



DRIVER EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

COMPLETE IN FULL OR WILL NOT BE CONSIDERED

Applicant Information					
First Name		Middle Name		Last Name	
Phone		Email			
Date of Birth		Social Security #			
Date of Application		Position Applied For		Date Available for Work	

Do you have legal right to work in the United States? ☐ Yes ☐ No

Please bring a valid license and second form of ID when turning this application in

Previous Three Years Residency—attach additional sheets if needed					
	Street	City	State	Zip	# of Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

License Information - include all licenses held for the past 3 years				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below.				
State	License #	Type / Class	Endorsements	Expiration Date
Previously Held Licenses				

Driving Experience				
Class of Equipment	Type of Equipment (van, Tank, Flat Etc)	Date From	Date To	Apprx # of Mile (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

Accident Record for the Past 3 Years

Attach additional sheets if more space is needed. Check box if none ☐

Dates (List most recent first)	Nature of Accident (Head-on, rear-end, upset, etc.)	# Fatalities	# Injuries	Chemical Spill (Y/N)

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Attach additional sheet if more space is needed. Check this box if none ☐

Date Convicted Month/Year	Violation	State of Violation	Penalty Forfeited bond, collateral and or points

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip and any other information asked

Current (Most Recent) Employer

Name		Phone	
Address			
Position Held		Start Date	End Date
Reason for Leaving		Salary	

While Employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was the job designated as a safety sensitive function in any sensitive function in any Department of Transportation — regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40? ☐ Yes ☐ No

If you answered yes to the two questions above please fill out DOT EMPLOYMENT VERIFICATION

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip and any other information asked

Next Employer

Name		Phone	
Address			
Position Held		Start Date	End Date
Reason for Leaving		Salary	

While Employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was the job designated as a safety sensitive function in any sensitive function in any Department of Transportation — regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40? ☐ Yes ☐ No

If you answered yes to the two questions above please fill out DOT EMPLOYMENT VERIFICATION

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip and any other information asked

Next Employer

Name		Phone	
Address			
Position Held		Start Date	End Date
Reason for Leaving		Salary	

While Employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was the job designated as a safety sensitive function in any sensitive function in any Department of Transportation — regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40? ☐ Yes ☐ No

If you answered yes to the two questions above please fill out DOT EMPLOYMENT VERIFICATION

Does this complete a total of ten (10) years employment history without any gaps? ☐ Yes ☐ No

If yes, continue to next page. If no, use the back of this sheet to continue.

Clearinghouse

Have you registered for the Drug and Alcohol Clearinghouse? ☐ Yes ☐ No

If yes, move on to filling out the Previous Employee Safety Performance Sheets

If no, follow the directions listed here

- Visit <https://clearinghouse.fmcsa.fmcsa.dot.gov> and click register
- On the login.gov screen **Create Account**
- Follow the prompts—Enter email address, confirms email by going into your email and opening email from noreply@login.gov
- Create a password and select a way for Login.gov to send you a security code
- Get the code, enter it and submit it
- Agree and continue
- Select role as a driver
- Enter contact information
- Select preferred contact method as EMAIL
- Fill in CDL information
- Agree to terms and conditions
- Your clearinghouse registration is complete

When we run your Clearinghouse Query as a new hire we have to have you consent online. We will request the consent and call / text you so you can go in and approve the request.

To Be Read and Signed by Applicant

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and any 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and /or prior 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. I understand that I have the right to:

- Review information provided by current / previous employers;
- Have errors in the information corrected by previous employers, and for those employers to resend 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.

This certifies that I completed this application, and all the entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (Printed)			

Bring with you to turn in application

- CDL & Social Security Card
- DOT Physical

DOT EMPLOYMENT VERIFICATION (Background Check)

Printed Name _____ Social Security _____

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed below, to the POTENTIAL motor carrier. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

I worked for this company from the dates of ___/___/___ until ___/___/___

Past Employer: _____ Contact Name: _____
Phone#: _____ Fax #: _____
Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

Previous Employer: The above driver has made application with our Company and states that s/he worked for you in the past. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors and use another sheet if necessary. Thank you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? ☐ Yes ☐ No If yes, what type: _____

4. **3 YEAR ACCIDENT HISTORY** ☐ No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5. Was s/he a: ☐ company driver ☐ contractor ☐ contractor's driver

6. Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Lay-off ☐ Military Duty ☐ Other: _____

7. Would you re-employ this person? ☐ Yes ☐ No ☐ Upon Review

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8. Alcohol tests with a result of 0.04 or higher? ☐ Yes ☐ No

9. Verified positive drug tests? ☐ Yes ☐ No

10. Any refusals to be tested? ☐ Yes ☐ No

11. Other violations of DOT agency drug & alcohol testing regulations? ☐ Yes ☐ No

12. Did a previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No

13. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?

☐ Yes ☐ No ☐ Uncertain

14. ☐ No safety performance history exists for this driver with our company

If "YES" to #12, you must provide the previous employer's report. If you answered "YES" to #13, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: _____

Applicant Complete
One for each past employer

Past Employer Complete

DOT EMPLOYMENT VERIFICATION (Background Check)

Printed Name _____ Social Security _____

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed below, to the POTENTIAL motor carrier. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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I worked for this company from the dates of ____/____/____ until ____/____/____

Past Employer: _____ Contact Name: _____
Phone#: _____ Fax #: _____
Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

Previous Employer: The above driver has made application with our Company and states that s/he worked for you in the past. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors and use another sheet if necessary. Thank you.

1. Employment dates: ____/____/____ to ____/____/____ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? ☐ Yes ☐ No If yes, what type: _____

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Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5. Was s/he a: ☐ company driver ☐ contractor ☐ contractor's driver

6. Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Lay-off ☐ Military Duty ☐ Other:

7. Would you re-employ this person? ☐ Yes ☐ No ☐ Upon Review

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8. Alcohol tests with a result of 0.04 or higher? ☐ Yes ☐ No

9. Verified positive drug tests? ☐ Yes ☐ No

10. Any refusals to be tested? ☐ Yes ☐ No

11. Other violations of DOT agency drug & alcohol testing regulations? ☐ Yes ☐ No

12. Did a previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No

13. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
☐ Yes ☐ No ☐ Uncertain

14. ☐ No safety performance history exists for this driver with our company

If "YES" to #12, you must provide the previous employer's report. If you answered "YES" to #13, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

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I worked for this company from the dates of ____/____/____ until ____/____/____

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Phone#: _____ Fax #: _____
Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

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5. Was s/he a: ☐ company driver ☐ contractor ☐ contractor's driver

6. Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Lay-off ☐ Military Duty ☐ Other:

7. Would you re-employ this person? ☐ Yes ☐ No ☐ Upon Review

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8. Alcohol tests with a result of 0.04 or higher? ☐ Yes ☐ No

9. Verified positive drug tests? ☐ Yes ☐ No

10. Any refusals to be tested? ☐ Yes ☐ No

11. Other violations of DOT agency drug & alcohol testing regulations? ☐ Yes ☐ No

12. Did a previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No

13. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
☐ Yes ☐ No ☐ Uncertain

14. ☐ No safety performance history exists for this driver with our company

If "YES" to #12, you must provide the previous employer's report. If you answered "YES" to #13, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: _____

Applicant Complete
One for each past employer

Past Employer Complete

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle, and the undersigned gives his / her consent to the release of their driving record (MVR) for review by: Capital Logistics
2. That the undersigned authorizes his / her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Print name as it appears on driver's license: _____

CDL Number: _____ State: _____ DOB: _____

Signature: _____ Date: _____

Background Check Disclosure and Authorization Form

In the interest of maintaining the safety and security of our customers, employees and property, Capital Logistics will order a "consumer report" (background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. The background report may contain information concerning you character; general reputation; personal characteristics; mode of living; and credit standing. The types of information that may be ordered include but are not limited to; social security number verifications; criminal; public; educational; and as appropriate, driving record checks; verification of prior employment; reference; licensing; and certification checks; credit reports; drug testing results; and if applicable workers compensation injuries. Workers' compensation information will only be requested in compliance with federal American with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is and investigation into your education and/or employment history conducted by a Background Check Company or another outside organization.

I authorize Capital Logistics to order my background report, including investigative consumer reports. I understand the company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than just the background check company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name: _____ First: _____ Middle: _____

Maiden / Other Names: _____ Years Used: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle S, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print Name: _____ Date: _____

Signature: _____



MEUTH CONCRETE

703 Eighth Street • P.O. Box 523
Henderson, KY 42419-0523
270-826-8554
Fax: 270-831-5203



MEUTH CONCRETE OFFICIAL CLEARING HOUSE QUERY RELEASE

COMPANY NAME: MEUTH CONSTRUCTION SUPPLY, INC (dba)
MEUTH CONCRETE

EMPLOYEE NAME
FIRST-LAST, PRINTED: _____

CDL# INCLUDING STATE
ISSUED ABBREVIATION: _____

DOB (mm/dd/yyyy); _____

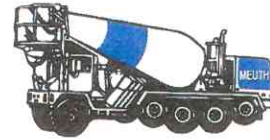
SIGNATURE: _____

DATE: _____



MEUTH CONCRETE

703 Eighth Street • P.O. Box 523
Henderson, KY 42419-0523
270-826-8554
Fax: 270-831-5203



Pre Employment/Post Employment Drug Testing Memorandum of Understanding

Meuth Concrete seeks to establish a stable, mutually beneficial long-term relationship with its employees. As an employer, we expect to incur employment expenses that are a normal cost of doing business.

Pre-employment drug testing is a requirement for all our employees and drivers. This follows Department of Transportation regulations that mandate drivers are drug free. Pre-employment physical abilities testing is also done. The cost of the tests is approximately \$200.00.

Meuth Concrete will pay the cost of this testing. However, we reserve the right to withhold the actual cost of the tests from your wages if you leave voluntarily within six months of your hire date.

Statement:

I understand that if I voluntarily leave the employ of Meuth Concrete within six months of my hire date that I will become liable for the actual cost of my drug tests. I understand the cost of drug testing \$200.00 will be withheld from my final paycheck(s).

Applicant's Name (printed):

Date

Applicant's Signature



MEUTH CONCRETE

703 Eighth Street • P.O. Box 523
Henderson, KY 42419-0523
270-826-8554
Fax: 270-831-5203



DRUG TESTING CONSENT FORM **-CONFIDENTIAL HAIR SAMPLE-**

Employee/Applicant's Name (Print):

1. I understand that I am being asked to provide a hair sample for testing to determine the presence of drugs in my system. I understand that I do not have to provide such a specimen if I choose not to do so, but that my refusal will result in disqualification from employment consideration at Meuth Concrete.
2. I hereby give consent to and authorize Meuth Concrete and the collection agent selected and hired by Audubon to take a hair sample and use it for the testing of drugs in my system. I further give consent to and authorize Audubon and its collection agent to submit the hair sample to a SAMSHA-certified laboratory for drug testing and have the results released to the HR Manager, or any other employee or company officer designated by Meuth Concrete.
3. I hereby release Meuth Concrete and any of its officers, agents, and employees as well as any physicians, laboratories, hospitals or other facilities responsible for testing from any claims, causes of action, damages or liability relating to the testing or use and dissemination of test results. This includes, but shall not be limited to, all claims for injuries or damages arising out of, or relating to, the collection of specimens, procedures, or any action taken regarding employability or continued employment as a result of the testing or test results.

I consent to provide a hair sample for use in the manner described. _____ (Initial, if yes)

I refuse to provide a hair sample. I understand that my refusal will result in disqualification from employment consideration at Meuth Concrete. _____ (Initial, if refusing to provide sample)

Employee/Applicant's Signature

Date

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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

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

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

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

Date: _____

Signature

Name (Please Print)

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

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

LAST UPDATED 2/11/2016

INDIANA

WORKER'S COMPENSATION BOARD

EMPLOYEE RELEASE

I hereby authorize the Indiana Worker's Compensation Board to search and release any and all claims to HireRight with regards to the following information: Claim Number, Injury, Date of Injury, Employer, and Compensation.

Name: _____
(Please print clearly)

SS#: _____

Date of Birth: ____/____/____

Signature: _____

Date: _____

RELEASE AND CONSENT TO DISCLOSURE

I, _____, _____, _____
(Printed Name) (Birth Date) (Social Security Number)

do hereby authorize the Department of Workers' Claims, Labor Cabinet, Commonwealth of Kentucky ("Department"), to release to

(Person or entity to whom records may be released)

and deliver, by mail or otherwise, to that person or entity at the following address:

(Street Address)

(City)

(State, Zip Code)

any and all records, documents and information in the Department's possession pertaining to any workers' compensation matter or matters involving me. These records, documents, and information may include, but are not limited to, first and subsequent reports of injury, claim file material including medical records and reports, settlement agreements, and awards. By affixing my signature below, I affirmatively consent to the release and disclosure of any and all such records and documents, and all information contained therein. I further affirmatively state I understand and acknowledge that by authorizing the release and delivery of this material I am waiving any right to claim the material to be released is exempt from disclosure under the Kentucky Open Records Act, KRS 61.878.

(Typed or printed name of person releasing information)

(Signature of person releasing information)

STATE OF _____

COUNTY OF _____

Subscribed, sworn to, and acknowledged before me, a Notary Public, in and for said County and State, personally by _____, on this the ____ day of _____, 2018.

Notary Public

My Commission Expires: _____