



T C A R

# APPLICATION FOR DRIVER QUALIFICATION AS REQUIRED BY SECTION 391 DOT SAFETY REGULATIONS

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

Company applying for: TRANS CARRIERS INC. 5135 Hwy 78 Memphis, TN 38118

Company Driver \_\_\_\_\_ Owner Operator \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

No application will be processed unless it's completed in full

REFERRED BY: \_\_\_\_\_

Date \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Suffix

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Please list any other names you have been known by (include Maiden name) \_\_\_\_\_

List current address and all previous addresses for the prior 3 years.

Current	Number	Street	City	State	Zip
Previous	Number	Street	City	State	Zip
Previous	Number	Street	City	State	Zip

List current drivers license and any other license or permit you have had even if expired.

Current	State	License/Permit Number	Class/Type	Expiration Date
Previous	State	License/Permit Number	Class/Type	Expiration Date
Previous	State	License/Permit Number	Class/Type	Expiration Date

Check Endorsements that you have:  Combinations  Hazardous Materials  Air Brakes

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_
2. Have you ever been disqualified to drive by Federal Regulations? Yes \_\_\_ No \_\_\_
3. Have you ever had any license, permit, or privilege to operate a motor vehicle denied, suspended, or revoked? Yes \_\_\_ No \_\_\_

If Question 3 is yes, list date(s) and details \_\_\_\_\_

### Notify in Case of Emergency

Name _____	Phone #: (____) _____	Relationship _____
Name _____	Phone #: (____) _____	Relationship _____
Name _____	Phone #: (____) _____	Relationship _____

## EMPLOYMENT RECORD FOR PAST TEN (10) YEARS

You **MUST COMPLETE** your 10-year employment history. Begin with your present or most recent employer and work backward, in order, listing ALL of your previous employers, self-employment, and periods of unemployment. You **MUST** provide ALL addresses & phone numbers for the Application to be processed. All 10 years must be accounted for. Use additional paper if necessary.

Current or Most Recent Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_      May we contact your current employer? Yes \_\_\_ No \_\_\_      Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_

Why do you want to change employers? \_\_\_\_\_ # of states driven in \_\_\_\_\_

# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_

Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Second Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_

# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_

Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Third Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_

# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_

Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Fourth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_

# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_

Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Fifth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_

# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_

Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Sixth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_

# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_

Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Previous Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_  
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_  
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
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Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Previous Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
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Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Previous Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
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Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Previous Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_  
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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Previous Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ # of states driven in \_\_\_\_\_  
# of Accidents \_\_\_\_ Details \_\_\_\_\_ Were you subject to the FMCSRs? Yes \_\_\_ No \_\_\_  
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes \_\_\_ No \_\_\_

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## EXPERIENCE AND QUALIFICATIONS

Can you speak and read the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and record? (49 CFR Part 391.11(b)(2))

Yes \_\_ No \_\_

**TRAFFIC CONVICTIONS/FORFEITURES (IF NONE WRITE NONE)**  
List ALL vehicle moving traffic convictions and forfeitures for the past 3 (three) years

Date	Location (ST)	Charge	Penalty

1. Have you ever been convicted

- a. for driving while under the influence of alcohol or drugs?
- b. for possession, sale, or use of a narcotic drug?
- c. of a felony?
- d. of a misdemeanor?

Yes \_\_ No \_\_  
Yes \_\_ No \_\_  
Yes \_\_ No \_\_  
Yes \_\_ No \_\_

If the answer to a, b, c, or d is yes, list date(s) and details.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**ACCIDENT RECORD (IF NONE WRITE NONE)**

List all accidents/incidents in the past 3 years, include all preventable and non-preventable whether or not on MVR

Date	Type of Vehicle	Nature of Accident (Head on, rear end, etc.)	Preventable		Fatalities		Injuries		Vehicles Towed	
			Yes	No	Yes	No	Yes	No	Yes	No

2. Have you ever been refused liability insurance?

Yes \_\_ No \_\_

**NATURE AND EXTENT OF EXPERIENCE**

TYPE	Trailer Length	Years of Experience	Approximate Number Of Miles	States Operated in
Tractor with Flatbed				
Tractor with Van				
Tractor with Reefer				
Tractor with Tank				

3. Have you ever driven a manual transmission tractor trailer?

Yes \_\_ No \_\_

If yes, number of years \_\_\_\_\_ months \_\_\_\_\_ Start date \_\_\_\_\_ End Date \_\_\_\_\_

List any trucking, transportation, or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

### Certification of a Positive Pre-employment Drug or Alcohol Test Result or Report of Refusal to Test

In accordance with the provisions of the Federal Motor Carrier Safety Regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25(j)), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following questions:

1. Have you ever tested positive on any pre-employment drug 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 two years? Yes \_\_ No \_\_
2. Have you ever tested positive on any pre-employment 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 two years? Yes \_\_ No \_\_
3. Have you ever refused 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 two years? Yes \_\_ No \_\_

I certify with my signature below that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be the cause for the immediate termination of any employment or contractual agreement I may have with the company.

Applicant's Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_ SSN: X \_\_\_\_\_

### Certification of a Positive Drug or Alcohol Test Result or Report of Refusal to Test

Have you ever tested positive or refused any required DOT Drug or Alcohol test administered by an employer in the past five (5) years? Yes \_\_ No \_\_

Applicant's Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_ SSN: X \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the information provided concerning previous employer(s) must involve contact of the previous employer(s) for the purpose of investigating my safety performance history information as required in part 391.23 of FMCSR.

I also understand that part 391.23 of FMCSR provides me specific process rights regarding the information received as a result of these investigations. These rights include:

- (1) the right to review information provided by my previous employer(s);
- (2) the right to have errors in the information corrected by my previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer;
- (3) the right to have a rebuttal statement attached to the alleged erroneous information, if my previous employer(s) and I cannot agree on the accuracy of the information.

Along with these rights, I understand that in accordance with FMCSR part 391.23(l), I may not take action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information by providers of information, agents of motor carriers, or insurers except for providers of knowingly false information in accordance with this regulation.

I authorize you to make such investigations and inquiries of my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

X \_\_\_\_\_  
Applicant's Signature

X \_\_\_\_\_  
Date



REQUEST FOR INFORMATION FROM A PREVIOUS/PRESENT EMPLOYER FOR SAFETY PERFORMANCE HISTORY RECORDS

SECTION 1: APPLICANT PLEASE PRINT NAME, SSN, SIGNATURE, & DATE ONLY (X)

I, X \_\_\_\_\_ X \_\_\_\_/\_\_\_\_/\_\_\_\_
Print Name Social Security Number

hereby authorize the previous/present employer listed in Section 2 below to release and forward employment and accident history (391.23) to Trans Carriers, Inc. 5135 Hwy 78 Memphis, TN 38118.

X \_\_\_\_\_ X \_\_\_\_/\_\_\_\_/\_\_\_\_
Applicant's Signature Date

APPLICANT DO NOT WRITE BELOW THIS LINE

SECTION 2: TO BE COMPLETED THE BY PREVIOUS/PRESENT EMPLOYER (Employment/Accident History)

Previous/Present Employer: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Attention: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Was the applicant employed by your company? Yes\_\_ No\_\_ Position: \_\_\_\_\_

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible for Rehire? Yes\_\_ No\_\_
Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Term Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Upon Review \_\_

Reason for Leaving Experience Type Tractor Type Trailer Type
\_\_ Resigned \_\_ Long Haul \_\_ Solo \_\_ Tractor \_\_ Van \_\_ Reefer
\_\_ Layoff \_\_ Short Haul \_\_ Team \_\_ Straight Truck \_\_ Containers \_\_ Tanker
\_\_ Discharged \_\_ Local \_\_ Student \_\_ Other \_\_ Flatbed \_\_ Doubles
reason \_\_\_\_\_ \_\_ Other \_\_\_\_\_

Disciplinary Problems? Yes\_\_ No\_\_ If yes, explain \_\_\_\_\_ License Suspension? Yes\_\_ No\_\_

ACCIDENTS: Did the applicant have ANY accidents while employed or leased by your company? Yes\_\_ No\_\_ If yes, please list .

Table with columns: Date, Type of Accident, DOT REC, Preventable, # Injuries, # Fatalities, Towed, Hazmat Spill. Rows 1, 2, 3.

Please sign, date, and complete Company DOT, MCC, or ICC Number then complete page 2 Sections 4 and 5.

Page 1 of 2

Company Representative's Signature and Title Company DOT, MCC, or ICC Number Date

Please fax this form to Trans Carriers Recruiting Dept. Fax 901-794-0303 Phone 901-869-3713

Section 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER (Verification Request Record)

1st request (date/initial) 2nd request (date/initial) 3rd request (date/initial) 4th request (date/initial)



RELEASE OF INFORMATION – 49 CFR PART 40 DRUG AND ALCOHOL TESTING

SECTION 4: APPLICANT PLEASE PRINT NAME, SSN, SIGNATURE, & DATE ONLY (X)

I, X \_\_\_\_\_ X\_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name Social Security Number

hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous/present employer listed in section 5 to

Trans Carriers, Inc. 5135 Hwy 78 Memphis, TN 38118

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section 5 by my previous/present employer, is limited to the following DOT regulated testing items: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drugs 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. In compliance with 40.25(g) and 391.23(h) the release of information must be made in a written form that ensures confidentiality, including letter, facsimile, or e-mail.

X \_\_\_\_\_ X\_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant's Signature Date

APPLICANT DO NOT WRITE BELOW THIS LINE

SECTION 5: TO BE COMPLETED BY THE PREVIOUS EMPLOYER (Drug and Alcohol History)

Previous/Present Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

\_\_\_ Check here if the driver WAS NOT subject to DOT testing requirements while employed with your company.

- 1. Did the individual have an alcohol test with a result of 0.04 or higher? Yes\_\_ No\_\_
2. Did the individual have verified positive drug test? Yes\_\_ No\_\_
3. Did the individual refuse to be tested? Yes\_\_ No\_\_
4. Did the individual have other violations of DOT agency drug and alcohol testing? Yes\_\_ No\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? Yes\_\_ No\_\_

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes\_\_ No\_\_ N/A\_\_

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return to duty documentation (e.g. SAP report(s), follow up testing record).

Page 2 of 2

Company Representative's Signature and Title Company DOT, MCC, or ICC Number Date

Please fax this from to Trans Carriers Recruiting Dept. Fax 901-794-0303 Phone 901-869-3713

Section 6: TO BE COMPLETED BY PROSPECTIVE EMPLOYER (Verification Request Record)

1st request (date/initial) 2nd request (date/initial) 3rd request (date/initial) 4th request (date/initial)

**PART II - CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE**  
**(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references, and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P O Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- Check this box if you are applying for employment in Oklahoma and/or you are a Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.
- Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

**PART II - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize USIS to receive Information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes: provided, such Information will not include the Drug and Alcohol Information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

**NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO ADDRESSED IN PART 1.**

Applicant Print Name: X \_\_\_\_\_ Social Security #: X \_\_\_\_\_

Applicant's Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_