



Application for Class A Drivers

Thank you for your interest in Gazelle Transportation, LLC!

Please take the time to complete the attached application as accurately as possible. To help us expedite your application, please follow the instructions listed below.

- 1) The entire application must be printed in black / blue ink or typed by the applicant **only** and must be LEGIBLE. Be sure to sign and date the application where indicated.
- 2) **If a particular question does not apply to you, put N/A (not applicable) in the section that needs to be completed. Do not leave any sections blank.**
- 3) **EMPLOYMENT HISTORY SECTION!** The employment history section must be completed **accurately. All employers, schools, military service, self-employment, and unemployment must be listed for a total of 10 years. Dates, phone numbers, and addresses must be correct. Make sure there are no gaps in employment history.**
- 4) If you are considered, employment is CONTINGENT upon successful completion of verification of current and/or past employment, verification of applicable CDL endorsements, Pre-Employment Drug Test and Breath Alcohol Test, Road Test, DOT Physical and Functional Capacity Evaluation, Driver Orientation and field training with a driver trainer including post-training road test.
- 5) This position does not require a credit check as part of its Investigative Consumer Report.

Including copies of the following documentation may speed up your application process. (OPTIONAL)

- 1) **W-2 Forms and/or Check Stubs (If previously employed by a company that has gone out of business within the past 3 years)**
- 2) Verification of self-employment (Business license, tax records, references, etc.)
- 3) OWNER OPERATORS (Tax docs, DOT Number, etc.)
- 4) Driver's License, DOT Medical card, Oilfield Passport card, OPL card, TWIC card, etc.

Please return the completed application, along with copies of supportive documentation to one of the below options;

- Email: Recruiting@gazelletrans.com
- Fax: (661) 322-8914
- Mail: Attention – HR: 34915 Gazelle Court, Bakersfield, CA 93308
- Drop off the application to the Corporate office in Bakersfield

Please call Recruiting at (661) 328-5060 to confirm receipt of your submitted application. We encourage prompt submission of your application to ensure your consideration.

Read and answer all questions carefully and print clearly.

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, or non-job related disability.

Personal Information						
Last Name (as it appears on your social security card)		First Name		Middle Initial	Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s).	Application Date
Date of Birth	Cell Phone	Home Phone		Social Security No.	Email Address	
How did you hear about us?		Which terminal are you applying for?		If hired, when are you able to start work?	Hourly Rate Desired?	

List address of Residency for Past 5 Years – Current Address at Top

Address, City, State, Zip		From To
Address, City, State, Zip		From To
Address, City, State, Zip		From To

Driver License Held Last 5 Years

State	Class A #	Expiration Date
State	Class A #	Expiration Date
Endorsements	T- Doubles/Triples <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
	X - Combination of Tanker and HazMat <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.
Do you have any pending motor vehicle charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.
Have you ever been convicted of any alcohol or controlled substance related offences while operating a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.
Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.
Have you ever been convicted of careless or reckless driving or distracted driving in a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.

Driving Experience

Class of equipment	Type of equipment	From	To	Approximate number of miles (or miles/week)
Class of equipment	Type of equipment	From	To	Approximate number of miles (or miles/week)
Class of equipment	Type of equipment	From	To	Approximate number of miles (or miles/week)
Type of transmission(s)		Automatic <input type="checkbox"/> Yes <input type="checkbox"/> No		Manual <input type="checkbox"/> Yes <input type="checkbox"/> No

Commodities hauled Indicate total years driving each commodity	Water <input type="checkbox"/> Yes <input type="checkbox"/> No Years driven	Oil <input type="checkbox"/> Yes <input type="checkbox"/> No Years driven	Fuel <input type="checkbox"/> Yes <input type="checkbox"/> No Years driven
Freight <input type="checkbox"/> Yes <input type="checkbox"/> No Years driven	Food/Produce <input type="checkbox"/> Yes <input type="checkbox"/> No Years driven	HazMat <input type="checkbox"/> Yes <input type="checkbox"/> No Years driven	Other Years driven

Education

Name of Truck Driving School	Graduation Date	City, State
Last school attended	Highest grade level completed?	
Address, City, State		
List any specialized training or certifications:		

Medical

When does your DOT Medical Card expire?	Date of last DOT prescribed physical examination
Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulation pertaining to the loss of a foot, leg, hand, or arm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.	

Accident Record – Past 5 Years

Have you had any accidents in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below. Total Number of Vehicle accidents in past 5 years?		
Accident Date	Nature of accident	
Location	Fatalities	Injuries
Details		At fault
Type of vehicle		
List any additional dates of Motor Vehicle accidents in the past 5 years:		

Traffic Convictions/Forfeitures – Past 5 Years (other than parking violations)

Have you had any traffic convictions or forfeitures in the past 5 years (other than parking violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below. What is the total number of traffic convictions in the past 5 years?

Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
List any additional dates of traffic convictions or forfeitures in the past 5 years:			

Employment – Last 10 Years

Begin with your present job or status and list at least 10 years of employment including ALL full-time and part-time employment (CDL & NON-CDL EMPLOYMENT). All time must be accounted for including military service, schooling, self-employment and periods of unemployment.

Name of Company	Position	From	To
Address			
City	State	Zip Code	
Contact	Phone number		
Email			
Reason for leaving			
Details (of the tasks performed for the position)			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percentage of time driving Class A Commercial Vehicle (in %)			
Were you required to perform safety sensitive functions, (such as driving) subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trailers pulled			

Employment Continued

Name of Company	Position	From	To
Address			
City	State	Zip Code	
Contact	Phone number		
Email			
Reason for leaving			
Details (of the tasks performed for the position)			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Percentage of time driving Class A Commercial Vehicle (in %)
Were you required to perform safety sensitive functions, (such as driving) subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trailers pulled

Employment Continued

Name of Company	Position	From	To
Address			
City	State	Zip Code	
Contact	Phone number		
Email			
Reason for leaving			
Details (of the tasks performed for the position)			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percentage of time driving Class A Commercial Vehicle (in %)			
Were you required to perform safety sensitive functions, (such as driving) subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trailers pulled			

Employment Continued

Name of Company	From	To
Address		
City	State	Zip Code
Contact	Phone number	
Email		
Reason for leaving		
Details (of the tasks performed for the position)		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Percentage of time driving Class A Commercial Vehicle (in %)		
Were you required to perform safety sensitive functions, (such as driving) subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trailers pulled		

Employment Continued

Name of Company	Position	From	To
Address			
City	State	Zip Code	
Contact	Phone number		
Email			
Reason for leaving			
Details (of the tasks performed for the position)			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percentage of time driving Class A Commercial Vehicle (in %)			
Were you required to perform safety sensitive functions, (such as driving) subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trailers pulled			

Employment Continued

Name of Company	Position	From	To
Address			
City	State	Zip Code	
Contact	Phone number		
Email			
Reason for leaving			
Details (of the tasks performed for the position)			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percentage of time driving Class A Commercial Vehicle (in %)			
Were you required to perform safety sensitive functions, (such as driving) subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trailers pulled			

Additional Questions

Have you ever failed a pre-employment, random, post-accident, recertification, or reasonable suspicion DOT drug/alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever refused a pre-employment, random, post-accident, recertification, or reasonable suspicion DOT drug/alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of maintaining a current commercial driver log and completing Driver Vehicle Inspection Report forms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you climb in and out of a truck 8-10 times a day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you consistently and continuously operate a commercial motor vehicle for up to 4 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you consistently work at least 5 days in a 7-day period? <input type="checkbox"/> Yes <input type="checkbox"/> No
We are a 24 hour a day/7 day a week/ 365 day per year operation including weekends and holidays. Are you capable of working this schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employees assigned work schedules are subject to change, and employees are periodically on call. Are you capable of working this schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a local resident of the location you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, are you willing to commute/relocate? Explain below.
Have you ever been disciplined for sexual harassment or discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please explain:
Have you ever been disciplined for dispatch refusal or failure to report for your scheduled shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Are you capable of using electronic devices for e-logging? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of driving a commercial vehicle with an in-cab camera? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of using an electronic ticket system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a TWIC Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you knowingly violated the Hours of Service rules? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Do you have an Oilfield Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to describe mechanical issues affecting safety and operations of the commercial vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to perform minor repairs that require no certification to perform to ensure efficient operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to operate a commercial vehicle at night? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of partnering with other drivers in use of commercial equipment and communicating proactively with other drivers and logistics? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to operate a commercial vehicle for up to 14 hours a day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of operating a commercial vehicle in adverse weather conditions or challenging terrain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to conduct thorough pre-trip and post-trip inspections on a tractor and trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been disciplined or cited for failure to perform an adequate pre-trip or post-trip inspection on a commercial vehicle? Yes No

Applicant Statement (Read carefully before signing)

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

Applicant's Signature: _____ Date: _____

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Gazelle Transportation, LLC (“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 Gazelle Transportation, LLC (“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



**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES**

Disclosure

Gazelle Transportation, LLC (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

[END OF DOCUMENT]

PLEASE PROCEED TO THE NEXT DOCUMENT ENTITLED:

**“OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES”**



OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosures

Investigative Consumer Report:

Gazelle Transportation, LLC (the “Company”) may request an investigative consumer report about you from HireRight, LLC (“HireRight”), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). 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 through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the “Additional State Law Notices” for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing 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 or engagement for services (including independent contractor or volunteer 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 from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer 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 understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my 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, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

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

Additional State Law Notices

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 during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, 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.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right 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 (i) its receipt of your request or (ii) the date 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.

NEW YORK: You have the right, upon written request to the Company, 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 also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company 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 a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

- reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

(CALIFORNIA APPLICANTS ONLY)
CALIFORNIA DISCLOSURE

The Company may order an investigative consumer report on you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable), and if you are hired, or if you already work for the Company, the Company may order additional such reports on you for employment purposes. Such reports may contain information about your character, general reputation, personal characteristics, and mode of living. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history (but credit history will be obtained only after a separate, credit-specific disclosure has been provided to you in accordance with CA Civil Code § 1785.20.5 and CA Labor Code § 1024.5); verification of your education, employment and earnings history (to the extent allowed by applicable law); professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

The investigative consumer reporting agency, HireRight, LLC (“HireRight”), will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

A SUMMARY OF YOUR RIGHTS UNDER CALIFORNIA CIVIL CODE SECTION 1786.22

- (a)** An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b)** Files maintained on a consumer shall be made available for the consumer’s visual inspection, as follows:
- (1)** In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2)** By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3)** A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c)** The term “proper identification” as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer’s employment and personal or family history in order to verify his identity.
- (d)** The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e)** The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f)** The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer’s file in such person’s presence.



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: _____
Company Contact Name: _____
Fax #: (_____) _____ - _____
HireRight Account Code: _____

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 of 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 as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (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: _____

Rect v47'FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used: _____ Years Used: _____

Current Address: _____

Street /P.O. Box City State Zip Code County Dates

Former Address: _____

Street /P.O. Box City State Zip Code County Dates

*Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.