

## CONSUMER DISCLOSURE AND AUTHORIZATION FORM

### Disclosure Regarding Background Investigation

Transportations Specialists, Ltd., ("TSL") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing, to include the DAC Employment History File. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks including a CDLIS report; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If TSL should obtain information bearing on your credit worthiness, credit standing, or credit capacity for reasons other than as required by law, then TSL will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting TSL.

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I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to preparation of background reports (to include the DAC Employment History File) by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to TSL, its designated representatives and agents, for the purpose of assisting TSL in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if TSL hires me or contracts for my services, my consent will apply, and TSL may obtain background reports, throughout my employment or contract period. I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of TSL.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**APPLICANT INFORMATION:**

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the below mentioned company contact. I also hereby authorize this former employer to release drug and alcohol information and SAP information for the preceding three years under applicable DOT agency regulations.

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMPLOYER INFORMATION:**

The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated above, all liability of you and your company has been released by the applicant.

1. Dates of Employment: \_\_\_\_\_
2. Position: Driver  Dock  Office  Other  (Please specify) \_\_\_\_\_
3. If employed as a driver, please indicate type of equipment driven: Tractor/Trailer  Bus  Straight Truck  Other   
(Please specify) \_\_\_\_\_
4. If Tractor/Trailer, what kind of trailing equipment) Dry Van  Reefer  Flatbed  End/Side Dump   
Doubles/Triples  Tank  Container  Other  (Please specify) \_\_\_\_\_
5. What type of driving? 48-state  Regional  Intrastate  City
6. Number of accidents: \_\_\_\_\_ Number preventable: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Preventable: \_\_\_\_\_ DOT Recordable?: \_\_\_\_\_ Type: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Preventable: \_\_\_\_\_ DOT Recordable?: \_\_\_\_\_ Type: \_\_\_\_\_
7. Number of on-the-job injuries: \_\_\_\_\_ Recurring injuries? \_\_\_\_\_ Back injuries? \_\_\_\_\_
8. Employee's general conduct: Above Average  Average  Below Average  Poor  Satisfactory
9. Reason for leaving your company: Resigned  Discharged  Laid Off
10. Would you re-employ this person?: Yes  No  Upon Review  Please explain: \_\_\_\_\_
11. Additional remarks: \_\_\_\_\_
12. Has this person ever tested positive for controlled substances under Part 382 in the past three years during employment with your company? Yes  No
13. Has this person ever had an alcohol test with a result of 0.04 or greater under Part 382 in the past three years during employment with your company? Yes  No
14. Has this person ever refused a required test for drugs or alcohol under Part 382 in the past three years during employment with your company? Yes  No
15. Has the individual violated other DOT drug/alcohol regulations? Yes  No
16. Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations? Yes  No
17. If YES to any of the above D&A questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.

SAP Name \_\_\_\_\_ SAP Phone (\_\_\_\_) \_\_\_\_\_

SAP Address \_\_\_\_\_ SAP City/State/Zip \_\_\_\_\_

Former Employer \_\_\_\_\_ Sent By \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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.

*LAST UPDATED 12/22/2015*