

# APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_  
                                     (First)                                      (Middle)                                      (Last)

ADDRESS \_\_\_\_\_  
                                     (Street)                                      (City)                                      (State)                                      (Zip)

DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

**PREVIOUS ADDRESSES FOR PAST 3 YEARS**

	_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)
	_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)

**DRIVER LICENSES**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE(s) FROM	DATE(s) TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				

**ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)**

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

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS – ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been convicted of a Felony, DUI or DWI? Yes  No

If yes, please explain \_\_\_\_\_

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

PROSPECTIVE EMPLOYEE - Applicant's Signature

DATE

x

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**Past Employment Record**

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

**Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Second Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Third Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fourth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fifth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Sixth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Seventh Last employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eighth Last Employer Name** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ninth Last Employer Name** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Tenth Last Employer Name** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. In addition, during this time, I was convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle:  **Yes, I was convicted**  **No, I was not convicted**

**If you answered yes to the above questions, attach a statement of explanation and provide proof of return to duty process.**

Any gaps in employment longer than 1 month are explained as follows: \_\_\_\_\_

**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. 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies 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 certify that I have read, understand, and agree to abide by the condition of this consent and release form.

**PROSPECTIVE EMPLOYEE - Applicant's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**X**  
 \_\_\_\_\_  
**PROSPECTIVE EMPLOYEE - Applicant's Print Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

\_\_\_\_\_  
**PROSPECTIVE EMPLOYER - Witness** \_\_\_\_\_ **PROSPECTIVE EMPLOYER - Company Name** \_\_\_\_\_

# PAST EMPLOYMENT SAFETY HISTORY REQUEST

FROM:

The person named herein has applied to \_\_\_\_\_ for employment in a safety-sensitive position.

I, the listed applicant below, hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to \_\_\_\_\_. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

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

PROSPECTIVE EMPLOYEE - Applicant's Signature

DATE

x

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Full Time: \_\_\_ Part-Time: \_\_\_  
Position(s) Held: \_\_\_\_\_ Local: \_\_\_\_\_ Regional: \_\_\_\_\_ Over-the-Road: \_\_\_\_\_  
Did this driver operate commercial motor vehicles greater than 26,000 lbs GVWR? \_\_\_yes \_\_\_no  
Type of equipment operated: \_\_\_ Dry Van \_\_\_ Flatbed \_\_\_ Reefer \_\_\_ Other (please list): \_\_\_\_\_  
Reason for leaving: \_\_\_ Voluntary \_\_\_ Lay-Off \_\_\_ Terminated \_\_\_ Retired  
If terminated, why? \_\_\_\_\_  
Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ No, Company Policy: \_\_\_\_\_

## **Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box none**

Accident Date	City, State	Did the Accident Involve?	Brief Description
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____
___/___/___	_____	Tow ___ Injury ___ Fatality ___ HM Release ___	_____

## **Alcohol & Controlled Substance Testing Inquiry**

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? \_\_\_yes \_\_\_no  
Has this driver ever had a positive drug test in the past 3 years? ..... \_\_\_yes \_\_\_no  
Has this driver refused a controlled substance test and/or alcohol test within the past 3 years? ..... \_\_\_yes \_\_\_no  
Has this driver violated any other DOT drug/alcohol regulation? ..... \_\_\_yes \_\_\_no  
To your knowledge has this driver violated any DOT drug and alcohol regulations at a previous employer? ..... \_\_\_yes \_\_\_no

\*\*If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s): \_\_\_\_\_ Result of test(s): \_\_\_\_\_ Date of test(s): \_\_\_\_\_

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? ..... \_\_\_yes \_\_\_no

Any other remarks: \_\_\_\_\_

Verification Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Verification Date: \_\_\_\_\_

First Request Date: \_\_\_/\_\_\_/\_\_\_  
Fax \_\_\_ Mail \_\_\_ Phone \_\_\_  
Initials \_\_\_\_\_

Second Request Date: \_\_\_/\_\_\_/\_\_\_  
Fax \_\_\_ Mail \_\_\_ Phone \_\_\_  
Initials \_\_\_\_\_

Third Request Date: \_\_\_/\_\_\_/\_\_\_  
Fax \_\_\_ Mail \_\_\_ Phone \_\_\_  
Initials \_\_\_\_\_

**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: \_\_\_\_\_

X

\_\_\_\_\_  
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

**Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing  
Records  
And changes in Parts 390 and 391 of the FMCSA**

\_\_\_\_\_

\_\_\_\_\_

Date

Social Security Number

x

\_\_\_\_\_

\_\_\_\_\_

Print Name (First, MI, Last)

Signature

I, the above mentioned signer, hereby authorize

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To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Carrier

## PRIOR EMPLOYMENT AND DOT DRUG AND ALCOHOL RECORDS

The individual listed has applied for employment with our company and has listed you as a previous employer. We are requesting employment information in compliance with FMCSR 40.25, 382 and 391.23.

I authorize the carriers (company/school) listed to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to , or to HireRight for the sole purpose of transmitting such records to Carrier. I authorize Carrier. release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Carrier or HireRight to review involves tests required by DOT. If any carrier (company/school) listed furnishes Carrier. or HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

I hereby authorize you to release to Carrier any an all pertinent information regarding my employment with your company for purpose of investigation as required by Section 40.25, 382 and 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from you furnishing this information.

## Driver Record Screening Disclosure

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include information about my character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. Upon Request, Embark Safety LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

## Authorization and Release

I \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at \_\_\_\_\_ (company name). I hereby release Embark Safety LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

_____	_____	_____	_____
Applicant's First Name	Middle Name	Last Name (print legibly)	Maiden/AKA/Previous Name(s)
			Date of Birth (This will not affect hiring decision)
_____	_____	_____	_____
Drive License Number	State	(Month)	(Day) (Year)



\*\*\*California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you: email: \_\_\_\_\_\*\*\*

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

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Notice to Massachusetts Applicants:** Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

**Notice to New York Applicants:** Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law \_\_\_\_\_ X

X

\_\_\_\_\_  
Signature

(Electronic signatures are NOT acceptable -This document must be physically signed by applicant)

\_\_\_\_\_  
Date



**DISCLOSURE AND AUTHORIZATION FORM  
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

**DISCLOSURE**

\_\_\_\_\_ or its affiliates (“the Company”) may request one or more consumer reports or investigative consumer reports about you for employment purposes.

For explanation purposes, these reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, driving records, or personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

The Company will obtain the consumer reports and investigative consume reports from **Safety Holdings, Inc. dba SambaSafety**. SambaSafety can be contacted by mail at 8814 Horizon Blvd #100, Albuquerque, NM 87113; or phone: (888) 947-2622; or website: [www.sambasafety.com](http://www.sambasafety.com).

## AUTHORIZATION

By signing below, I agree that have read and understand the foregoing Disclosure, and authorize the Company to obtain consumer reports or investigative consumer reports about me for employment purposes and, if I am hired or I have already been hired, from time to time while I am employed by Company without further authorization from me. I further authorize the Company to share the information in the consumer reports and investigative consumer reports with any person involved in the employment decision about me.

Applicant or Employee Signature	
Applicant or Employee Printed Name	Date

**General Consent for Limited Queries of the Federal Motor Carrier Safety  
Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to \_\_\_\_\_  
("Company") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent applies to unlimited number of queries and for the indefinite amount of time, until a written notice that the consent ceases is sent to the Company by certified mail and its receipt verified. I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for the company to conduct a limited query of the Clearinghouse, the company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. I further agree to create an account at the Clearinghouse for giving electronic consent for full queries to be performed.

Signature: \_\_\_\_\_

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