

# DOT APPLICATION

Motor Carrier: RJR Transportation Company  
 Street Address: 575 E Main St  
 City: El Paso State: Illinois Zip: 61738

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as many 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. \*I understand that information I provide regarding current and / or previous employers may be used, and those employers will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by current / previous employers;
- Have errors in the information corrected by pervious employers and from 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: \_\_\_\_\_

Date of Application \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_  
 Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ADDRESS HISTORY – PAST 3 YEARS** (ATTACH SHEET IF MORE SPACE IS NEEDED)

Current Address: \_\_\_\_\_ Number of Years \_\_\_\_\_  
 Street City State Zip  
 Previous Address: \_\_\_\_\_ Number of Years \_\_\_\_\_  
 Street City State Zip  
 Previous Address: \_\_\_\_\_ Number of Years \_\_\_\_\_  
 Street City State Zip

**ACCIDENT HISTORY – PAST 3 YEARS** (ATTACH SHEET IF MORE SPACE IS NEEDED)

If no accidents in the last three (3) years – check here

DATE (MONTH / YEAR)	NATURE OF ACCIDENT (HEADON, REAR END, UPSET, ECT.)	# OF FATALITIES	# OF INJURIES	HAZMAT SPILL
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**TRAFFIC CONVICTIONS AND FORFEITURES – PAST 3 YEARS** (ATTACH SHEET IF MORE SPACE IF NEEDED)

If no traffic convictions and/or forfeitures in the last year three (3) years – check here

DATE (MONTH / YEAR)	VIOLATION (OTHER THAN PARKING VIOLATIONS)	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR PONTS)

**LICENSE INFORMATION**

Section 382.21 FMCSR states “No person who operates a commerical motor vehicle shall at any time have more than one driver’s license” I certify that I do not have more than one motor vehicle license, the information for which is list below.

State \_\_\_\_\_ License Number \_\_\_\_\_ 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 yes, give details: \_\_\_\_\_

### DRIVING EXPERIENCE

If no driving experience in the last three (3) years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (CIRCLE ALL THAT APPLY)	DATES FROM TO	OR	APPROX. NO. OF MILES	
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor Two Trailers	Van, Reefer, Tank, Flat				
Tractor Three Trailers	Van, Reefer, Tank, Flat				
Motorcoach - School Bus (Greater than 8 passengers)	N/A				
Motorcoach - School Bus (Greater than 15 passengers)	N/A				
Other: _____	Van, Reefer, Tank, Flat				

### EMPLOYMENT HISTORY

(USE ADDITIONAL EMPLOYMENT HISTORY INFORMATION FORM IF NECESSARY)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) years for a total of ten (10) year employment record. **You are required to list the complete mailing address: street number and name, city, state and zip code.**

<b>CURRENT OR LAST EMPLOYER:</b>			
Name:	From:	Mo.	Yr.
Street Address:	Position Held:		
City, State, Zip:	Salary/Wage: \$		
Phone Number:	Reason for Leaving:		
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____			
<b>EMPLOYER:</b>			
Name:	From:	Mo.	To:
Street Address:	Yr.		Yr.
City, State, Zip:	Position Held:		
Phone Number:	Salary/Wage: \$		
Reason for Leaving:			
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____			
<b>EMPLOYER:</b>			
Name:	From:	Mo.	To:
Street Address:	Yr.		Yr.
City, State, Zip:	Position Held:		
Phone Number:	Salary/Wage: \$		
Reason for Leaving:			
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____			

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport or property when the vehicle(1) weighs or has a GVWR of 10,001 pounds or more, (2) is design or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Applicant Certification: 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 Signature

Date

### EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) for a total of ten (10) year employment record. **You are required to list the complete mailing address: street number and name, city, state, and zip code.**

<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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 <b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		

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**DOT APPLICATION  
EMPLOYMENT HISTORY**

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) for a total of ten (10) year employment record. **You are required to list the complete mailing address: street number and name, city, state, and zip code.**

<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
<b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
<b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
<b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo.      Yr.	To: Mo.      Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary/Wage:\$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
<b>ACCOUNT FOR PERIOD BETWEEN JOBS</b> - Include dates (month/year) and reason: _____		

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport or property when the vehicle(1) weighs or has a GVWR of 10,001 pounds or more, (2) is design or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



575 E Main St, El Paso, Illinois 61738  
 Phone: (309) 527-3750 Fax: (309) 527-6565

**SAFETY PERFORMANCE HISTORY REQUEST**

Recipient Employer: The individual identified below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing. In accordance with 49 CFR §§40.25 and 391.23 we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.

Please complete and return to RJR Transportation at the fax number above.

I, (Print Name) \_\_\_\_\_ hereby authorize:

First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing Records within the previous three years from: \_\_\_\_\_ (Date of Employment Application) to RJR Transportation. 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PVIOUS EMPLOYER**

The applicant named above was or is employed or used by us.  YES  NO Dates of employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Part-time  Full Time

Did he/she drive a commercial motor vehicle for you?  YES  NO

Type of equipment operated:  Dry Van  Flatbed  Reefer  Other (please list) \_\_\_\_\_

Reason for Leaving:  Voluntary  Lay-Off  Terminated  Retired **Other:** \_\_\_\_\_

Eligible for rehire?  Yes  No  Upon Review  No, Company Policy: \_\_\_\_\_

**Please give the following information about this applicant. It will be held in strict confidence.**

Description	Excellent	Good	Fair	Poor	Supervision	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Accident History**

Completed the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the three years prior to the application date above. Or check here  if there is no accident register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insures or retained under internal company policies: \_\_\_\_\_

**Alcohol & Controlled Substance Testing Inquiry**

- Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration?  Yes  No
- Has this driver ever had a positive drug test in the past 3 years?  Yes  No
- Has this driver refused a controlled substance test and/or alcohol test within the past 3 years?  Yes  No
- Has this driver violated any other DOT drug/alcohol regulation?  Yes  No
- To your knowledge has this driver violated any DOT drug and alcohol regulations at previous employer?  Yes  No

\*\*If the answer to any of the above question is "Yes", please provide details below;

Reason for test(s) \_\_\_\_\_ Results of test(s) \_\_\_\_\_ Date of Test(s) \_\_\_\_\_

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503?  Yes  No

Any other remarks: \_\_\_\_\_

\_\_\_\_\_  
**Certifying Official Title Date**

First Request Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Request Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Third Request Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP ONLINE SERVICES***

In connection with your application for employment with **RJR Transportation** ("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 **RJR Transportation** ("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.

**RJR Transportation Company  
575 East Main Street  
El Paso, IL 61738**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION  
[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDMENT]**

Foley Carrier Services, LLC (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be subject of a “consumer report” and/or an “investigative consumer report” which may include information about you character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may obtain at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e. Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Foley Carrier Services, 140 Huyshope Avenue, Hartford, CT 06106, Phone:860-633-2660 / 800-253-5506, Fax: 860-913-2454, <http://www.foleyservices.com>, or another outside organization.

The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of the consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

**ACKNOWLEDGEMENT AND AUTHORIZATION  
[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any all background information requested by Foley Carrier Services, 140 Huyshope Avenue, Hartford, CT 06106, Phone: 860-633-2660 / 800-253-5506, Fax: 860-913-2454, <http://www.foleyservices.com>, or another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipts of Article 23-A of New York Correction Law.

**New York and Maine applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.



**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

---

Applicant Signature

---

Printed Name

---

Date

## APPLICANT INFORMATION

---

Social Security #\*

---

Date of Birth\*\*

---

Driver's License#

---

State

---

Email Address

---

Current Address

---

City

---

State

---

Zip

---

Residence Dates: (From – To)

---

Previous Address

---

City

---

State

---

Zip

---

Residence Dates: (From – To)

---

Please list alias names you have used in the past seven years here. (May include maiden names, former legal names, ect)

\*Date of Birth & Social Security Number are being requested in order to obtain accurate retrieval of records.

For a copy of our privacy policy, please visit <http://www.foleyservices.com/client-login/>

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba 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 the FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://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 will be 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](http://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](http://www.consumerfinance.gov/learnmore) for an explanation 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 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](http://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 1-888-567-8688.
- **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](http://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, saving 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 NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA 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 Huston, 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to 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, SW 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE 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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>