



BEFORE YOU SUBMIT AN APPLICATION PLEASE CONSIDER THE FOLLOWING:

- *We are looking for a driver with a minimum of 2 years verifiable driving experience, or a graduate of an accredited school*
- *Typically our long haul drivers are out for two weeks and then off for a couple of days*
- *We require our drivers to adhere to company policies*
- *All our drivers are drug tested and must pass a functional assessment prior to final acceptance. Drivers then will be randomly selected from a drug testing pool*

Application Procedure

1. Complete the attached job application
- State if you are looking for a job as a company driver or as an owner operator
- Owner operators must state the year, make, model and weight of their truck

Completed application and supporting documents for **Eassons Transport and David Brown United Limited** can be faxed to (902) 679-1646 or emailed to jobs@eassons.com or mailed/dropped off at: Eassons Transport 1505 Harrington Rd, Kentville, NS B4N 3V7

Completed application and supporting documents for **Choice Reefer Systems** can be faxed to (613)-966-9804 or emailed to kathy@crstrucking.com or mailed to CRS P.O. Box 340, Stirling, Ontario K0K 3E0 or dropped off at 1037 Wallbridge Loyalist Road, Belleville, Ontario, K8N 4Z5

Completed application and supporting documents for **Elite Fleet** can be faxed to (506)-858-0450 or emailed to Debby@elitefleet.ca or mailed/dropped off at: 106 Caledonia Rd, Moncton, NB E1H 3C6

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Company Driver | <input type="checkbox"/> Local |
| <input type="checkbox"/> Owner Operator | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Canada & USA | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Canada Only | <input type="checkbox"/> Spare |
| <input type="checkbox"/> Long Haul | <input type="checkbox"/> Team |
| <input type="checkbox"/> Student | |
| <input type="checkbox"/> Freeway program | |

Only applicable if applying for job as an Owner Operator
Broker Information/Truck Specifications

Truck Make	Model	Year
Horse Power	Engine	Weight
Transmission	Tire Size	Rear end ratio

DRIVER QUALIFICATION FILE CHECKLIST

Please do not leave any space empty. Mark "NA" if not applicable

- Original Driver's abstract (Must be within 30 days from the date of application)
- Original CVOR (Must be within 30 days from the date of application)
- Original Criminal search report (Must be within 30 days of application)
- Employment history - 3 years for Canada only applicants, and an additional 7 for Canada/USA applicants (total 10 years employment history as per FMCSR)
 - a) Write complete employment history
 - b) There shouldn't be any gaps in employment details
 - c) Please explain all gaps and/or any period of unemployment with complete details
 - d) Please provide all addresses, phone numbers, postal codes and supervisor names
- Clear copy of Driver's license (both sides)
- Proof of Citizenship (i.e. Passport, Birth certificate or Canadian citizenship)
- Valid copy of US visa (if applicable)
- Copy of FAST card (if applicable)

DRIVER APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____ DATE OF APPLICATION: _____

In compliance with Federal and Provincial equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

TO BE READ AND SIGNED BY APPLICANT

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 decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, 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, I understand that false or misleading information given in my application or interview(s) may result in termination. 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 may be used, and those employer(s) 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;
- Have errors in the information corrected by previous employers and for those previous employers 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) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

DRIVER APPLICATION FOR EMPLOYMENT -- APPLICANT TO COMPLETE (Answer all questions – please print)

Name _____ Social Insurance No. _____
Last First Middle (Required for cross border applicants subject to FMCSR)

List your address of residency for the past 5 years.

Current Address _____
Street _____ City _____
Phone _____ How Long? _____
Province _____ Postal Code _____ yr. /mo.

Previous Address _____
Street _____ City _____ Province & Postal Code _____ How Long? _____
yr. /mo.

Street _____ City _____ Province & Postal Code _____ How Long? _____
yr. /mo.

Street _____ City _____ Province & Postal Code _____ How Long? _____
yr. /mo.

Email: _____ Alt Phone: _____

In case of emergency, notify _____
Name Relationship Phone

Are you legally entitled to work in Canada? _____

Date of Birth _____ Can you provide proof of age? _____
MM/DD/YYYY (Required for cross border applicants subject to FMCSR)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted? _____

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

This job requires hard physical labour. Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes No

EMPLOYMENT HISTORY

All Canadian Driver applicants must provide 3 years of employment history. Applicants applying for a cross borders (Canada/USA) position must provide an additional 7 years of employment history as per FMCSR. List complete mailing address, street number, city, province, and postal code

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

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	PROVINCE	POSTAL CODE	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs 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				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DATES	NATURE OF ACCIDENT (HEAD-ON, READ-END, UPSET ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

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)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years (cross border driver applicants only as required by FMCSR)

DRIVER LICENSES	PROVINCE	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 TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT				CHOOSE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR – TWO TRAILERS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(VAN, TANK, FLAT, DUMP, REEFER)		
TRACTOR – THREE TRAILERS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(VAN, TANK, FLAT, DUMP, REEFER)		
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO 8 passengers			
MOTOR COACH – SCHOOL BUS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO 15 passengers			
OTHER							

LIST PROVINCES AND/OR STATES OPERATED IN FOR THE 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 ON THIS APPLICATION

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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

Personal Reference

Name _____

Address _____

City _____

Phone _____

Personal Reference

Name _____

Address _____

City _____

Phone _____

CF30-0 FORM 413



For Canada/USA Cross Border Applicants Only

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25

PURPOSE OF THIS FORM: Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O.

NOTE: Drivers must complete one 413 form for each carrier they were subject to D&A testing within the last 3 years as per FMCSR

(Name) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413 and 49 CFR 40.25, we are hereby requesting copies of records regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

THIS SECTION TO BE COMPLETED BY APPLICANT

TO: [Previous Employer (c/o TPA)] Date: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

In accordance with 49 CFR 382.405(f), by my signature below I authorize you to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released only to:

[Prospective Employer]

Company: _____ Phone: _____

Address: _____ Fax: _____

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; have errors in the information corrected by the previous employer and for that employer to re-send the corrected information to the prospective employer; have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name (Print) _____

Applicant Signature _____

SIN _____

THE REMAINING SECTIONS ARE TO BE COMPLETED BY PREVIOUS EMPLOYER

Was the applicant subject to drug and alcohol testing under DOT regulations? ☐ Yes ☐ No

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?
☐ Yes ☐ No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?
☐ Yes ☐ No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?
☐ Yes ☐ No
4. Do you have knowledge of any other violation by this driver of any DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? ☐ Yes ☐ No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:
 - a) Was the person referred to a SAP? ☐ Yes ☐ No
 - If employment with your company continued:
 - b) Was the person evaluated by the SAP? ☐ Yes ☐ No
 - c) If yes, did the SAP recommend treatment and/or education? ☐ Yes ☐ No
 - d) Did the person complete the treatment and/or education as determined by the SAP?
☐ Yes ☐ No
 - e) Did the person undergo a return-to-duty test? ☐ Yes ☐ No
 - f) If yes, was the return-to-duty test negative? ☐ Yes ☐ No
 - g) Did the SAP recommend follow-up testing? ☐ Yes ☐ No
 - h) Did the person complete the follow-up testing? ☐ Yes ☐ No

Previous Employer - I confirm that the above information is accurate

Name (Print)

Company

Signature

Date



CF29-0 New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Company Name: _____

Address: _____

Prospective Employee Name: _____

Prospective Employee's SIN/ID number: _____

To be answered by the employee:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title

CF32-0 Medical Declaration

(Canada/USA Cross border applicants only as per FMCSR)

On March 30, 1999 United States Motor Carrier Safety Regulation medical requirements for Canadian drivers of commercial motor vehicles operating in the United States were revised. I acknowledge there is no requirement for a completed United States medical fitness report. This revision does require that a Canadian driver must comply to the medical requirements of the province in which their commercial drivers license is issued and that a medical fitness report is completed on the frequency as required by license issuing province.

I, _____ certify that under the new revisions of the medical requirement to operate a commercial motor vehicle in the United States, that I am not impaired to operate a commercial motor vehicle in any of the following:

- A. I have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (administered injection).
- B. I have no established medical history or clinical diagnosis of epilepsy.
- C. I have no impaired hearing, first perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1,000Hz, and 2,000Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.

I also agree to inform the company should my medical status change, and if any of the above impairments are subsequently diagnosed to the level of affecting my fitness to operate a commercial motor vehicle in the United States.

Driver Name: _____

Witness: _____

Signature: _____

Date: _____

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

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

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

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

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

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

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

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

AUTHORIZATION

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

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

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

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

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print) _____

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

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