and loosening/tightening lugs.
- _____ Required to maintain cleanliness of truck
- _____ Required to climb in and out of a truck as required.
- _____ Operate vehicle efficiently and safely.
- _____ Requires regular and frequent lifting of 50 pounds.
- _____ May perform other related duties such as lifting and moving of transported materials.
- _____ Uses hand tools such as wrenches, screwdrivers hammers and chisels.
- _____ Must be able to read map and locate customers/job sites in a timely manner.
- _____ May be exposed to extremes of hot, cold and/or wet weather.
- _____ Varied, irregular work schedules, including:
 - _____ overtime
 - _____ night-time
 - _____ weekends
- _____ Requires the use of two-way radios and _____ to communicate with dispatchers.
- _____ Required to handle cash from C.O.D. tickets.
- _____ Must be able to communicate effectively with customers, other drivers, mechanics, dispatchers and plant operators.
- _____ Must possess a valid class "A" or "B" Commercial Drivers License as is appropriate for the type of vehicle required to operate.
- _____ Must be able to obtain a certified five(5) year motor vehicle report with no more than 2 moving violations
- _____ Must possess and maintain a current medical card
- _____ Must be able to remain seated in truck for extended periods of time.
- _____ Required to submit to drug and alcohol testing under the Federal Motor Carrier and D.O.T. guidelines.
- _____ Must comply with all company policies
- _____ Must maintain appropriate grooming and attire.

I have read and understand the above Driver Job Description and attest that I am able and willing to perform the essential functions, with or without an accommodation.

Applicant Signature

Date

Inquiry to Past Employer
As required by Federal Motor Carrier Safety Regulations

To: Previous Employer Company _____ Street _____ City _____ State _____ Zip _____ Phone _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	From: Prospective Employer Heritage Trucking, Inc – Fleet Manager 535 E McKellips #117 Mesa, AZ 85203 (480) 222-8100 (480) 464-8879 (fax)
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I hereby authorize you to release all information concerning my employment, including, but not limited to, assessments of my job performance, ability, conduct, fitness, controlled substance and/or alcohol test results or refusals to test and any other violations of DOT regulations to Heritage Trucking, Inc. or their authorized agents. I hereby release you from any and all liability of any type as a result of providing this information.

Applicants Signature _____ Date _____

The following person has applied with Heritage Trucking, Inc. for employment. Your firm is listed by the applicant as a previous employer. In accordance with Federal Motor Carrier Regulations, please reply to this inquiry. Above, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry.

Name of Applicant _____ Social Security Number _____

Position Applied For _____ Employed from _____ to _____

1. Is this information correct? Yes _____ No _____ If no, please explain _____
2. What was the applicant's job title? _____
3. If employed as a driver, what type of equipment _____
4. Is there anything in the applicants history that would suggest he/she may not be trusted to handle company funds?
No _____ Yes (explain) _____
5. Did the applicant pose either repeated and/or severe disciplinary problems?
No _____ Yes (explain) _____
6. Why did this employee leave your company? Resigned _____ Discharged (explain) _____
Laid off _____ Other (explain) _____
7. Is this person eligible for rehire? Yes _____ No (explain) _____
8. Is there anything else about this individual you think we should know? _____

You are required by the U.S. Department of Transportation 382.405(f) to release the following information for previous 3 years per the drivers request above:

9. Was this applicant subject to drug and/or alcohol testing? No _____ Yes _____ If Yes:
- a). did he/she have a breath alcohol concentration result of 0.04 or greater? No _____ Yes _____ (explain below)
 - b). did he/she have a positive controlled substance test result? No _____ Yes _____ (explain below)
 - c). did he/she refuse to be tested? No _____ Yes _____ (explain below)
 - d). Did he/she have any other violations of DOT agency drug and alcohol testing regulations? No _____ Yes _____ (explain below)
 - e). Has a previous employer reported a drug and/or alcohol rule violation to you? No _____ Yes _____ (explain below)

Explain: _____

Has the applicant been referred to a substance abuse professional? No _____ Yes _____ Date: _____

Name and address of SAP _____

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Thank you for your prompt response.

PRINT YOUR NAME _____ SIGNATURE _____

YOUR TITLE _____ DATE _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with Heritage Trucking (“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 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, the, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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:

2. I authorize Heritage Trucking (“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.

3. 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.

4. Please note: 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 citation associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 here by 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 NICT 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 provided in paragraphs 1-4 of the document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**