



Fax # 877-490-9105

COMPANY POLICY STATEMENT

The (name of company) is committed to providing a safe work environment and to fostering the well being and health of its employees. That commitment is jeopardized when any (name of company) employee illegally uses drugs on the job, comes to work under the influence, or possesses, distributes, or sells drugs in the workplace. Therefore, the (name of company) has established the following policy: (1) It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs on the job. (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs. (3) It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.) (4) Violations of this policy are subject to disciplinary action up to and including termination. It is the responsibility of the company's management to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not management's job to diagnose personal problems, managers should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs is incompatible with employment at (name of company). As a condition of employment, employees must abide by the terms of this policy and must notify (name of company) in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

I have read the Company Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Company Policy Statement.

I hereby acknowledge that I have received the Company Policy Statement as set forth above.

SSN

Firstname

Lastname

Driver signature

Date

Witness signature

Date



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PROPHESY

Downing Trucking, Inc.
RR 3 Box 31
Medford, OK 73759

COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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 or non-job related disability.

List your addresses of residency for the past 3 years.

First Name: _____ Middle Initial: _____ Last Name: _____

SSN #: _____

Current Address

| | | | |
|--------|----------|----------------|-----------|
| Street | | City | |
| State | Zip Code | () - Phone | How Long? |

**Previous
Addresses**

| | | | |
|--------|------|------------------|-----------|
| Street | City | State / Zip Code | How Long? |
| Street | City | State / Zip Code | How Long? |
| Street | City | State / Zip Code | How Long? |
| Street | City | State / Zip Code | How Long? |

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ Can you produce proof of age?: _____

(Required for commercial motor vehicle drivers.)

Have you worked for this company before? _____ Where? _____

From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Currently employed? _____ If not, how long since leaving last employment? _____

Were you referred? _____ By whom? _____ Rate of pay expected _____

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)?

If yes, explain if you wish.

EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

Any special equipment or technical materials you can work with (other than those already shown)

EDUCATION

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

LAST SCHOOL ATTENDED _____

(NAME)

(ADDRESS)

LIST ANY SPECIAL COURSES, CLASSES OR PROGRAMS THAT WILL HELP YOU AS A DRIVER _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER
LICENSES

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

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES ___ NO ___
- B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES ___ NO ___
- C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES ___ NO ___

IF THE ANSWER TO A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APROX. NO. OF MILES (TOTAL) |
|--------------------|---|-------|----|-----------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI | | | | |
| TRACTOR 2 TRAILERS | | | | |
| OTHER | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

| EMPLOYER | | | DATE | | | |
|----------|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT | | PHONE NUMBER | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT | | PHONE NUMBER | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT | | PHONE NUMBER | REASON FOR LEAVING | | | |

| EMPLOYER | | | DATE | | | |
|----------|-------|--------------|--------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT | | PHONE NUMBER | REASON FOR LEAVING | | | |

* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

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 and are 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

TO BE COMPLETED BY PERSONNEL DEPARTMENT

| | |
|--|----------------------|
| Applicant Hired Yes No (circle one) | If yes, date of hire |
| Terminal location: | Classification: |
| Supervisor: | |
| IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE | |

TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|---|----------|------|------|---------------|------|------------------------|
| APPLICATION INTERVIEW | | | | | | |
| LAST EMPLOYMENT | | | | | | |
| WRITTEN EXAM | | | | | | |
| ROAD TEST | | | | | | |
| CRIMINAL RECORD AND TRAFFIC CONVICTIONS | | | | | | |
| PHYSICAL EXAM (DRIVER APPLICANTS) | | | | | | |

SIGNATURE OF INTERVIEWING REPRESENTATIVE: _____

TRANSFERS

| | |
|---------------------------|---------------------------|
| FROM: _____ TO: _____ | FROM: _____ TO: _____ |
| DATE: _____ | DATE: _____ |
| REASON FOR TRANSFER _____ | REASON FOR TRANSFER _____ |

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED.)



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PROPHESY

Downing Trucking, Inc.
 RR 3 Box 31
 Medford, OK 73759

DRUG AND ALCOHOL POLICY STATEMENT

The (name of company) is committed to providing a safe work environment and to fostering the well being and health of its employees. That commitment is jeopardized when any (name of company) employee illegally uses drugs on the job, comes to work under the influence, or possesses, distributes, or sells drugs in the workplace. Therefore, the (name of company) has established the following policy: (1) It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs on the job. (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs. (3) It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.) (4) Violations of this policy are subject to disciplinary action up to and including termination. It is the responsibility of the company's management to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not management's job to diagnose personal problems, managers should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs is incompatible with employment at (name of company). As a condition of employment, employees must abide by the terms of this policy and must notify (name of company) in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

I have read this Drug and Alcohol Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Drug and Alcohol Policy.

I hereby acknowledge that I have received the Drug and Alcohol Policy as set forth above.

SSN

Firstname

Lastname

 Driver signature

 Date

 Witness signature

 Date



DRUG AND ALCOHOL TESTING RESULTS REQUEST - RELEASE FORM

DRUG AND ALCOHOL TESTING RESULTS REQUEST

MAIL TO FORMER EMPLOYER:

I, _____, do hereby authorize
to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413
in order to obtain the following information for the preceding two years:

1. Alcohol test with a result of 0.04 alcohol concentration or greater;
2. verified positive controlled substances test results; and
3. refusals to be tested.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature

Date



**REQUEST INFORMATION FROM
PREVIOUS EMPLOYER**

DRIVER'S NAME: _____
ADDRESS: _____
CITY: _____

DRIVER'S CDL #: _____

MAIL TO FORMER EMPLOYER:

REQUESTED BY PROSPECTIVE EMPLOYER:
Downing Trucking, Inc.
RR 3 Box 31
Medford, OK 73759

Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER _____ TRUCK DRIVER _____ BUS DRIVER _____ OTHER _____ FROM _____ TO _____. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: _____
SIGNATURE OF CARRIER OFFICIAL: _____ DATE: _____

1. Is the employment record with your company correct as stated? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? _____ Passenger car _____ Straight truck _____ Bus _____
Tractor-Semi-trailer _____ Other(specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving employment: Discharged _____ Laid off _____ Resigned _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

Alcohol & Drug History

- | | Yes | No |
|---|-----|-----|
| 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? | [] | [] |
| 2. Has the above named driver verified positive for a controlled substances test result? | [] | [] |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 24 months? | [] | [] |

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

_____ or [] check here if it is unknown if the driver received treatment.
Name Telephone

Authorization to Release

I, _____, do hereby authorize _____ to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature Date Witness's Signature Date

Downing Trucking, Inc
RR 3 Box 31
Medford, OK 73759
Ph # 580-395-2387 Fax # 580-395-2386

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION APPLICANT/DRIVER
REQUIRED BY PART 40.25(j).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (3) years.

Applicant/Driver to answer items listed below.

Date: _____

During the past (3) three years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

During the past (3) three years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Dated this _____ day of _____, _____.

Name of Driver _____

Signature of driver _____

Social Security Number _____ Witness _____



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax # (800) 267-4093 (Manual Service)
OR 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 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 (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.), safety performance including accident history and inspection 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 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; (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: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

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.