

J.H.O.C., Inc. d/b/a



323 Cash Memorial Blvd.  
Forest Park, GA 30297  
Phone: (800) 988-9801 Fax (404) 675-1964

Terminal Assigned To:

We do not discriminate on the basis of color, race, religion, national origin, sex, age, or non-job related disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

NOTE: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or type, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

### DRIVER QUALIFICATION

APPLICATION MUST BE RENEWED AFTER 90 DAYS

Date: \_\_\_/\_\_\_/\_\_\_  
Month/ Day/ Year

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

Date of Birth (month/day/year) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

Current Address\* \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

\*If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

\_\_\_\_\_  
Street City State Zip Code

Position Applying for: (Circle One) Company Local Company Regional Company OTR O/O Regional O/O OTR Yard Other  
Casual Part Time Full Time

How did you hear about our company? \_\_\_\_\_ Who referred you? \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_ Any relatives employed by this company? \_\_\_\_\_  
List Relative Name(s)

Have you ever worked for this company before? Yes No Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

What dates are you available to start work? \_\_\_/\_\_\_/\_\_\_ Are you eligible to work in the U.S.? Yes No

### EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: \_\_\_\_\_  
Name Address

### GENERAL

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate piece of paper.  
Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Have you ever been known by any other name? Yes No If so, under what name? \_\_\_\_\_

**DRIVING EXPERIENCE AND QUALIFICATION**

**Licenses**

Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, check here**

State	License NO.	A B C	Hazardous	Doubles/Triples	Passenger	Air Brake	Expiration Date
		Class (check one)	Endorsements (Check those you have now)				

  

State	License NO.	A B C	Hazardous	Doubles/Triples	Passenger	Air Brake	Expiration Date
		Class (check one)	Endorsements (Check those you have now)				

**~IMPORTANT: APPLICANT MUST READ AND ANSWER THE FOLLOWING QUESTIONS~**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No
- B. Has any license, permit or privilege ever been suspended or revoked?    Yes    No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?    Yes    No
- D. Have you ever refused any drug or alcohol test or tested positive for same within the last three years?    Yes    No

If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s):

**Driving Experience**

<b>Straight Truck</b>				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles
<b>Tractor/Semi - Trailer</b>				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles
<b>Twin Trailer - LVC's</b>				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles
<b>Other</b>				
Class of Equipment	Type of Equipment (van, tank, flat, yard, etc.)	Dates From	To	Approximate Total Miles

List states operated in during last five years? \_\_\_\_\_

List special courses or training that will help you as a driver (include any T-T driving schools) \_\_\_\_\_

List any driving awards held and who were awards presented by? \_\_\_\_\_

**Accident Review for Past 5 Years (Attach separate sheet of paper if more space is needed) If none, check here**

Last Accident \_\_\_\_\_  
 Date                      Nature of Accident (Head-on, Rear-End, Overturn, Etc.)                      Fatalities                      Injuries

Next Previous \_\_\_\_\_  
 Date                      Nature of Accident (Head-on, Rear-End, Overturn, Etc.)                      Fatalities                      Injuries

Next Previous \_\_\_\_\_  
 Date                      Nature of Accident (Head-on, Rear-End, Overturn, Etc.)                      Fatalities                      Injuries

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations. If none, check here**

Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
Location	Date	Charge	Penalty

## EMPLOYMENT RECORD

List all employers (not just driving jobs) for last *ten (10)* years. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, list as a separate item as "unemployed." (Attach a separate sheet of paper if necessary) Gaps in employment must be accounted for

*Check here if you do NOT wish us to contact your current employer at this time.*

1. Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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
2. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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
3. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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
4. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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
5. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

6. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

7. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

8. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

9. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

10. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations while employed? 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

**DRIVER'S PRIVACY PROTECTION ACT DISCLOSURE**

In accordance with the provisions of Section 272 (b)(3)(A) of the Driver's Privacy Protection Act, title 18 Part 1, chapter 123, you are being informed that a personal motor vehicle record will be obtained only with your expressed written permission and will be used only to verify the accuracy of personal information submitted by you on this application and will be on-going in the event such report is needed in the future for qualification purposes only.

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996, Title 11, Subtitle D, Chapter 1 of Public Law 104-208, you are being informed that your consumer report, including Motor Vehicle Reports, may be obtained for qualification purposes.

I am seeking driver qualification with Premier Transportation and hereby direct and authorize the appropriate state agency to make available to Premier Transportation any criminal record a state law enforcement agency has on file in reference to me. In addition, I hereby authorize Premier Transportation to obtain copies of my credit history, educational records, employment and driver's license information.

**DRIVERS ONLY: PHYSICAL AGILITY**

I understand that my job as a driver may require the loading/unloading of freight. As such, I acknowledge this may require occasional heavy lifting.

Applicant Signature: X Date: X

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understand all of the employment application. Further, that I completed this application and that all of the information I supplied in this application packet is full and complete statement of fact and contains no material omissions. It is understood that if falsification is discovered, it will constitute grounds for rejection of application for employment or, if hired, dismissal from employment upon discovery thereof. If hired, I agree to abide by all rules and policies of Premier Transportation.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

In addition, I authorize, Premier Transportation, to obtain the necessary hospital reports and other documents that would indicate whether there were any controlled substances in my system if I am seriously injured while on-the-job and cannot provide a specimen at the time. The authorization conforms with Section 391.113(B) of the Federal Motor Carrier Safety Regulations.

I understand that prior to any hiring decision that I have the following rights regarding the investigative information that will be provided to employer pursuant to 49 CFR 391.23(d) and (e): 1. The right to review information provided by current/previous employers; 2. The right to have errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer; 3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

I also understand that this application is not a contract of employment. I understand that if I am employed I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.

I authorize Premier Transportation to conduct a thorough Background Investigation in accordance with state and federal law and authorize my previous employers to release any information requested by Premier Transportation and hold them harmless of all liability from the release of said information: Also, in accordance with the provisions of 49 CFR 382.405 and 382.413, I hereby authorize and require my previous and/or current employers to release the following to Premier Transportation by whatever means is most expedient: The results (including any refusal to test or pre-employment positive) of all Drug and Alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employment, as well as any other information received from a past employer that indicated a violation of FMCSR Part 382.

Date: X Applicant Signature: X

**\*\*\*\* Only Applicant's Signature Is Required \*\*\*\***  
REQUESTED INFORMATION FROM PREVIOUS EMPLOYER

Please fax this form to (404) 675-1964

Company: Premier Transportation Company: \_\_\_\_\_  
 Individual: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Telephone: (800) 988-9801 Telephone: \_\_\_\_\_  
 Fax Back To: (404) 675-1964 Fax: \_\_\_\_\_  
 C/S/Z: Forest Park, GA 30297 C/S/Z: \_\_\_\_\_

Personnel Manager:

The person named below has made application to the above named firm for a Safety Clearance. Your company is listed by the applicant as a past employer. Please reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. **Federal regulations as of October 29, 2004 in 49CFR part 391.23 states that the prospective (hiring) employer must contact each DOT-regulated employer with the questions below who employed the driver applicant during the preceding 3 years.** The previous employer must respond to the request and keep a record of the response for one year. Past employers that choose not to respond by providing this requested information will be reported to the Federal Motor Carrier Safety Administration (FMCSA) as required by the regulations. Thank you for your response.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

1. Exact Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

2. Did he/she drive a commercial vehicle for your company? Yes No

3. Other responsibilities Dock Office Shop Other (Specify) \_\_\_\_\_

4. If employed as a driver, please indicate the type of equipment driven. Tractor-Trailer Straight Truck

Dry Van Tanker Flat Bed Doubles/Triples Other (Specify) \_\_\_\_\_

5. Did he/she drive Local Over-The-Road Both

6. What Commodity did he/she transport? \_\_\_\_\_

7. Number of Accidents that occurred while employed by your company? \_\_\_\_\_

Date _____	Description _____	Preventable _____	Non-Preventable _____
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Date _____	Description _____	Preventable _____	Non-Preventable _____
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8. Has this driver refused an alcohol test or tested with a concentration of 0.04 or greater within the preceding 3 years? Yes No

9. Has the driver refused a controlled substance test or tested positive within the preceding 3 years? Yes No

10. Was the driver terminated for failure to test or tested positive for alcohol or drugs? Yes No

11. If the driver remained employed, did the driver successfully complete the SAP rehabilitation program? Yes No

12. Did the applicant pose repeated and/or disciplinary problems? Yes No

13. Reason for leaving Resigned Discharged Laid Off

14. Would you re-employ this individual? Yes No If no, explain: \_\_\_\_\_

15. Person Supplying this information: \_\_\_\_\_ Title: \_\_\_\_\_

PLEASE PRINT

REQUIRED

**APPLICANT WAIVER**

Former Employer \_\_\_\_\_ Date \_\_\_\_\_  
 I hereby authorize you to release all information in accordance with 49CFR part 391.23 (10/29/2004) concerning employment, accidents and information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test and refusals to be tested within the preceding three years, SAP rehabilitation programs, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for a Safety Clearance with the above said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

Applicant's Signature \_\_\_\_\_ Witness's Signature \_\_\_\_\_

**PART I - DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to Premier Transportation. I authorize 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 Premier Transportation to review involves tests required by DOT. If any carrier (company/school) listed below furnishes Premier Transportation 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 (3) year period and the name and phone number of any substance abuse professional who evaluated me during the past three (3) years.

Company	City	State	Phone Number
_____	_____	_____	( ) - _____
_____	_____	_____	( ) - _____
_____	_____	_____	( ) - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: \_\_\_\_\_  Applicant Signature: \_\_\_\_\_  
 Social Security No: \_\_\_\_\_  Date: \_\_\_\_\_

**PART II - APPLICANT WAIVER**

I hereby authorize all former employers or prospective employers, listed or inadvertently omitted from my application, to release all information in accordance with 49 CFR part 391.23 (10/29/2004) concerning employment, accidents and information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test and refusals to be tested within the preceding three years, SAP rehabilitation programs, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for a Safety Clearance with the above said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

I authorize that the employer or his agents may investigate and inquire into my background including personal, employment, financial, criminal or medical history and other necessary matters in connection with making an employment decision. I release employers, supervisors, health care providers, schools, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry.

Applicant Signature  \_\_\_\_\_ Witness Signature \_\_\_\_\_

**PART III - CONSUMER REPORT DISCLOSURE & RELEASE**

**DISCLOSURE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me. Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**RELEASE**

**I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contacted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

**THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.**

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS**

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

1. In connection with your application for employment with PREMIER TRANSPORTATION ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize PREMIER TRANSPORTATION ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

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

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

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

X \_\_\_\_\_  
Signature

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

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.