



**YOUNG & McQUEEN**  
GRADING COMPANY INC.

NC License #27438

25 Crest View Road, Burnsville, NC 28714

Phone: 828-682-7714 Fax: 828-682-4145



**Application for Employment Truck Driver**  
An Equal Opportunity Employer

**Position Applying For (Please check one):** CDL Driver ( ) Equipment Operator ( ) Laborer ( ) Other ( )

**Applicant Note:** If you need assistance in completing this form or for any phase of the employment process, please notify the person that issued you this form. This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. Please PRINT all answers truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact here-in, will automatically be disqualified from any further consideration for employment. All qualified applicants will receive consideration for employment without discrimination based on race, age, sex (including pregnancy), religion, national origin, physical or mental disability, genetic information, sexual orientation, gender identity, or any other state, local, or federal protected classification. A prior felony conviction may disqualify you from employment. Affirmative action hiring data may be requested by qualified applicants. Additional testing of skills directly related to essential job functions and testing for the presence of drugs and alcohol in your body will be required prior to beginning employment. Note: New hires are subject to E-verify of work status.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

How long resided at current address? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone/Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Type License \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Required for Commercial Drivers)

Do you have the legal right to work in the United States? Yes ( ) No ( ) Check one:  US/Naturalized Citizen

Permanent Residence Alien No. A \_\_\_\_\_  Authorized Work Alien No. A \_\_\_\_\_

Have you applied to this company before? Yes ( ) No ( ) If yes, when and for what position? \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary desired \_\_\_\_\_ Full-time ( ) Part-Time ( ) Temporary ( )

Are you able to perform the essential functions of the job for which you are applying with/without reasonable accommodation Yes  No  \_\_\_\_\_

Date available to start \_\_\_\_\_ Available to work: weekdays ( ) weekends ( ) nights ( ) overtime ( ) other ( )

How did you learn about this job opening? (or referred by) \_\_\_\_\_

Are you currently employed? Yes ( ) No ( ) Reason for leaving current or last employer? \_\_\_\_\_

<b>EDUCATION</b>	High School	College/ University/Technical	Graduate/Professional
School Name/Location			
Years/Credit Hours Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	Diploma GED		
Course of Study			
Other Certifications			

### Employment History 10 yrs

Prospective drivers must provide previous employment history for preceding 10 years. Enter in reverse order with most recent **previous/current employer** first. Attach additional sheets as **necessary**.

<b>Employer Name</b>	From Mo.    Yr.	To Mo.    Yr.
Address	Position Held	
City	State	Zip
Contact Person	Phone Number	Reason for Leaving or Currently Employed
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		
<b>Employer Name</b>	From Mo.    Yr.	To Mo.    Yr.
Address	Position Held	
City	State	Zip
Contact Person	Phone Number	Reason for Leaving
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		
<b>Employer Name</b>	From Mo.    Yr.	To Mo.    Yr.
Address	Position Held	
City	State	Zip
Contact Person	Phone Number	Reason for Leaving
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		
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<b>Employer Name</b>	From Mo.    Yr.	To Mo.    Yr.
Address	Position Held	
City	State	Zip
Contact Person	Phone Number	Reason for Leaving
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		
<b>Employer Name</b>	From Mo.    Yr.	To Mo.    Yr.
Address	Position Held	
City	State	Zip
Contact Person	Phone Number	Reason for Leaving
Operated Vehicle Requiring CDL Yes () No () List vehicle type or heavy equipment operated:		

**Business References**

(Include only individuals familiar with your work ability. Do not list relatives)

Name	Address	Phone	Years Known	Relationship	Occupation

**Personal References**

(Include only those individuals whom you have known for at least one year. Please do not list relatives.)

Name	Address	Phone	Years Known	Relationship	Occupation

Have you ever been bonded? Yes ( ) No ( )

Have you used any names or Social Security numbers other than those you have listed? Yes ( ) No ( )

If yes, please list \_\_\_\_\_

Have you been convicted of a felony and/or served time in the past (7) years that has not been expunged from your record? Yes ( ) No ( )

If yes, please explain fully on attached sheet of paper. (A conviction is not an automatic bar to employment.)

Have you held a license in another state? Yes ( ) No ( ) If yes, list all states and license numbers: \_\_\_\_\_

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

If yes, please detail \_\_\_\_\_

Have you ever had any license, permit, or privilege been suspended, revoked, or canceled? Yes ( ) No ( )

If yes, please detail \_\_\_\_\_

Have you received any notice that your license will be suspended or revoked in near future? Yes ( ) No ( )

<b>Accident Record</b> (Record all dates for last 3 years)	Nature/Type/Description of Accident (Head-on, Rear-end, turnover, etc.)	Fatalities	Injuries
Recent			
Previous			
Previous			

<b>Traffic Convictions</b> (record all convictions and forfeitures for last 3 years)	Date	Charge	Penalty
Location			
Location			
Location			

Please detail any other information that you would like to relate in reference to this employment application: (Special skills, equipment operated, additional schooling, other experience, etc.) Attach resume if needed.

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## CERTIFICATION RELEASE

"I certify that I have read and understand the applicant note on the front page of this application and that all answers given by me herein are true and correct to the best of my knowledge and belief. I hereby authorize the company, its agents and servants, and any credit reporting agency to verify any information set forth herein including, but not limited to my criminal history and motor vehicle driving record. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as the company may request concerning my past and to hereby release such person, school, former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of the company to detect the presence or absence of drugs in my body, both prior to and during my employment therewith. I acknowledge that any misrepresentations or omissions in this application will be grounds for termination."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Affirmative Action Survey/Self Identify

As an Equal Opportunity Employer, we are required by law to record certain information as part of our Affirmative Action Program. Applicants for employment are asked to participate by reporting their status as disabled, disabled veteran, Vietnam era veteran, or other minority. Applicants are under no obligation to respond but may do so voluntarily at this time, post-job offer, or in the future as warranted. All responses are confidential within Human Resources Dept., and responses will only be used for Affirmative Action Program. We value our diversity and actively encourage all minorities to apply. Refusal to supply this information will have no bearing on your application and potential employment. Check each of the following that apply:

Gender: Male  Female  Other: Individual with Disabilities

Veteran Status: Vietnam Era Veteran  Special Disabled Veteran  Other Protected Veteran   
Recently Separated Veteran  Armed Forces Service Medal Veteran

Race/Ethnic Identity: Hispanic or Latino  White (not Hispanic or Latino)   
Black or African American (not Hispanic or Latino)  Asian (not Hispanic or Latino)   
Native Hawaiian or Pacific Islander (not Hispanic or Latino)   
American Indian or Alaskan Native (not Hispanic or Latino)   
Two or More Races (not Hispanic or Latino)

I do not wish to Self-Identify. Signature: \_\_\_\_\_

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION**

In connection with your application for employment with Young & McQueen Grading Company, Inc. (hereinafter referred to as the "Company"), including any contract for services, and if you are hired or retained, at any time during the course of your employment or contract for services with the Company, the Company may procure or cause to be prepared a consumer report and/or investigative consumer report (i.e. a background report) on you for employment-related purposes, including, as applicable, for evaluating you for employment, promotion, reassignment, or retention as an employee or service provider.

The nature and scope of this consumer report(s)/investigative consumer report(s), and the report(s) themselves, may contain information from public records and/or personal interviews and may include information bearing on your character, general reputation, personal characteristics, and mode of living. These consumer report(s)/investigative consumer report(s) may contain the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, educational background, or any other information about you, which may reflect upon your potential for employment or continued employment, including any contract for services, gathered from any individual, organization, entity, agency, or other source that may have knowledge concerning any such items of information. Such report(s) may contain public record information concerning your driving record, workers' compensation claims, criminal records, etc., from federal, state, and other agencies which maintain such records, as well as information from the consumer reporting agency preparing the report.

The name, address, and telephone number of the consumer reporting agency that will prepare the report is:

IntelliCorp Records, Inc.	Customer Service
3000 Auburn Drive, Suite 410	Email: <a href="mailto:customerservice@intellicorp.net">customerservice@intellicorp.net</a>
Beachwood, OH 44122	
Phone: 216-450-5200	Toll Free: 888-946-8355
Fax: 216-450-5201	Fax: 216-450-5301

The internet web site address where you may find information about the consumer reporting agency that will prepare the report privacy practices with respect to its preparation and processing of investigative consumer reports, including whether your personal information will be sent outside the United States or its territories, is [www.intellicorp.net](http://www.intellicorp.net)

You have the right, during normal business hours and on reasonable notice, to visually inspect the file(s) maintained on you by the consumer reporting agency that prepared the report on you. You may also receive a copy of your file from the consumer reporting agency for a fee not to exceed the actual costs of the duplication services provided. You may also make a written request by certified mail, and with proper identification that a copy of the file(s) maintained on you by the consumer reporting agency that prepared the report on you, be sent to a specified addressee. You may also make a written request, with proper identification, for a summary of all of the information contained in the file(s) maintained on you by the consumer reporting agency that prepared the report on you be provided by telephone. The consumer reporting agency may require the toll charge, if any, for the telephone call be prepaid by, or charged directly to you. The consumer reporting agency will provide trained personnel to explain any information in the file(s) maintained on you at the time of your request for the information in your file(s). The consumer reporting agency will also provide a written explanation of any coded information, if any, contained in the file(s) maintained on you. If you appear in person, a person of your choice may accompany you, provided this person furnishes proper identification.

## **CONSUMER AND INVESTIGATIVE CONSUMER REPORTS AUTHORIZATION**

I have carefully read, and I understand, the Disclosure and Authorization form regarding the preparation and procurement of consumer report(s)/investigative consumer report(s) provided on me by the Company in connection with my application for employment for evaluating me for employment with the Company or, as applicable, contract for services, or, if already employed, for promotion, reassignment, or retention as an employee or service provider.

By my signature below, I hereby authorize the Company to procure or cause to be prepared the consumer report(s) and investigative consumer report(s) prepared by a consumer reporting agency. I understand that if the Company hires me, the Company may rely on this Authorization to obtain additional consumer reports and/or investigative consumer reports

on me from the consumer reporting agency IntelliCorp, without asking for my consent again to the extent permitted by applicable law.

I also authorize all of the following persons and entities to disclose to the consumer reporting agency and its agents all information about or concerning me: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state, and local agencies; federal, state, and local courts; the military; credit bureaus; drug and alcohol testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the Agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials, and licenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Maiden Name or Other Name Used

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
How Long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Former Address

\_\_\_\_\_  
How Long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Birth Day/Month

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Issuing State

### **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 are 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 of 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 is 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 1-888-5-OPTOUT (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, savings 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, N.W. Washington, DC 20552</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, Houston, 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, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the 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., N.E. 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 <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



**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 Young & McQueen Grading ("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 Young & McQueen Grading ("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*