

# COMMERCIAL DRIVER APPLICATION

Company: Sugar Transport of the Northwest

Address 5463 Cherokee Road

City Stockton State CA Zip 95215

## APPLICANT INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

(The Age Discrimination in Employment Act of 1967 (ADEA) protects certain applicants and employees 40 years of age and older from discrimination on the basis of age in hiring, promotion, discharge, compensation, or terms, conditions or privileges of employment.)

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESS:

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## EDUCATION HISTORY

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Attach additional sheets to complete 10-year history if needed)

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi- trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list driver's license held in the past three (3) years):**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Job References**

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Read and Signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

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

Remarks (for office use only)

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



# DOT and FMCSA History Form

## Previous Employee Investigation & Inquiries

### Section 1: Previous employee information & release

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release the following requested Information to CDTA, A DISA Global Solutions Company, 1011 Camino del Rio S-200. San Diego, CA 92108. 18881-908-2381. On behalf of prospective employer Cherokee Freight Lines for the purpose of investigation to qualify me to drive a commercial motor vehicle as required by the U.S Department of Transportation & Federal Motor Carrier Safety Administration regulations 49 CFR Part 40.25 and 391.23. As the Applicant named above, I hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history in accordance with 49 CFR Part 40.25 and 391.23.

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

### SECTION 2: NOTE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION (49 CFR part 40)

Requires your company to provide us with information concerning named drivers past drug and alcohol test results. Including refusals to be tested.

In the past three years has the previously named applicant ever:

Tested positive for a controlled substance? \_\_\_ Yes \_\_\_ No

Tested with a n alcohol concentration of 0.04 or higher? \_\_\_ Yes \_\_\_ No

Refused to submit to a DOT drug or alcohol test including a verified adulterated or substituted result? \_\_\_ Yes \_\_\_ No

Had and other violations of DOT drug/alcohol testing requirements? \_\_\_ Yes \_\_\_ No

Had any other violations of drug/alcohol regulations from previous employers? \_\_\_ Yes \_\_\_ No

NOTE: If you answered 'yes' to any of the above items, did the employee complete the return-to-duty process? \_\_\_N/A \_\_\_ Yes \_\_\_ No

• Did the above named individual drive a commercial motor vehicle (CMV) for you? \_\_\_ Yes \_\_\_ No

• Please provide the dates employed: \_\_\_\_\_ to \_\_\_\_\_

• Reason for leaving your company: \_\_\_ Yes \_\_\_ No

\_\_\_ Discharged \_\_\_ Resignation \_\_\_ Layoff \_\_\_ Military Duty \_\_\_ Other (specify):

• While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? \_\_\_ Yes \_\_\_ No

If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?	
1.					
2.					
3.					

(If you marked yes please provide the SAP contact Information):

NAME OF SAP SPECIALIST \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS EMAIL \_\_\_\_\_

Your Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

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

For more information call us:  
**888.908.2382**  
www.cdtaonline.com



1011 Camino del Rio S •200. San Diego, CA 92108



## PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my contract for services with you, I understand that investigate background Inquires are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates ICDTA, 1001 Camino Del Rio South, Suite 200, San Diego, CA 92108 | 888.908.2382 | www.cdtonline.com. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This also may be used to obtain worker's compensation records.

Please Print Clearly

_____ <b>First Name</b>	_____ <b>Middle Name</b>	_____ <b>Last Name</b>
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\_\_\_\_\_  
**Alias/Maiden Names**

_____ <b>Contact Address</b>	_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip</b>
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_____ <b>Driver's License Number</b>	_____ <b>State</b>	_____ <b>Date of Birth</b>	_____ <b>Social Security Number</b>
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\*Date of Birth is being requested in order to obtain accurate retrieval of records.

I authorize, without reservation, any party or agency contacted by this employer to further the above mentioned information.

_____ <b>Applicant's Signature</b>	_____ <b>Date</b>
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California, Minnesota and Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants receive a copy direct from CDTA. California applicants may receive a copy from either the prospective employer or CDTA.

**Notice to California Applicants**  
 Under Section 1786.22 of the California Civil Code, you have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary report via telephone.



## Background Request Form

### Section 1

Check those searches to completed.  
See footnotes.

#### Packages

- 9062 – Annual Employee Review
- 9386 – national Criminal
- 9076 – DOT Compliance
- 9100 – Advance DOT Compliance

#### A La Carte Items

- 1002 – County Criminal Search
  - 1005 – Federal Criminal Search
  - 1007 – State Criminal Search
  - 1160 – Nat'l Criminal Access File
  - 2002 – Employment Verification
  - 2005 – Education Verification
  - 3000 – Motor Vehicle Report
  - 4005 – Worker's Compensation
  - 5000 – Employment Credit Check
  - 5005 – SSN Trace
  - 5030 – County Civil Search
  - 8010 – Terrorist Watchlist
- \*Motor Vehicle Report must be ordered with one other A La Carte Item.

### Section 2

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

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Subscriber Code: \_\_\_\_\_ Mailbox: \_\_\_\_\_

### Section 3 (Information on requested applicant)

Subject Name: \_\_\_\_\_  
First
MI
Last

Alias/AKA Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Years There: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Countries to Verify: A. \_\_\_\_\_ State \_\_\_\_\_ B. \_\_\_\_\_ State \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Fax this Request to: (858) 430-2591**

### Employment

Employer: \_\_\_\_\_ Present: \_\_\_Y \_\_\_N

\_\_\_\_\_ May we contact? \_\_\_Y \_\_\_N

City/State: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

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



**Section 4**

**Background Request Form**

**Employment**

Employer: \_\_\_\_\_ Present: \_\_\_Y \_\_\_N

City/State: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Present: \_\_\_Y \_\_\_N

City/State: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Present: \_\_\_Y \_\_\_N

City/State: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

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

**Education**

List any names education records would be under (e.g. maiden name): \_\_\_\_\_

High School: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

High School: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree: \_\_\_\_\_

High School: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree: \_\_\_\_\_



## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employee (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report.

These reports will be conducted by DISA Global Solutions formerly California Drug Testing Associates (CDTA), 1011 Camino del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382, [www.cdtaonline.com](http://www.cdtaonline.com).

## **DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT**

Employee, (“The Company”) may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

These reports will be conducted by DISA Global Solutions formerly California Drug Testing Associates (CDTA), 1011 Camino del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382, [www.cdtaonline.com](http://www.cdtaonline.com).

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by [Employer] (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by DISA Global Solutions formerly California Drug Testing Associates (CDTA), 1011 Camino del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382, [www.cdtaonline.com](http://www.cdtaonline.com). and/or Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><b><u>New York applicants only:</u></b> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law</p>
<p><b><u>New York City applicants only:</u></b> By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.</p>
<p><b><u>Washington State applicants only:</u></b> 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.</p>
<p><b><u>Minnesota and Oklahoma applicants only:</u></b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>

Signature \_\_\_\_\_

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

[End of Document]

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**NOTICE REGARDING BACKGROUND CHECKS**

## **PER CALIFORNIA LAW**

Employer, (the “Company”) intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be DISA Global Solutions formerly California Drug Testing Associates (CDTA), 1011 Camino del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382, [www.cdtaonline.com](http://www.cdtaonline.com). The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s. “Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification.

**[End of Document]**

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An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**[End of Document]**

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# IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box                      City/County                      State                      Zip Code                      Dates

Former Address: \_\_\_\_\_  
Street/P.O. Box                      City/County                      State                      Zip Code                      Dates

\*Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \* Gender \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

**California, Minnesota and Oklahoma Applicants Only:** Please check this box if you would like to receive a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants receive a copy direct from DISA Global Solutions formerly CDTA. California applicants may receive a copy from either the prospective employer or DISA Global Solutions formerly CDTA.

## Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from DISA Global Solutions formerly CDTA, upon proper identification, the nature and substance of all information in its file on you. Including the sources of information, and the receipts of any reports on which DISA Global Solutions formerly CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by DISA Global Solutions formerly CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the cost of duplication services. Upon making a written request, you may receive a summary report via telephone.

**[End of Document]**

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**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 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 accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspections 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 inspection, 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 Programs (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 inspection, with or without violations; will appear on my PSP report, and State citations associated with FMCSA 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 report my crash and inspection history. I hereby authorize Prospective employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntarily and refusal to provide it will NOT subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive order, and regulation, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Definitions of the race and ethnicity categories are as follows:

Please check one and print your name at the bottom.

\_\_\_\_\_ Hispanic or Latin: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ White (Not Hispanic or Latin) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_\_\_ American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Name: \_\_\_\_\_  
(Please Print)

## MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or fortified bond or collateral during the past 12 months.

(if you do not have any violations, please mark "none" in the space below)

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or fortified bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)	(Motor Carrier' Name)
(Driver's Signature)	(Motor Carrier' Address)
(Received by: Signature)	(Title)

Annual review of driving record. (DMV PRINTOUT) Part 391.25 requires that the motor carrier review each driver's record at lease once every 12 months to determine whether the driver meets qualification requirements. A notation of the date review was performed and name of person reviewing the record must be included in the file.

I here reviewed the driving record of \_\_\_\_\_ on this date.

# NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

## I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicles, regulations of weight, transporting hazardous materials.

The following provisions of this 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. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such 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 a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now 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 of such action.

## II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name (print) \_\_\_\_\_

Employee Number \_\_\_\_\_ Social security Number \_\_\_\_\_

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

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID Number \_\_\_\_\_

I further certify that the above commercial vehicle license is the only one held \_\_\_\_\_: or that I have surrendered the following licenses to the state indicated.

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID Number \_\_\_\_\_

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID Number \_\_\_\_\_

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

# MEDICAL RELEASE

I \_\_\_\_\_

releases all medical information in the possession of:

\_\_\_\_\_  
Doctor or medical facility

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

to

\_\_\_\_\_  
Company

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

For use in determining my qualifications for employment as \_\_\_\_\_

\_\_\_\_\_  
This authorization remains in force as long as my application for employment is under consideration, or, if employed, as long as I remain an employee of the company.

The person making the authorization is entitled to a copy of this release.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Copy for doctor or medical facility

Copy for file

Check here if copy delivered to person authorizing release.

(Medical release in conformance with Division 1, Part 2.6, Chapter 2, Section 56.10 of the California Civil Code.)

# EMERGENCY PHONE INFORMATION

(Please Print)

	LAST	FIRST	MIDDLE/INITIAL
EMPLOYEE NAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE #

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

## IN AN EMERGENCY CONTACT

NAME:

PHONE:  DAY

PHONE:  NIGHT

DATE: \_\_\_\_\_