



DRIVER'S APPLICATION

SUMMITT TRUCKING, LLC
1800 PROGRESS WAY
CLARKSVILLE, IN 47129

PH: 866-333-5333
FAX: 866-999-4499
www.summitt.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

ANSWER ALL QUESTIONS – PLEASE PRINT

Date of Application _____

Position Applied for: OTR _____ Local _____ Part-time _____ Owner Operator _____

Name _____ Social Security No. _____
Last First Middle

Have you ever been known by any other name? _____ If Yes, please list _____

Current Address _____
Street City State Zip Code
Telephone No. Cell Telephone No. How Long? _____

List your addresses of residency for the past three (3) years.

Previous Addresses _____ How Long? _____
Street City State Zip Code yr./mo.
_____ How Long? _____
Street City State Zip Code yr./mo.
_____ How Long? _____
Street City State Zip Code yr./mo.

Do you have the legal right to work in the United States: _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you ever worked or applied for a position with this company before? _____ Where? _____
Position _____

Dates: From _____ To _____ Rate of Pay _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

How were you referred? _____ Driver's Name _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been charged with or convicted of a crime? _____ Date _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment or contract. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

EMPLOYMENT HISTORY

****PLEASE PROVIDE 10 YEARS OF WORK HISTORY****

| EMPLOYER | | | DATE | |
|---|-------|-----|--------------------|---------|
| NAME | | | FROM | TO |
| ADDRESS | | | MO. YR. | MO. YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | | SALARY/WAGE | |
| TELEPHONE NO. | | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES <input type="checkbox"/> TT <input type="checkbox"/> STRAIGHT <input type="checkbox"/> OTHER | | | | |

| EMPLOYER | | | DATE | |
|---|-------|-----|--------------------|---------|
| NAME | | | FROM | TO |
| ADDRESS | | | MO. YR. | MO. YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | | SALARY/WAGE | |
| TELEPHONE NO. | | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES <input type="checkbox"/> TT <input type="checkbox"/> STRAIGHT <input type="checkbox"/> OTHER | | | | |

| EMPLOYER | | | DATE | |
|---|-------|-----|--------------------|---------|
| NAME | | | FROM | TO |
| ADDRESS | | | MO. YR. | MO. YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | | SALARY/WAGE | |
| TELEPHONE NO. | | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES <input type="checkbox"/> TT <input type="checkbox"/> STRAIGHT <input type="checkbox"/> OTHER | | | | |

| EMPLOYER | | | DATE | |
|---|-------|-----|--------------------|---------|
| NAME | | | FROM | TO |
| ADDRESS | | | MO. YR. | MO. YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | | SALARY/WAGE | |
| TELEPHONE NO. | | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES <input type="checkbox"/> TT <input type="checkbox"/> STRAIGHT <input type="checkbox"/> OTHER | | | | |

| EMPLOYER | | | DATE | |
|---|-------|-----|--------------------|---------|
| NAME | | | FROM | TO |
| ADDRESS | | | MO. YR. | MO. YR. |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | | SALARY/WAGE | |
| TELEPHONE NO. | | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES <input type="checkbox"/> TT <input type="checkbox"/> STRAIGHT <input type="checkbox"/> OTHER | | | | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ALL ACCIDENT/INCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED, IF NONE, WRITE NONE.

| DATES | NATURE OF ACCIDENT/INCIDENT (HEAD-ON, REAR-END, UPSET, ETC) | NUMBER OF FATALITIES | NUMBER OF INJURIES | PREVENTABLE/ NON- PREVENTABLE |
|------------------------|--|----------------------|--------------------|-------------------------------------|
| LAST ACCIDENT/INCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY AND STATE

EXPERIENCE AND QUALIFICATIONS – DRIVE
 (LIST ALL STATES THAT YOU HAVE HELD A DRIVER LICENSE)

| DRIVERS LICENSES – STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------------|-------------|------|-----------------|
| | | | |
| | | | |
| | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER IS YES TO EITHER A OR B, GIVE DETAILS _____

DRIVING EXPERIENCE, IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) | DATES FROM | DATES TO | APPROX. NO. OF MILES (TOTAL) |
|------------------------|---|------------|----------|---------------------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRACTOR | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| MOTORCOACH-SCHOOL BUS | | | | |
| OTHER | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) – As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any drug or alcohol test administered by an employer "or contract holder" to which the employee or contractor applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.
("Quotes Ours")

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

Check One Yes No

- (2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT Return to Duty and rehabilitation program requirements?

Check One Yes No

- (3) Have you tested positive or refused to test on any drug or alcohol test administered by an employer or contract holder covered by DOT agency drug and alcohol testing rules during the past three years?

Check One Yes No

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment or contract decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment or contract has been extended.)

I hereby release employers or contract holders, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

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

Date

Applicant's Signature

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777
Fax: 812-258-3286

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Name: _____ Social Security No. _____

I hereby authorize you to release to Summitt Trucking LLC any and all information concerning my employment records required by FMCSR Section 391.23 and all information concerning alcohol and controlled substance test results as required by FMCSR Section 382.405 and 382.413.

Applicant's Signature _____ Date _____

***** APPLICANT, PLEASE COMPLETE TOP SECTION ONLY !!! *****

1. Past Employer: _____ Phone _____
2. Employed From _____ to _____ Position _____
3. Type of Equipment Driven Tractor-Trailer Straight Bus Other _____
4. Type of Trailer Pulled Flat Dry Van Reefer Tanker Twin Trailers
5. Area of Operation Local 48 States & Canada Other _____
6. Did the Applicant have any Accidents Yes No
Date _____ Preventable Cost _____ DOT Recordable Non-Preventable Details _____
Date _____ Preventable Cost _____ DOT Recordable Non-Preventable _____
Date _____ Preventable Cost _____ DOT Recordable Non-Preventable _____
7. Applicant's Reason for Leaving Resigned Discharged Laid Off Other _____
8. Is the Applicant eligible for re-hire Yes No Upon Review If No, Explain _____
9. Has this person had a BAT with confirmed breath alcohol concentration of 0.04 or > Yes No
10. Has this person had a controlled substance test with a positive test Yes No
11. Has this person refused (includes verified adulterated or substituted result(s) a controlled substance test and/or alcohol test
 Yes No
12. Has this person violated other DOT drug/alcohol regulations Yes No
13. Have you received information from a previous employer that the applicant violated DOT drug and alcohol regulations
 Yes No
14. Comments _____

BY: _____
Signature or Name of Person Supplying Information

Date _____

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Summitt Trucking LLC, for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

X _____ X _____
Applicant's Signature Date

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment or contract purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment or contract purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester Date

To: _____

Dear Sir/Madam:

XX The following named person has made application with our company for the position of Driver. In accordance with Section 391.23, Federal Motor Carriers Safety Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

___ The following named person is employed or contracted with our company in the position of _____. In accordance with Section 391.25, Federal Motor Carriers Safety Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver X _____

Address X _____

Previous Address X _____

Date of Birth X _____ SSN X _____ CDL/License No.X _____

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777
Fax: 812-258-3286

Certification of Compliance with Driver License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. Possess only one license: You as a commercial vehicle driver cannot possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Notification of license suspension, revocation or cancellation: Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to 1. your employing motor carrier and 2. the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. X _____ State X _____ Expiration Date X _____

Driver Certification: I certify that I have read and understand the above requirement.

Driver's Printed Name X _____

Driver's Signature X _____

Notes

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777
Fax: 812-258-3286

ALCOHOL AND/OR DRUG TEST NOTIFICATIONS

Part 382 – Controlled Substances and Alcohol Use Testing applies to drivers of this company.

382.113 Requirement for Notice
Before performing an alcohol or controlled substances test under this part, each employer or "contract holder" shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.
("Quotes Ours")

Company Name: Summitt Trucking LLC

Driver/Applicant Name: X _____

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled Date _____
Location _____
Time _____

2. Check Type of Test: Alcohol Controlled Substance

3. Check Reason for Test: Pre-employment Random Reasonable Suspicion
 Post Accident Return to Duty Follow-up

4. Appointment Instructions/Comments: _____

I understand as a condition of my employment or contract with this company, the above identified test is required.

X _____
Driver/Applicant's Signature

X _____
Date

Witnessed By

Date

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777
Fax: 812-258-3286

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS ANNUAL REVIEW OF DRIVING RECORD

Motor Carrier Instructions: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, on any account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

Driver Requirements: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation that must be listed, he/she shall so certify (Section 391.27).

Completed by Driver – Certification of Violations

Name of Driver X _____ SSN X _____ Hire Date _____
CDL No. .X _____ State X _____ Expiration Date X _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you had no convictions in the past 12 months, please check here: _____ NONE

| Date Operated | Offense | Location | Type of Vehicle |
|---------------|---------|----------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification X _____ Driver's Signature X _____

**Completed by Motor Carrier – Annual Review of
Driving Record**

Motor Carrier Instructions: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find the he/she (Check One):

___ Meets minimum requirements for safe driving ___ Is disqualified to drive a motor vehicle pursuant to Sections 391.25

___ Does not adequately meet satisfactory safe driving performance

Action taken with Driver: _____

Reviewed By: _____

Date: _____

Printed Name: _____

Title: Compliance Dept.

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777
Fax: 812-258-3286

Summitt Trucking, LLC Driver Job Description

- Meets the minimum qualifications set forth in the Federal Motor Carrier Safety Regulations
- Meets the Summitt Trucking job qualification guidelines
- Able to work 70 hours in 8 days
- Able to work 14 hours per day
- Able to sit and drive for an aggregate limit up to 11 hours per day
- Able to get in and out of truck and trailer up to 12-15 times per day
- Able to operate foot pedals and other controls of tractor-trailer unit
- Able to bend, squat, twist and get under the trailer to check components, and climb up on tractor catwalk
- Able to check truck and engine fluids by climbing up onto frame and tires
- Able to lift up to 75 pounds 10 to 50 times per day
- Able to push and pull levers, handles, doors, binders, and cargo with a force of up to 100 pounds 10 to 50 times per day
- Able to maintain balance while performing various maneuvers including climbing, exiting, walking, twisting, crouching, turning, etc. while on various surfaces, uneven terrain, slippery surfaces, etc.
- Able to lift various sized, configured, and weighted packages and objects of up to 50 pounds above head
- Able to properly secure cargo and equipment with load-locks, ropes, chains, boomers, or other securement devices as is required by the cargo
- Complies with all Company policies, programs, procedures, and processes by meeting the standards and requirements of each
- Complies with all DOT and other government regulations
- Properly completes, protects, and presents all required paperwork and documents in the required timeframes
- Able to work irregular work schedules in a variety of environments including adverse weather, hot or cold temperatures, noisy conditions, bumpy roadways, traffic congested roadways, work zones, etc.
- Able to adequately handle the stress of tight schedules, delays en route and at customers, short notice of assignments, and road congestion, etc.
- Inspects and identifies any safety defects on tractors and trailers and properly records all required information on DVIR
- Does not violate DOT hours-of-service or out-of-service regulations and keeps accurate logs
- Properly communicates with Management concerning accidents, incidents, delays, inclement weather, breakdowns, or other emergencies
- Performs all the requirements as stated above in a safe, timely, and conscientious manner which reflects favorably upon Summitt Trucking

Please complete below showing you understand and can comply with this job description.

Print Name

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)

| | |
|-----------------------|--------------------------|
| HireRight Customer: | |
| Company Name: | _____ |
| Company Contact Name: | _____ |
| Fax #: | (_____) _____ - _____ |
| HireRight Customer #: | _____ Sub-account: _____ |

PART I – 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 HireRight for the purpose HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I 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 of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, 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 I 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; 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, HireRight 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, HireRight 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 HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 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 HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight 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 HireRight in person or by mail. HireRight 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 HireRight.
- ← 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 HireRight.

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

I hereby authorize HireRight 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 HireRight and the HireRight customer named 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 HireRight 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 HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight 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 HireRight and any person or entity contacted by HireRight to furnish the above-mentioned 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: _____