

T.J.'S TRUCKING

6961 S 45 RD
Cadillac, MI 49601

Email: dustin@tjstrucking.com
231-775-3213

_____ Starting pay is .42 per mile, raises will be given accordingly until .50 per mile is reached.
TUTION ASSISTANCE IS AVAILBLE.

_____ Medical, Vision, Dental, and Life Insurance is offered after 90 day of full-time employment.

_____ Retirement: TJS TRUCKING offers a 401K with a 3% company match after a year.

_____ 1-WEEK paid vacation after 1 year of full-time employment, with 2 weeks written notice.

_____ Maintenance of truck: TJS TRUCKING INC has a mechanic on staff. The drivers are required to write up any issues with the truck to let the mechanic know. (i.e., oil changes, lights out, tires, etc.) We pride ourselves in our equipment and expect the same out of our team.

_____ Complete paperwork (i.e., fuel receipt, scale tickets, truck washes, tolls, etc.) MUST be turned into the office after every round.

_____ Time off request. Written time off request must be submitted to the office minimum of 2 weeks prior to the date request off for approval.

_____ Customer Freight: Most of our customers are in Northern Michigan, which constitutes to home time for the drivers.

_____ Fuel: TJS TRUCKING INC has on site fuel tanks for our drivers to fill up the trucks.

_____ Warehousing: TJS TRUCKING has 3 warehouses as a result some of our freight being off loaded in our yard.

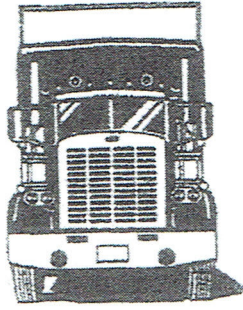
These are a few things that TJS TRUCKING INC offers and request as a company driver.

TJS TRUCKING INC is a family-owned business that started in 1978. We are a small fleet of 25 trucks and 50 van trailers.

As a TJS TRUCKING driver, you can count on job stability and job security. TJS TRUCKING INC has an open-door policy so you know you'll be listened to, respected and valued. Another benefit: We offer *guaranteed* home time. Generally, back in the area every other day and weekends.

TJS TRUCKING INC offers competitive pay for first-year drivers as well as experienced drivers.

We run 7 states, Michigan, Indiana, Illinois, Ohio, Wisconsin, Pennsylvania and Kentucky. Our main lanes are Northern Michigan to Ohio or Indiana.



TJ'S TRUCKING INC.
6961 S. 45 MILE ROAD
P.O. BOX 98
CADILLAC MI 49601

DISPATCH 1-800-342-3298
LOCAL 1-231-775-3213
FAX 1-231-775-5101
E-MAIL curt@tjstrucking.com
dustin@tjstrucking.com

**BEFORE YOU FILL OUT THIS APPLICATION BE
PREPARED TO ANSWER ALL QUESTIONS**

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS COMPLETELY FILLED
OUT.

- 1) YOU MUST LIST ALL EMPLOYERS FOR THE LAST 10 YEARS
- 2) . ALL FORMER EMPLOYERS WILL BE CONTACTED. THIS IS PRIMARILY TO VERIFY THE INFORMATION YOU HAVE SUBMITTED TO US,
- 3) YOU MUST SUBMIT TO AN MVR CHECK OF YOUR DRIVING RECORD AND A CRIMINAL BACKGROUND CHECK
- 4) YOU MUST PASS A PRE-EMPLOYMENT DOT DRUG SCREEN AND PHYSICAL BEFORE AN OFFER OF EMPLOYMENT WILL BE MADE.

T.J.'s Trucking, Inc.

Background Investigation Consent

In connection with, and for the duration of my employment, (including testing and contract for services), I, _____, hereby authorize T.J.'s Trucking, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

Further, if hired by **T.J.'s Trucking, Inc.**, I understand and authorize that a periodic or updated background investigation may be requested for the duration of my employment, (for purposes including job promotion, changes in job title/responsibilities, transfers, security clearance functions, etc.).

I release **T.J.'s Trucking, Inc.** and/or its agents any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above reference sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name Printed

Maiden Name or Other Names Used

Present Address

City/State/Zip

Years/Months

Former Address

City/State/Zip

Years/Month

Date of Birth *

Social Security Number

Driver's License Number

Issuing State

Signature

Today's Date

* Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **T.J.'s Trucking, Inc.** does not discriminate on the basis of Sex, Religion, Veteran Status, Age (40 and over), or Disability.

APPLICATION FOR EMPLOYMENT {See 49 CFR 391.21}

Employment + 3 years

This Application must be filled out completely or it will not be processed.

Prospective Employer:

Jack Speelman, DER
TJ's Trucking Inc
6961 S. 45 Road
Cadillac MI 49601

Phone: 231-775-3213

FAX: 231-775-5101

Application Submitted: ___/___/___

Applicant: Read and sign the following notification prior to submitting this Application For Employment.

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, TJ's Trucking Inc, hereby notifies you that you have the following rights regarding the investigative information that will be provide to us pursuant to 49 CFR 391.23(d)(e):

- (1) The right to review information provided by previous employers;
- (2) 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 TJ's Trucking Inc;
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) **EQUAL OPPORTUNITY EMPLOYER:** 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, or disability.

(D) I understand that if I have a protected handicap that effects my ability to perform the position, I may ask TJ's Trucking Inc to attempt to make accommodation as required by law. I must make my request in writing to TJ's Trucking Inc as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

X

Applicant's Signature

<i>Print Applicant's Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Yrs @ Address</i>
<i>Applicant's Current Address</i>		<i>Home Phone #</i>	
<i>City/State/Zip</i>		<i>Cell Phone #</i>	

Are there currently any felony charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ___/___/___
Have you ever been convicted of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ___/___/___
Have you ever been known by any name other than the one on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" print name below.

If "Yes" to any of the above, explain:

Are you: a U.S. Citizen, a Lawful Permanent Resident, or otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

___/___/___ to ___/___/___:
 ___/___/___ to ___/___/___:
 ___/___/___ to ___/___/___:

In Case of Emergency notify: _____
(Name) (Relationship) (Address) (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? _____

Who referred you? _____

Have you worked for this company before? Yes No If "Yes," Where? _____

Dates: From ___/___/___ to ___/___/___ Rate of pay: _____ Position: _____

Reason for leaving: _____

Education/Military Status

U.S. Military (Branch): _____ Rank: _____ Presently in Guard/Reserves? Yes No
Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Previous Employment: Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the 10 years preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of T.J.'s Trucking Inc as part of its application process.

Last Employer Company Name: _____		Dates of Employment ____/____/____	
Address: _____		Hired _____ Left _____	
City/State/Zip: _____			
Supervisor Name: _____		Phone: _____	
Position Held: <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for leaving: _____		Salary: _____	
In what states did you drive a CMV? _____			
2 nd Last Employer Company Name: _____		Dates of Employment ____/____/____	
Address: _____		Hired _____ Left _____	
City/State/Zip: _____			
Supervisor Name: _____		Phone: _____	
Position Held: <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for leaving: _____		Salary: _____	
In what states did you drive a CMV? _____			
3 rd Last Employer Company Name: _____		Dates of Employment ____/____/____	
Address: _____		Hired _____ Left _____	
City/State/Zip: _____			
Supervisor Name: _____		Phone: _____	
Position Held: <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for leaving: _____		Salary: _____	
In what states did you drive a CMV? _____			
4 th Last Employer Company Name: _____		Dates of Employment ____/____/____	
Address: _____		Hired _____ Left _____	
City/State/Zip: _____			
Supervisor Name: _____		Phone: _____	
Position Held: <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for leaving: _____		Salary: _____	
In what states did you drive a CMV? _____			

License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years :

State	License/Permit #	Type	Expiration Date

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

Dates	Location	Charge	Penalty

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? YES NO
 Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? YES NO
 Have you ever 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? YES NO
 Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied? YES NO
 Revoked? YES NO
 or Suspended? YES NO

If "YES" to any of the above, list dates and circumstances:

Driving experience:

Truck Driving School:	Dates:	Approx Total Experience	Approx Total # Miles Driven
	From To		

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	#Fatalities	# Injuries
Last Accident: / /			
Next previous: / /			
Next previous: / /			

Driver Certification Includes all additional sheets. Were any additional sheets used for this application? YES NO
 If "Yes" list here:

I understand that all TJ's Trucking Inc employees are employed on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the President of TJ's Trucking Inc has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

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.

_____ X _____
 (Date) (Applicant's signature)

ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zip Code)

SOCIAL SECURITY NUMBER: _____ DATE OF EMPLOYMENT: _____

INSTRUCTIONS TO CARRIER: Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be shown on the reverse side.

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

CERTIFICATE OF REVIEW

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

DATE	NAME OF PERSON REVIEWING	Meets Minimum Requirements for Safe Driving	Is Disqualified to drive a motor vehicle pursuant to Section 391.15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS TO BE MADE ON REVERSE SIDE CONCERNING DISQUALIFICATION

(This form is constructed to meet DOT requirements per Section 391.25)

Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

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, or on account of which he 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 here.

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 which must be listed, he shall so certify. (Section 391.27)

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.

Date	Offense	Location	Type of Vehicle Operated

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.

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

(DATE OF CERTIFICATION) (DRIVER'S SIGNATURE)

(MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

(VIEWED BY: SIGNATURE) (TITLE)

DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at _____ Time _____ on _____ (Day) _____ (Month) _____ (Year)

(Signature) _____

Witness: _____ Date _____
Company Representative

EMPLOYMENT CHECK LIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER

The qualification file for an intermittent, casual, or occasional driver employed under the rules in Sec. 391.63 must include the following forms as per Section 391.51(d) Federal Motor Carrier Safety Regulations.

1. **Medical Examiner's Certificate** — The medical examiner's certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Sec. 391.43.
Published by: J.J. Keller & Associates, Inc. — Neenah, Wisconsin Book No. 2B _____

2. **Certificate of Driver's Road Test** — The certificate of driver's road test issued to the driver pursuant to Sec. 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Sec. 391.31.
Published by J.J. Keller & Associates, Inc. — Neenah, Wisconsin Form No. 11F _____

3. **Certificate of Written Examination, Questions and Answers** — The questions asked, the answers the driver gave, and the certificate of written examination issued to him pursuant to Sec. 391.35(G), or a copy of a certificate which the motor carrier accepted as equivalent to a written examination pursuant to Sec. 391.37.
Published by J.J. Keller & Associates, Inc. — Neenah, Wisconsin Form No. 11F _____



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

SECTION 1

I, (Print Name), _____
 First M.I. Last Social Security Number

 hereby authorize: _____
 Date of Birth

Previous Employer:

Street Address: _____

City, State, Zip: _____

Email: _____

Telephone #: _____

Fax #: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol
 and Controlled Substances testing records within the previous 3 years from _____
 (date of employment application)

To: T. J. 'S Trucking, Inc.

Prospective Employer: c/o Everfile (Fax: 404-592-8864)

Attention: SAFETY & COMPLIANCE/HR DEPT.

Street Address: _____

City, State, Zip: _____

Phone: _____

In compliance with § 40.25(g) and § 391.23(h), release of this information must be made in a written form
 that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential

X _____
 Applicant's Signature Date

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us. YES NO
 Employed as _____ From _____ To _____
 (mm/yy) (mm/yy)

Did he/she drive motor vehicle for you? YES NO If yes, what type? Check all that apply:

Type:	Equipment:	Trailer:
OTR <input type="checkbox"/>	Straight Truck <input type="checkbox"/>	Tanker <input type="checkbox"/> 22'
Regional <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Flatbed <input type="checkbox"/> 24'
Local <input type="checkbox"/>	Doubles / Triples <input type="checkbox"/>	<input type="checkbox"/> 26'
	Other <input type="checkbox"/>	<input type="checkbox"/> 53'

If there is no safety performance history to report, check here , sign below, and return.

ACCIDENT HISTORY

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that
 involved the applicant in the 3 years prior to the application date shown above, or check here if there is
 no accident register data for this driver.

Date	State	DOT Recordable ?	Preventable Injuries ?	Fatalities ?	Hazmat ?

Please provide information concerning any other accidents involving the applicant that were reported to
 government agencies or insurers or retained under internal company policies:

 Signature Title Date

Employee Name _____

SECTION 3

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ; fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

	<u>YES</u>	<u>NO</u>
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation; did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Phone: _____

Section 3 completed by: _____ (Signature) _____ (Date)

SECTION 4

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Signature _____ Date _____

FMCSA DRUG AND ALCOHOL CLEARINGHOUSE



DRUG SCREENS PLUS
Big Responsibility...Smart Choice!

3625 Clyde Park SW Suite B Grand Rapids MI 49509-4095 www.dsplus.com (800) 459-9012 FAX 616-532-4644

The FMCSA Clearinghouse is being established to contain records of violations of the drug and alcohol guidelines listed in 49 CFR Part 382, Subpart B, violations include positive drug or alcohol test results and test refusals. When a driver completes the return-to-duty (RTD) process and follow-up testing plan, this information will also be recorded in the Clearinghouse.

Clearinghouse Queries:

- Limited – Notice of whether information for the driver exists in the clearinghouse.
 - This would be done on an annual basis.
- Full – Information on a driver's drug and alcohol test results.
 - This would be done on a pre-employment and if something came up on the annual limited.

Driver Responsibilities:

Drivers are not required to register with the Clearinghouse ONLY IF that driver never requires a full query. These would be drivers that are already employed and never have a drug and/or alcohol violation.

Drivers are required to register with the Clearinghouse if they need to have a full query run on them.

Drivers are required to give their specific consent to FMCSA before a full query can be performed. The drivers consent will also include which specific employer is allowed to perform the query.

Drivers may register at <https://clearinghouse.fmcsa.dot.gov/>

Employee
Signature _____

Date: ____/____/____

Print Name _____

**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.