



410 TRANSPORT DRIVE DUPO, IL 62239 PHONE 618-286-9900 FAX 618-286-9909

APPLICATION FOR EMPLOYMENT
▪ COMMERCIAL DRIVERS ▪

This transportation company is an equal opportunity employer in compliance with all Federal and State laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date: _____ Social Security Number: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Alternate Phone: _____

Email address: _____

In Case of Emergency - Name: _____ Phone: _____ Relationship: _____

Previous Address: _____ How Long? _____
(Go back 3 years) Street City State Zip

_____ How Long? _____
Street City State Zip

Are you a U.S. Citizen? Yes No

Can you legally be employed in the United States? Yes No

Have you ever been employed by this company before? Yes No If so, when? _____

May we contact your present employer? Yes No

How did you hear about this company? _____

After reviewing the job description, for what reason might you be unable to perform the duties of the position for which you are applying? Please explain _____

Any comments which may be useful in considering your application: _____

EMPLOYMENT HISTORY

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

EMPLOYER: _____			
Date: From	___/___/___	Previous Employer PHONE:	_____ FAX: _____
	To	___/___/___	Address: _____
Position:	_____	City:	_____ State _____ Zip _____
Salary:	_____	Reason for leaving:	_____
Supervisor:	_____	Type of Equipment	_____ Approximate Miles _____
While employed here were you subject to Federal Motor Carrier Safety Regulations?			Yes No
Were you subject to DOT regulated drug/alcohol testing as required by 49 CFR/40?			Yes No

EMPLOYER: _____			
Date: From	___/___/___	Previous Employer PHONE:	_____ FAX: _____
	To	___/___/___	Address: _____
Position:	_____	City:	_____ State _____ Zip _____
Salary:	_____	Reason for leaving:	_____
Supervisor:	_____	Type of Equipment	_____ Approximate Miles _____
While employed here were you subject to Federal Motor Carrier Safety Regulations?			Yes No
Were you subject to DOT regulated drug/alcohol testing as required by 49 CFR/40?			Yes No

EMPLOYER: _____			
Date: From	___/___/___	Previous Employer PHONE:	_____ FAX: _____
	To	___/___/___	Address: _____
Position:	_____	City:	_____ State _____ Zip _____
Salary:	_____	Reason for leaving:	_____
Supervisor:	_____	Type of Equipment	_____ Approximate Miles _____
While employed here were you subject to Federal Motor Carrier Safety Regulations?			Yes No
Were you subject to DOT regulated drug/alcohol testing as required by 49 CFR/40?			Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

EMPLOYER: _____

Date: From ___/___/___ Previous Employer PHONE: _____ FAX: _____
 To ___/___/___ Address: _____

Position: _____ City: _____ State _____ Zip _____

Salary: _____ Reason for leaving: _____

Supervisor: _____ Type of Equipment _____ Approximate Miles _____

While employed here were you subject to Federal Motor Carrier Safety Regulations? Yes No

Were you subject to DOT regulated drug/alcohol testing as required by 49 CRF/40? Yes No

Use this space for any additional comments, or to explain periods of time between employers.

EDUCATION AND TRAINING

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Year Graduated

Please list any additional training you have received that you think will benefit you in the position for which you are applying? _____

Have you ever served in the military? _____ If so when and what branch? _____

DRIVING QUALIFICATIONS AND EXPERIENCE

LICENSES HELD:

State: _____ License # _____ Type: _____ Expiration Date: _____

State: _____ License # _____ Type: _____ Expiration Date: _____

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when? _____

Where? _____ Why? _____

Do you have any disqualifying offense to keep you from obtaining Hazardous Endorsement according to TSA rules?

- | | | |
|---|-----|----|
| Have you tested positive for a pre-employment or random Drug or Alcohol test? | Yes | No |
| Have you been convicted of DUI / DWI ? If yes, when _____ | Yes | No |
| Are you familiar with the Federal Motor Carrier Safety Regulations? | Yes | No |

ACCIDENTS AND VIOLATIONS

ACCIDENTS IN THE PAST THREE YEARS (List most recent first – attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ City/State _____

Were you at fault? _____ Were you ticketed? _____ Amount of damage(\$) _____

Describe Accident: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ City/State _____

Were you at fault? _____ Were you ticketed? _____ Amount of damage(\$) _____

Describe Accident: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ City/State _____

Were you at fault? _____ Were you ticketed? _____ Amount of damage(\$) _____

Describe Accident: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

CAREFULLY READ THE FOLLOWING AND SIGN BELOW

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate to the best of my knowledge. By signing below I also authorize Cayenne Express to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

To obtain information required in accordance with 49 CFR 391:21 DOT Regulations your previous employers will be contacted, for the purpose of investigating your performance history information as required by 391.23.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature

Date



PAST EMPLOYMENT VERIFICATION & DRUG/ ALCOHOL TESTING INFORMATION

Applicant Name _____ **Social Security #** _____

In accordance with Section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed above, to Cayenne Express. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

Applicant's Signature _____ **Date** _____

Attn: Personnel Manager _____ **Fax:** _____
Company Name: _____ **Phone:** _____ **Date:** _____

- Did the applicant work for you as a _____ from _____ to _____? Yes No
 from _____ to _____? Yes No
 If no please explain _____

- Traffic violations and/or accidents included on register (390.15b) that involved the applicant 3 years prior to date

Date	Location	Injuries or Fatalities ?	DOT Recordable ?	Preventable ?	Hazmat involved ?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Was applicant involved in a safety sensitive position & subject to drug & alcohol testing under Part 40? Yes No
- Has this person had an alcohol test with a result of 0.04 or higher? Yes No
- Has this person tested positive for controlled substance? Yes No
- Has this person ever refused to be tested? Yes No
- Has this person completed SAP rehabilitation while in your employ? Yes No
- Has this person committed other violations of subpart B of Part 382 or Part 40? Yes No
- For a driver who successfully completed a SAP's rehab referral & remained in your employ, did this driver subsequently have an alcohol test of 0.04 or greater, a verified positive drug test or refuse to be tested? Yes No
- Would you re-hire this person? Yes No Upon Review
- Why did this person leave your company? _____

Thank you for completing this form and please return by faxing it to 618.286.9909.

Safety/Cayenne Express

Person completing verification/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 **Cayenne Express Inc.** ("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 **Cayenne Express Inc.** ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Cayenne Express Inc. (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. (“HireRight”), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.



ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

MASSACHUSETTS: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

NEW YORK: You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.



Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. (“HireRight”), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Print Applicant’s Last Name _____ First _____ Middle _____

Applicant’s Signature _____ Date _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax #800-267-4093 (Manual Service)
 Send to Fax#800-257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	____Cayenne Express Inc_____
Company Contact Name:	____Recruiting_____
Fax #:	(_618_) _286_____ - _____9909_____
USIS Customer #:	_____ Sub-account: _____

PART 1 – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391-23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part 1 is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the **previous three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the **previous three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the **previous three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during **the previous three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part 1 disclosure and authorize for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within **the two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, OK 74153, or by phone at (800) 381-0645.

- Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer names above ("customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part 1 above, unless I have given a separate specific consent for USIS to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the abovementioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE – THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN Part I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____