

DRIVER'S APPLICATION FOR EMPLOYMENT

**Roeder Cartage Company, Inc.
& Affiliated Companies**



**1979 North Dixie Highway
Lima, Ohio 45801**

Date of Application: _____ **Position(s) Applied for:** _____

Name: _____ **Social Security Number:** _____
Last First MI

Address: _____ **Phone:** _____
Street

_____ **Date of Birth:** ____/____/____
City State Zip (Required for Commercial Drivers) MM DD YYYY

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital status or non-job related disability.

Address of previous: _____
(Three years if different than above) Street City State Zip Number of Years
_____ Street City State Zip Number of Years

Application Certification

This certifies that this application was completed by me, and that all entries/information are true and complete to the best of my knowledge.

I authorize you to make such investigation and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

Signature

Date

APPLICANT TO COMPLETE

(Answer all questions – Please print)

Have you ever worked here before? Yes No If so, from _____ to _____
MM/YYYY MM/YYYY

Position held: _____ Reason for leaving: _____

Who Referred You? _____ Pay expected: _____

State reasons that you might be unable to perform the functions of the job for which you have applied.

Experience / Qualifications

State any trucking, transportation, or other experience that may help in your work for this Company.
(Be sure to report and schools, special equipment, and award that you have received.)

Accident Record for Past 3 Years

Date	Nature of Accident (Head-on, Rear End, Upset, Etc.)	Fatalities	Injuries	Hazardous Mat'l Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic convictions & Forfeitures for the Past 3 years (Do not include parking violations)

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6

The last school attended: _____
(Name) (City) (State)

Have ever been convicted of a felony: _____

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

EMPLOYMENT HISTORY

**** All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street numbers, city, state, and zip code.**

**** Applicants to drive a commercial motor vehicle * intrastate or interstate commerce shall also provide an additional 7 years Information on those employers for whom the applicant operated such vehicle.**

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

Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

Telephone Number: _____

Fax Number: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED YES _____ NO _____

WAS YOUR JOB DESIGNATED AS SAGETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

Telephone Number: _____

Fax Number: _____

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED YES _____ NO _____

WAS YOUR JOB DESIGNATED AS SAGETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

Telephone Number: _____

Fax Number: _____

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Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

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Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

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Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

Telephone Number: _____

Fax Number: _____

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Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

Telephone Number: _____

Fax Number: _____

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Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

Contact Person: _____

Reason for Leaving: _____

Telephone Number: _____

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Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

Salary/Wage: _____

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Previous Employer: _____

Inclusive Dates: _____ to _____

Address: _____

Position Held: _____

City: _____ State: _____ Zip: _____

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WAS YOUR JOB DESIGNATED AS SAGETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____

**Experience and Qualifications –Driver
Driver License**

State: _____ License Number: _____ Type: _____ Endorsements: _____ Expires: _____

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

Have you ever had a license suspended or revoked? Yes _____ No _____

If the answer to either of the above questions is yes, please provide a detailed explanation to include dates.

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Period Driven</u>	<u>Estimated Number of Miles</u>
Straight Truck	_____	_____ to _____	_____
Tractor Trailer	_____	_____ to _____	_____
Other	_____	_____ to _____	_____

States Driven in the past 5 years:

Special driving courses that you have taken that will help you as a driver for this company:

Safety Awards

<u>Award(s)</u>	<u>Date</u>	<u>Company / Organizations</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Experience and Qualifications

Company Use

Applicant Hired: _____	Rejected: _____
Date Employed: _____	Terminal Location: _____
Signature of Interviewing Officer: _____	
Date Terminated: _____	Dismissed: _____
Quit: _____	Other: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(Previous Employer)

(Address)

(City) (State) (Zip)

I hereby authorize you to release the following information to Roeder Cartage Company, Inc. for the purpose of investigation as required by Parts 391.23, 382.413, and 40.25 of the Federal Motor Carrier Safety Regulations. I hereby voluntarily release you from any and all liability, which may result from furnishing such information.

(Date)

(Applicant's Signature)

Dear Sir/ Ma'am:

The individual listed below has made application to this company for a position as a semi-tractor driver and states that he/she was employed by you as a _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Please return this reply in the envelope provided or via FAX at 419.221.2264. Thank you for your courtesy.

Respectfully,

Roeder Cartage Safety Department

Name of Applicant: _____ SSN: _____

1. Employed from: _____ to _____
2. Did this individual drive a motorized vehicle for you? Yes No If so, was it a tractor/semi-trailer? Yes No
3. Was this individual subject to the FMCSA Yes No
4. Was this individual a safe and efficient driver Yes No
5. While employed by your company, how many moving violations did this individual have? _____
6. While employed by your company, how many chargeable accidents did this individual have? _____
7. While employed by your company did this individual perform safety sensitive function(s) that required alcohol and controlled substance testing as specified by 49 CFR par 40? Yes No
8. While employed by your company, did this individual have any positive results from controlled substance test? Yes No
9. While employed by your company, did this individual have any breath alcohol test with results of .04 or above? Yes No
10. While employed by your company, did this individual ever refuse to take a drug or alcohol screening or have a verified adulterated or substituted drug test result? Yes No
11. Do you have any knowledge including that which came from previous employers that this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
12. Would you rehire this individual? Yes No
13. Remarks

SIGNATURE _____ DATE _____ TITLE _____

**Motor Vehicle Driver's
Certificate of Compliance
With Driver License Requirements**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in interstate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more' can transport more than 15 people; or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more' can transport more than 15 people; or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 if the FMCSRs contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- (1) You, as a commercial vehicle driver may not possess more than one license.
- (2) Section 383.33 of the FMCSR require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating any state or local traffic law (other than parking) you report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following License is the only one I currently possess and that I will possess while employed by or contracted to Roeder Cartage Company, Inc.

CDL Number

State

Expiration Date

Applicant's Signature

Month Day Year

Motor Vehicle Driver's Certificate of Violations

I certify that the following is a true and complete list of traffic violations, required to be listed, for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are no violations listed above, I certify that I have not been convicted or forfeited bond or collateral on any account of any violations (other than those I have provided under Part 383 of the Federal Motor Carrier Safety Regulations) required to be listed during the past 12 months.

Driver's Name: _____ SSN: _____

Driver's Signature: _____ Date: _____

Driver's CDL Number: _____ Expiration Date: _____

Roeder Cartage Company, Inc. & Affiliate Companies

1979 North Dixie Hwy. Lima, OH 45801

Reviewed by: _____ Date: _____

Roeder Cartage Safety Department

PRE-EMPLOYMENT URINALYSIS
And
BREATH ALCOHOL TESTING
NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301 – pre employment testing requirements, apply to driver applications of this company.

382.301 Pre-employment testing requirements.

(a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.

(b) A driver applicant shall submit to controlled substances testing as a pre-qualification condition.

(c) A driver applicant shall submit to breath alcohol testing as a pre-qualification condition.

(d) Prior to collection of a urine sample, under 382.301 of this subpart, a driver applicant shall be notified that the urine sample will be tested for the presence of controlled substances. a driver-applicant shall be advised that the test will report presence of alcohol.

(e) Prior to the breath alcohol test, under 382.301 of this subpart a driver-applicant shall be advised that the test will report presence of alcohol.

- As a condition of my employment, I agree to the urine sample collection and controlled substance testing.
- I understand that a positive test for controlled substances, based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.
- I understand that a Breath Alcohol level of .04 or above will medically disqualify me from the operation of a commercial motor vehicle for this company.
- My written authorization is required for the Urinalysis Test and Breath Alcohol Test, and will be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis and Breath Alcohol Notification.

Applicant's Name (Printed)

Applicant's Signature

Month Day Year

Company Representative Signature

Month Day Year

Liquid & Dry Transporters Since 1974



ROEDER CARTAGE COMPANY, INC.

1979 North Dixie Highway
Lima, Ohio 45801
(419) 221-1600 • 800 421-8202

10 Legion Drive
Paris, Kentucky 40361
(859) 987-2754 • 800 446-3091

General Consent for Limited Queries of The Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.

I, _____ hereby provide consent to Roeder Cartage Company Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I also consent to the limited query to be ran at least annually for the entire time frame of employment at Roeder Cartage Company Inc.

I understand that the limited query conducted by Roeder Cartage Company Inc. indicates that the drug or alcohol information about me exists in the Clearinghouse, FMCSA will not disclose that information to Roeder Cartage Company Inc. without first obtaining additional specific consent from me.

I Further understand that if I refuse to provide consent for Roeder Cartage Company Inc. to conduct a limited query of the Clearinghouse, Roeder Cartage Company Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be request from DAC Services in Tulsa, OK. These reports may include the following types of information: names and dates of previous employers; reason for termination of employment; work experience; accidents; etc. I also understand that such reports may contain public record information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies; and state provided driving records.

I also understand that a claims history report may be requested form the Great West Casualty Company. This report may include the following information with regard to my driving history, accident dates, state of accident location and a brief description of the accident.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC OR GREAT WEST CASUALTY COMPANY TO FURNISH THE ABOVE METIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me, which DAC has previously furnished within the two- year period preceding my request. I hereby consent to your obtaining the above information form DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services

I also have the right to make a request to Great West Casualty Company, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as any ongoing authorizations for you to procure consumer reports at any time my employment (or contract) period.

PRINT NAME

SOCIAL SECURITY NUMBER

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

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

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

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

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

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

AUTHORIZATION

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

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

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

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

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

Date: _____

Signature

Name (Please Print)

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

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