STAN'S TRANSPORTATION LLC
35292 Kansas City, MO 64134
816-682-5784

☒ APPLICATION FOR EMPLOYMENT ☐ APPLICATION FOR LEASE

This application is for the purpose of meeting the regulatory requirements of 49 CFR Part 391. I am an independent contractor, and no *agency, fiduciary, partnership, joint venture or employment relationship is created by this application.* I am responsible for making all appropriate filings with and all required payments to the local, state, and federal taxing authorities, including income tax, unemployment compensation, workers' compensation, social security and similar matters for myself and any person(s) employed by me.

NAME _____
(First) (Middle) (Last)

ADDRESS _____ mo
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ **SSN** _____

TELEPHONE # _____ **CELL PHONE #** _____

Have you ever been employed by this company in the past? Yes ☐ No ☐
If yes, please explain _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision 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 II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- 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 the prospective employer;
- 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.

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

☐ Yes ☒ No

Applicant's Name _____

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

mo

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

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

CURRENT DRIVERS LICENSE

mo

(State) (License No.) (Class/Type) (Expiration Date)

DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State) (License No.) (Class/Type) (Expiration Date)

(State) (License No.) (Class/Type) (Expiration Date)

Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐
If yes, please explain _____

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Class A (Semi-Tractors): _____
(# of Years & Months Operated)

Class B (Straight Trucks/Dump Trucks, Etc.): _____
(# of Years & Months Operated)

Class B (Buses/Passenger Vehicles): _____
(# of Years & Months Operated)

Types of Trailers Transported/Operated

Dry Van: ☒	Reefer: ☒	Flatbed: ☒	Double/Triples: ☐	Tanker: ☐
Pneumatic: ☐	Dump Trailer: ☐	Hopper: ☐	Intermodal: ☒	Auto Hauler: ☐
Specialized: ☐	Hot Shot: ☐	Other (please list):		

MOTOR VEHICLE ACCIDENTS FOR PAST 3 YEARS (attach a separate sheet if more space is needed)

Date	Nature of the Accident	# of Fatalities	# of Injuries
none			
none			
none			

VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS
(please do not list parking violations - attach a separate sheet if more space is needed)

none

(Violation) (Date of Violation) (Violation) (Date of Violation)

none

(Violation) (Date of Violation) (Violation) (Date of Violation)

Have you ever been convicted of a Felony, DUI or DWI? Yes ☐ No ☒
If yes, please explain _____

Applicant's Name _____

Past Employment or Lease Record continued

Past Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed by this employer? Yes_____ No_____

Past Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held Driver From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed by this employer? Yes_____ No_____

Past Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed by this employer? Yes_____ No_____

Past Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed by this employer? Yes_____ No_____

Past Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held Driver From _____ To _____
Reason for Leaving resign
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed by this employer? Yes_____ No_____

Past Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed by this employer? Yes_____ No_____

PAST EMPLOYMENT SAFETY HISTORY REQUEST

FROM: stan's transportation LLC
PHONE: 816-682-5784 Please return by email to: slevy12010@gmail.com

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

Name of Applicant: _____ **Social Security Number:** _____

I, the listed applicant, 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 Creel Trucking, Inc. I hereby release the below listed company(s), 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.

Past Employer's Name: _____
Past Employer's Address: _____
Past Employer's Fax #: _____

_____ _____
Applicant's Signature Date

To be completed by past employer:
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:_____

Information provided by (name & job 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

STAN'S TRANSPORTATIONLLC

1. 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.

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 _____ ("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.

Date: _____

_____
Signature

_____
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 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant'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.**

Applicant's Name _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed/leased by this company? Yes_____ No_____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____ No_____
Were you subject to the FMCSR's while employed/leased by this company? Yes_____ No_____

****If needed, please add additional past employers on a separate sheet**

In Case of Emergency Please Contact:

Name	Relationship	Telephone No.

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

_____ _____
Applicant's Signature Date of Application

Rehire Date _____

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are up to date and true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

_____ _____
Applicant's Signature Date of Application

DRUG AND ALCOHOL TESTING

NOTIFICATION AND CONSENT

Before collection of a urine or a breath sample from an employee/applicant, this form must be completed and on file.

I understand that, as required by federal regulation and/or my employer's policy, all employees hired or transferred into safety-sensitive positions must submit to controlled substance testing involving the collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). The federal regulations and/or my employer's policy also require that additional urine samples for controlled substance testing and breath samples for alcohol concentration testing may be requested throughout my employment and is a condition of my continued employment.

I understand if I test positive for controlled substances and/or alcohol, that I am not medically qualified to operate a commercial motor vehicle or to perform other safety-sensitive functions. I also understand I will be given reasonable opportunity to confer with my employer's medical review officer before any positive drug test result is reported to my employer. A refusal to submit to testing or any other violation of my employer's Drug and Alcohol Testing policy shall be considered as a refusal to comply with company policy and my result in my immediate termination with my Employer.

The results of any and all drug and/or breath alcohol tests will be maintained by the companies current Drug and Alcohol Testing facility and who, acting as an agent of my employer, shall be allowed by this consent to report such testing results directly to my employer, I understand that testing results will not be released to any additional parties without my written authorization to release such results, except as provided under federal, state, or local law.

I hereby agree to submit to any and all urine drug tests and/or breath alcohol concentration tests as required by my employer's policy and as requested by my employer.

Date_____

_____

Applicant's/Employee's Name (Please Print)

_____

Applicant's/Employee's Signature

NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE

(NOTE: ORIGINAL TO BE RETAINED BY CARRIER, COPY FOR DRIVER)

1.NOTICE TO DRIVERS

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

The following provisions of this legislation became effective July 1, 1987:

a. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
b. A driver convicted of a traffic violation (other that parking) in any vehicle must notify the motor carrier and the state; which issued the license to that driver of the conviction within 30 days.
c. Any persons applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver if a commercial vehicle for the past 10 years, in addition to any other information about the applicant's employment history.
d. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification.

PENALITIES- Any violation of the above is punishable by a fine not to exceed $2,500. Willful violation of (1) or (3), above, failure to notify the motor carrier within 30 days of the loss if any privilege to operate a commercial vehicle can result in criminal penalties not to exceed $5,000 and/or 90 days in jail.

2. I am aware Creel Trucking Inc does criminal background on all employees for employment purposes.

3. CERTIFICATION BY DRIVER

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

Driver's Name (Print) _____ Soc, Sec. #_____

Driver's Address _____

License State _____ Type/Class _____ ID # _____

I further certify that I have surrendered the following licenses to the state(s) indicated:

License State _____ Type/Class _____ ID # _____

License State _____ Type/Class _____ ID # _____

☐ Check if applicable:

I further certify that I am required by the state of _____ to maintain a non-resident license:

License State _____ Type/Class _____ ID # _____

Driver's Signature _____

Date _____

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

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

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

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

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

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

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

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

AUTHORIZATION

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

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

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

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

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

LAST UPDATED 12/22/2015

Please note: Sample documents should NOT be construed as legal advice, guidance or counsel. Organizations should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. IntelliCorp expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, and at anytime during employment stan's transportation llc ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Please note: Sample documents should NOT be construed as legal advice, guidance or counsel. Organizations should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. IntelliCorp expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize stan's transportation. to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

_____
Printed Name

_____ _____
Applicant Signature Date

_____ _____
Parent or Legal Guardian Signature (for searches conducted on minors under the age of 18) Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA

☐ **You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUSETTS AND NEW JERSEY

☐ **By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.**

Please note: Sample documents should NOT be construed as legal advice, guidance or counsel. Organizations should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. IntelliCorp expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

Personal Data

Last Name _____ First Name _____ Middle Name _____

Current Address _____ Dates Lived Here _____

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

_____ _____

_____ _____

_____ _____

Date of Birth _____ Other Names Used (including maiden name) _____ Years Used _____

Social Security Number _____ Driver's License # _____ State _____

Email address (may be used for official correspondence) _____

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

Printed Name _____ Applicant Signature _____ Date _____

DriverFACTS
Personal Solutions to Manage Driver Information.

Applicant Drug & Alcohol Release Form

I hereby authorize DriverFACTS to release information from my Department of Transportation regulated drug and alcohol testing records by my previous employers listed below:

Previous Company(s) Worked For	City	State

To the requesting employer / individual: _____

City:_____ State :_____ Phone:_____

This release is in accordance with regulation FMCSA Part 391.23, Investigation and Inquiries. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

X_____ X_____
Driver Signature Date

X_____ X_____
Print Name Social Security Number

**** Incomplete forms will not be accepted ****

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: 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 the prospective employer; 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 investigative information must submit a written request to the prospective employer. 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. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

Part 391.23 (e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety- sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.(e)(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.