



Corporate Offices  
 6160 Summit Drive N., Suite 500  
 Brooklyn Center, MN 55430 763-585-7000

# APPLICATION FOR EMPLOYMENT

## COMMERCIAL DRIVER

Personnel Office  
 802 Wabash Ave., Suite 1  
 Chesterton, IN 46304  
 Ph 800-926-8440  
 Fax 219-926-9627

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

For Assignment To / TLC Client Name: HONEY TRANSPORT  
 TLC Client Address: P.O. BOX 908, PLYMOUTH FL 32768

Position Applying For: \_\_\_\_\_  
 Local \_\_\_\_\_ OTR \_\_\_\_\_

Type of Truck \_\_\_\_\_  
 License Type/Class required: A B C Other \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

All questions on this form must be completed. Please Print and Use Ink.

Name: _____ Last _____ First _____ Middle _____		Social Security Number: _____	
Address: _____		County: _____	
City, State, Zip: _____		Home Phone: ( ) _____ Mobile Phone: ( ) _____ Email Address: _____	
Address For Past Three Years	Street _____ City _____ State & Zip Code _____	How Long? _____	
	Street _____ City _____ State & Zip Code _____	How Long? _____	
Date of Birth _____ / _____ / _____ (Required for Commercial Drivers)		Have you applied or worked for TLC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who referred you to TLC? _____			
Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		List any local, city or county taxes you are subject to: _____	
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, how long since leaving your last employment: _____	
What school district do you live in? _____			
Is there any reason you <i>would not</i> be able to perform the functions of the job for which you are applying, with or without reasonable accommodation? (see attached Essential Job Function Worksheet) <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain below: _____ _____			

EMERGENCY INFORMATION	
Name: _____	Relationship: _____
Phone Number: _____	City, State: _____
In case of emergency, contact: _____	

**EMPLOYMENT HISTORY**

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle\* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

**(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)**

<b>Present or most recent EMPLOYER</b>		<b>DATES</b>	
NAME:	FROM MO. YR. TO MO. YR.	POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHONE #:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			
<b>EMPLOYER</b>		<b>DATES</b>	
NAME:	FROM MO. YR. TO MO. YR.	POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHONE #:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			
<b>EMPLOYER</b>		<b>DATES</b>	
NAME:	FROM MO. YR. TO MO. YR.	POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHONE #:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			
<b>EMPLOYER</b>		<b>DATES</b>	
NAME:	FROM MO. YR. TO MO. YR.	POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHONE #:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			
<b>EMPLOYER</b>		<b>DATES</b>	
NAME:	FROM MO. YR. TO MO. YR.	POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHONE #:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			
<b>EMPLOYER</b>		<b>DATES</b>	
NAME:	FROM MO. YR. TO MO. YR.	POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHONE #:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			

\* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

DRIVING EXPERIENCE			
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM: DATES	APPROX. NO. MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			
LIST STATES OPERATED IN FOR LAST FIVE YEARS:			

EXPERIENCE AND QUALIFICATIONS - DRIVER			
DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)
	EXPIRATION DATE		
ENDORSEMENTS:			
A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>	
B.	Has any license, permit or privilege ever been suspended or revoked? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	
C.	Have you ever been convicted of a felony?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>	
D.	Have you tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>	

*\*\*If you answered yes to any of these questions please provide details on a separate sheet\*\**

*(If you are a Massachusetts resident or if you are applying for work in Hawaii, Minnesota, Rhode Island, Buffalo NY, Philadelphia PA, or Newark NJ you may disregard the felony question. Answering Yes to this question will not automatically disqualify you from being hired.)*

EMPLOYER			
NAME:	FROM MO. YR.	TO MO. YR.	
ADDRESS:	POSITION HELD:		
CITY:	STATE:	ZIP:	SALARY/WAGE:
PHONE # ( )	REASON FOR LEAVING:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER			
NAME:	FROM MO. YR.	TO MO. YR.	
ADDRESS:	POSITION HELD:		
CITY:	STATE:	ZIP:	SALARY/WAGE:
PHONE # ( )	REASON FOR LEAVING:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER			
NAME:	FROM MO. YR.	TO MO. YR.	
ADDRESS:	POSITION HELD:		
CITY:	STATE:	ZIP:	SALARY/WAGE:
PHONE # ( )	REASON FOR LEAVING:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**Applicant's Signature** \_\_\_\_\_

The TLC Companies participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that consumer reports may be requested from HireRight. These reports may include: previous employer verifications, reason for termination, accidents, driving records, workers compensation claims, etc. I further understand that such reports may contain information from federal, state or other agencies. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

I authorize, per 49 CFR Part 40 of FMCSRs, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to The TLC Companies and its representatives/agents/clients. I authorize the 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 drug and alcohol rule violation(s); and (vi) documents, if any, of completion or return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to the TLC Companies. This authorization shall expire if and when my worksite employer is no longer a client of the TLC Companies. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes 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 with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

**PLEASE READ AND SIGN BELOW**

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

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SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

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**EXPERIENCE AND QUALIFICATIONS - OTHER**

LAST SCHOOL ATTENDED NAME:		DATE:	
CIRCLE HIGHEST GRADE COMPLETED	1	2	3
	4	5	6
	7	8	9
	10	11	12
	13	14	15
	16	17	18
	19	20	21
	22	23	24
	25	26	27
	28	29	30
	31	32	33
	34	35	36
	37	38	39
	40	41	42
	43	44	45
	46	47	48
	49	50	51
	52	53	54
	55	56	57
	58	59	60
	61	62	63
	64	65	66
	67	68	69
	70	71	72
	73	74	75
	76	77	78
	79	80	81
	82	83	84
	85	86	87
	88	89	90
	91	92	93
	94	95	96
	97	98	99
	100		

**EDUCATION**

LOCATION	DATE	CHARGE	PENALTY

**HOURS OF SERVICE VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)**

NEXT PREVIOUS:	NEXT PREVIOUS:	LAST ACCIDENT:

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

**DRIVING RECORD**

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)



Corporate Offices  
6160 Summit Drive N., Ste. 500  
Brooklyn Center, MN 55430 877-248-8360

# REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

1<sup>st</sup> Attempt: \_\_\_\_\_  
2<sup>nd</sup> Attempt: \_\_\_\_\_  
3<sup>rd</sup> Attempt: \_\_\_\_\_  
4<sup>th</sup> Attempt: \_\_\_\_\_

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440  
Fax 219-926-9627

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to The TLC Companies for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS (FMCSR 40.321).

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Applicant's Printed Name \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Applicant: do not complete anything below this line.**

The individual named below has applied to our company, or one of our client companies, for a position as a **Commercial driver** and states that he/she was employed by your company as a(n) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested below.

**Please return form via fax to 219-926-9627 Attention: \_\_\_\_\_, TLC Customer Service Rep.**

1. Name of applicant: _____		Employed from: _____ to: _____ as(n): _____	
2. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____		3. If a tractor-trailer, what type of trailer? <input type="checkbox"/> Dryvan <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container	
4. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR		5. Were DOT Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Was his/her overall work record satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military	
8. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____		9. Please advise of any injuries, illnesses or prescribed medications: _____	
10. Please advise of dates and details of any DOT reportable accidents or tickets (specify # of injuries, fatalities, property damage, hazardous spills, etc.): _____			
11. Do you know of any reason why this person could not perform all the required duties of this position? _____			
12. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.: _____			
13. In the past 3 years did he/she: test 0.04 or greater for alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. test positive for Controlled Substance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. refuse to be tested while in your employ? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. violate any other Drug/Alcohol prohibitions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. To your knowledge fail a drug or alcohol test for a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. If YES to any of the above questions, please provide date test was failed or refused _____	
19. If YES to the above, did the driver follow the mandatory treatment steps? _____		20. SIGNATURE: _____	
21. PRINTED NAME/TITLE: _____		22. DATE: _____	



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Brooklyn Center, MN 55430 763-585-7000

# DISCLOSURE AND AUTHORIZATION FORM BACKGROUND CHECK

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440  
Fax 219-926-9627

**Please read carefully and completely before signing**

**Disclosure:**  
As part of your application for employment or your interest in being qualified as a contractor with The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from consumer reporting agencies such as HireRight and/or US Information Search. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into an employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens. Among the reports that may be procured by the Company are reports from the Pre-Employment Screening Program (PSP) conducted by the Federal Motor Carrier Safety Administration (the information obtained from this program is hereinafter referred to as a "PSP Report").

As required by the FCRA, this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records. Consumer reports and background checks are conducted only in accordance with state and local laws.

Should the information received in the consumer report be the reason in whole or in part for any adverse action taken against you by the Company, you may obtain a free copy of the consumer report from the consumer reporting agency so long as the report is requested within 60 days of notification of the adverse action. You have the right to dispute the accuracy or completeness of any information contained in the consumer report furnished by the consumer reporting agency.

**Authorization:**

This signed Authorization is my authorization and consent for the Company to procure consumer reports and criminal background reports from a consumer reporting agency, including a PSP Report, from time to time as required by the Company for employment or contract purposes.

This authorization shall remain on file and shall serve as on-going authorization for the Company to procure consumer and criminal background reports, including PSP Reports, at any time during my employment or contractual relationship and the qualification process with respect thereto. I understand that, upon termination of my employment or contract for any reason, this authorization shall be destroyed and of no further effect.

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

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

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

Printed Name: \_\_\_\_\_  
Last 4 digits of Social Security Number: \_\_\_\_\_

Printed Name \_\_\_\_\_

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

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

Date \_\_\_\_\_

Prompt and reliable attendance is a job requirement. I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

For any No answers to questions 1-8 above, please explain below:

If Yes, please explain:

9. Is there any reason you may not be considered physically qualified to operate a commercial motor vehicle per the qualifications set forth in part §391.41 of the Federal Motor Carrier Safety Regulations?  YES  NO

8. If required, are you able to lift and move 100 lbs. or more?  YES  NO

7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?  YES  NO

6. Can you climb stairs to safely get in and out of a truck or with a load regularly?  YES  NO

5. If required, are you able to reach and lift 60 lbs. above your head?  YES  NO

4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?  YES  NO

3. Can you push and pull levers or objects that require 100 lbs. of force or more?  YES  NO

2. Can you perform repetitive motion tasks with your hands and wrists?  YES  NO

1. Can you sit and drive as is required for an 11-hour shift?  YES  NO

These statements/questions pertain only to the essential functions of the job for which you are applying.

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied. Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability who can perform these essential functions with or without reasonable accommodations.

Corporate Offices  
6160 Summit Drive N., Suite 500  
Brooklyn Center, MN 55430 763-585-7000



### ESSENTIAL JOB FUNCTIONS WORKSHEET COMMERCIAL TRUCK DRIVER (CLASS A & B)

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440  
Fax 219-926-9627

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
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**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

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

1. In connection with your application for employment with HONEY TRANSFLO ("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 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.

When 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 HONEY TRANSFLO ("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 FMCSA 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.