



2601 Industrial Park Drive, P O Box 870, Cairo, GA 39828

DRIVER'S APPLICATION FOR EMPLOYMENT

Date _____

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.

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Phone (____) _____ Cell (____) _____ Email _____

List your addresses of residency for the past 3yrs

Current Address _____ How Long? _____
Street City State Zip Code

Previous Address _____ How Long? _____
Street City State Zip Code

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

Date of Birth ____/____/____ Age ____ Height ____ Weight ____ Can you provide proof of age? _____

Have you worked for R.B.I. before? _____ If so, when? _____ Position? _____

Reason for leaving _____

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

How were you referred? Driver (name) _____ Newspaper _____

Internet (site) _____ Other _____

Answer the following questions with a "yes " or "no".

Have you ever been convicted of a felony? _____ Are any charges pending? _____

If yes to either question above, please provide charge and year: _____

Have you ever been convicted of a misdemeanor? _____ Are any charges pending? _____

If yes to either question above, please provide charge and year: _____

Are you currently on probation or parole in any jurisdiction? _____ If yes, explain: _____

Have you ever been arrested for DWI or DUI? _____ If yes, explain: _____

Have you ever tested positive or refused testing for drug's or alcohol? _____ If yes, explain: _____

Are you physically qualified under the FMCSA Safety Regulations to operate a commercial motor vehicle? _____

Expiration date of current physical? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish _____

EMPLOYMENT RECORD FOR THE PAST 10 YEARS

BEGIN WITH YOUR PRESENT OR MOST RECENT AND WORK BACKWARDS IN ORDER, LISTING YOUR EMPLOYER(S) FOR AT LEAST 10 YEARS INCLUDING ALL FULL AND PART-TIME EMPLOYMENT. ALL TIME MUST BE ACCOUNTED FOR INCLUDING MILITARY SERVICE, SELF EMPLOYMENT, AND UNEMPLOYMENT.
ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

EMPLOYER NAME _____ POSITION _____ EMPLOYED FROM _____ TO _____
ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____
REASON FOR LEAVING _____ RATE OF PAY _____ EQUIPMENT DRIVEN _____
WERE YOU SUBJECT TO THE FMCSR SAFETY REGULATIONS? YES _____ NO _____
WERE YOU SUBJECT TO THE DOT DRUG & ALCOHOL TESTING? YES _____ NO _____

EMPLOYER NAME _____ POSITION _____ EMPLOYED FROM _____ TO _____
ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____
REASON FOR LEAVING _____ RATE OF PAY _____ EQUIPMENT DRIVEN _____
WERE YOU SUBJECT TO THE FMCSR SAFETY REGULATIONS? YES _____ NO _____
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WERE YOU SUBJECT TO THE FMCSR SAFETY REGULATIONS? YES _____ NO _____
WERE YOU SUBJECT TO THE DOT DRUG & ALCOHOL TESTING? YES _____ NO _____

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,UPSET,ETC)	FATALITIES	INJURIES
LAST ACCIDENT	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____

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

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS – DRIVER
DRIVERS 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? _____
C. DO YOU HAVE ANY TRAFFIC-RELATED CHARGES CURRENTLY PENDING? _____
IF THE ANSWER TO EITHER A,B,OR C IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC)	DATES		APX. NO.OF MILE (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI-TRAILER _____	_____	_____	_____	_____
TRACTOR – TWO TRAILERS _____	_____	_____	_____	_____
MOTORCOACH – SCHOOL BUS _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST STATES OPERATED IN FOR THE 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?

EXPERIENCE AND QUALIFICAITONS – 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 AS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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.

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.

(Date)

Applicant's Signature

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **ROBERT BEARDEN, INC.** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Date)

Applicant's Signature

FAIR CREDIT REPORTING ACT DISCLOSURE

In connection with your application for employment/lease with Robert Bearden, Inc., Robert Bearden, Inc. may obtain a Consumer Report and/or an Investigative Consumer Report regarding your character, general reputation, mode of living, motor vehicle record, criminal background record and/or other appropriate and amendments ("FCRA"). These reports may also include the names and dates of your previous employer/lessor, reasons for the termination of your employment/lease, work experience and any other type of information authorized under the FCRA or other applicable laws. Such reports may come from federal, state, local and/or any other agencies which contain and/or maintain such records. You may request in writing a complete disclosure of the nature and scope of the investigation to be performed.

FAIR CREDIT REPORTING ACT AUTHORIZATION

I hereby authorize Robert Bearden, Inc. to obtain consumer reports and/or investigative consumer reports, ("Consumer Reports") from any appropriate Consumer Reporting Agency and understand that such Consumer Reports may be used by Robert Bearden, Inc. in the determination of whether or not to offer me employment/lease.

I understand that I have the right to make a request of such Consumer Reporting Agencies, upon proper identification, of the nature and substance of all information in such files on me, including the source of information and recipients of any reports on me which have been previously furnished by the Consumer Reporting Agencies within the two years preceding my request. I hereby consent to allowing Robert Bearden, Inc. to obtain such Consumer Reports from any and all appropriate consumer reporting agencies and agree that such information maintained by such consumer reporting agencies will be supplied to Robert Bearden, Inc. and/or any other companies which subscribe to said services. I therefore authorize the procurement of said Consumer Reports by Robert Bearden, Inc. and, if hired/leased by Robert Bearden, Inc., understand that this authorization shall remain on file and shall serve as on-going authorization for Robert Bearden, Inc. to procure additional Consumer Reports on at least and annual basis, or at any other time during my employment/lease (this consent can be provided verbally as well).

Name (print): _____

Signature: _____

Social Security Number: _____ Date: _____

Robert Bearden, Inc.
P O Box 870
Cairo, GA 39828

PRE-EMPLOYMENT URINALYSIS

CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 382.301, Pre-Employment Testing Requirements, applies to driver-applicants of this company.

382.301 Pre-Employment Testing Requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substances testing as a prequalification condition.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results for the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for Pre-Employment Urinalysis Consent Agreement.

Applicant's Name (Printed)

Applicant's Social Security Number

Applicant's Signature

Date



Robert Bearden, Inc.
P O Box 870 – Cairo, GA 39828
(ph) 229-377-6928 (fax) 229-377-0372



INQUIRY FOR PREVIOUS EMPLOYMENT

PLEASE SIGN & RETURN

To _____ Fax # _____ Date _____

SS# _____

Attempting to qualify as a driver under FMCSA regulations and states that he/she was a driver for your company from _____ to _____. **Federal Motor Carrier Safety Regulations require the following information described under Part 391.23. Your timely response is appreciated.**

1. Are dates of employment with your company correct as listed above? YES _____ NO _____
 If not, please provide correct dates. _____
2. Please describe work: Single Driver _____ Team Driver _____ OTR _____ Local _____ Regional _____
3. Type of trailer used: Flatbed _____ Van _____ Reefer _____ Drop Deck _____ Other _____
4. Type of vehicle used: Straight Truck _____ Tractor Trailer _____ Bus _____ Other _____
5. What type of cargo? _____
6. What states or area does your operation cover? _____
7. Any Accidents? #DOT _____ #NonDOT _____ #Prev. _____ #NonPrev _____ #Injuries _____ #Fatalities _____
 (Give Dates, Locations, and a brief description of the accident.)

8. Please advise dates & details of any tickets. _____
9. Was his/her driver's license suspended or revoked while with your company? YES _____ NO _____
10. Any compensation for personal injuries? YES _____ NO _____
11. **Per FMCSA (Revised) Part 40, the following information is required for the PAST 3 YEARS:**
 - A. Has this person had an alcohol test with a result of 0.04 or greater alcohol concentration? YES / NO
 - B. Has this person had a verified positive drug test? YES / NO
 - C. Has this person refused to be tested (including verified adulterated or substituted Drug test results)? YES / NO
 - D. Has this person committed other violations of DOT agency drug & alcohol testing regulations? YES / NO
 - E. Have you received information from any previous employer that this individual violated DOT Drug and alcohol regulations? YES / NO
 - F. If this person has violated a DOT drug and alcohol regulations, do you have documentation Of the employee's successful completion of DOT return-to-duty requirements, including Follow-up test? (Please send documentation back with this form, if applicable or add it Under general comments.) YES / NO
12. Reason for leaving: Laid Off _____ Resigned _____ Discharged _____ Other _____
13. If discharged, WHY? _____
14. Would this person be eligible for rehire? YES _____ NO _____ UPON REVIEW _____
15. If no rehire, WHY? _____
16. Were daily logs prepared? YES _____ NO _____ Was he/she required to re-cap? YES _____ NO _____

General Comments:

Completed by: _____ **Title** _____ **Date** _____

You are hereby authorized to release to **Robert Bearden, Inc.** the specific information detailed on this page, while in your employ, and you are released from any and all liability, which may result from furnishing such information. Additionally, I hereby authorize the release from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **Robert Bearden, Inc.** in accordance with DOT Regulation 49CFR Part 40, Section 40.25.

Driver's Signature _____ **Date** _____



2601 Industrial Park Drive, P.O. Box 870, Cairo Georgia 39828

Driver Qualification File

Drivers Name: _____ SSN: _____

Date: _____

RE: Unverifiable time affidavit

I attest that from the dates of ____/____/____ to ____/____/____

I was:

- _____ Unemployed receiving no compensation
- _____ Unemployed receiving unemployment compensation
- _____ Employed receiving cash settlements
- _____ Unemployed caring for a family member
- _____ Other _____

I understand that providing false information on this document could subject me to disciplinary action up to and including termination. I further understand that this document is being used for employment verification to fulfill the requirements of DOT Federal Regulations and false information could subject me to further legal claims and criminal action.

Driver's Signature

Date

Witness



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

Hire Right Customer:
Company Name: _____
Company Contact Name: _____
Fax #: (____) ____ - _____
HireRight Account Code: _____

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

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

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

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

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

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

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Informed Consent Form

Application Policies:

1. We do not hire everyone who applies.
2. We may not interview you today. We may or may not call you another day for an interview.
3. We do not always make hiring decisions instantly. Depending upon the number of applications, decisions may take several days.
4. Hiring decisions are based on a number of factors. We do not discuss the reasons for our hiring decisions with applicants, regardless of whether or not they are hired.
5. We will call you if we have a job for you.
6. We are an Equal Opportunity Employer. The race, color, national origin, gender, religion or qualified disability of an applicant does not apply a role in hiring decisions.
7. I agree to keep the contents of this Survey confidential and will not share the Survey questions with anyone.

I have read, understand and agree to comply with these policies. I affirm that the information I provided about myself on application forms, on surveys, test, and during interviews is true and correct. I understand that the information I provide will be used in making hiring decisions, I consent to it being used for this purpose, and I hereby waive any claims that I have, or might have, regarding the use of this information for hiring decisions.

Your Signature: _____

Today's Date: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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

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

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

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

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

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

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

AUTHORIZATION

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

I authorize _____ (“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)

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

LAST UPDATED 12/22/2015