

**BLUE FLASH EXPRESS**  
**APPLICATION FOR EMPLOYMENT**

BF-05Q01  
March 2002  
Page 1 of 4

Blue Flash Express  
23356 Old Scenic Highway  
Zachary, LA 70791

In compliance with Federal and State equal employment opportunity 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.

Answer all questions. Please print.

Site:  Louisiana  Texas  Georgia  Mississippi  South Carolina  Tennessee  Illinois

Position(s) applied for: \_\_\_\_\_ Application date: \_\_\_\_\_

If applying for driver:  Company Driver  Owner-Operator  Driver for Owner-Operator: \_\_\_\_\_

Name (Last, first, middle): \_\_\_\_\_ Social Security #: \_\_\_\_\_

List your addresses of residency for the past 3 years:

Current address:	Street	City	State/ZIP	
	Phone (area code first)			How long?
Previous Addresses:	Street	City	State/ZIP	How long?
	Street	City	State/ZIP	How long?
	Street	City	State/ZIP	How long?
	Street	City	State/ZIP	How long?
	Street	City	State/ZIP	How long?

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

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

Date of birth (Required for Commercial Drivers): \_\_\_\_\_ Can you provide proof of age?  Yes  No

Have you ever worked for Blue Flash before?  Yes  No

If yes, where? \_\_\_\_\_ Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason left: \_\_\_\_\_

**Current employment:**

Are you now employed?  Yes  No If not, how long since last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

**Education:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Name last school attended: \_\_\_\_\_ City, State: \_\_\_\_\_

Is there any reason you might be unable to perform the function of the job for which you have applied?  Yes  No

If yes, explain if you wish: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BLUE FLASH EXPRESS  
APPLICATION FOR EMPLOYMENT**

**Employment History**

All driver applicants must provide the following information for all employers for whom applicant was an operator of a commercial motor vehicle during the preceding 10 years. Include those employers for whom the applicant operated a vehicle having GVWR of >26,001 lbs. , vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

All non-driver applicants must provide the following information on all employers during the preceding 3 years. List complete information.

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

<b>Employer</b>		
Name	Date from (m/y)	To (m/y)
Address	Position held:	
City	State	Zip
Contact person	Phone	Salary/wage:
Reason left:		
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer</b>		
Name	Date from (m/y)	To (m/y)
Address	Position held:	
City	State	Zip
Contact person	Phone	Salary/wage:
Reason left:		
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer</b>		
Name	Date from (m/y)	To (m/y)
Address	Position held:	
City	State	Zip
Contact person	Phone	Salary/wage:
Reason left:		
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer</b>		
Name	Date from (m/y)	To (m/y)
Address	Position held:	
City	State	Zip
Contact person	Phone	Salary/wage:
Reason left:		
Were you subject to the FMCSRs while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**BLUE FLASH EXPRESS  
APPLICATION FOR EMPLOYMENT**

**This page to be completed only by drivers**

Accident record for past 3 years or more (attach sheet if more space is needed); if none, write none

Dates		Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last accident				
Next previous				
Next previous				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) (attach sheet if more space is needed); if none, write none

Location	Date	Charge	Penalty

**Experience and Qualifications - Driver**

Driver Licenses and Permits:

State	License No.	Type	Expiration Date

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

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

C. Have you ever been convicted of a felony or misdemeanor?  Yes  No

If the answer to A, B, or C is yes, attach a statement giving details.

**Driving Experience**

If none, write none

Equipment Class	Type Equipment (Van, tank, flat, etc.)	Dates		Approx. No. of miles (Total)
		From	To	
Straight truck				
Tractor and Semi-trailer				
Tractor and two trailers				
Motorcoach/school bus				
Other:				

List states operated in for last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

What safe driving awards do you hold and from whom? \_\_\_\_\_

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**Other Experience and Qualifications**  
 (Completed by all applicants)

List any trucking, transportation or other experience that may help in your work for Blue Flash: \_\_\_\_\_

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): \_\_\_\_\_

**To be Read and Signed by Applicant**

- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
- I authorize you to make such investigations and inquiries 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.
- 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 regulations of Blue Flash Express.

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

**Process Record**

(To be completed by Blue Flash Express.)

Applicant hired     Applicant rejected  (If rejected, summary should be filed.)    Date Employed: \_\_\_\_\_  
 Point Employed: \_\_\_\_\_    Department: \_\_\_\_\_    Classification: \_\_\_\_\_

	Superior	Good	Fair	Below Average	Poor	Not Applicable	Written Record on file
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Written exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal and Traffic Convictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Interviewing Officer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Blue Flash Express

I, \_\_\_\_\_ hereby certify that all of the jobs listed on my drivers application are all the driving jobs that I have held in the past 10 (ten) years. Also, the dates for the places of employment are also the dates that I can recall to the best of my knowledge.

Sign \_\_\_\_\_

Date \_\_\_\_\_

**BLUE FLASH EXPRESS, INC.**  
**PRE-EMPLOYMENT URINALYSIS NOTIFICATION**

BF-05Q02  
October 2000

The Federal Motor Carrier Safety Regulations, Section 391.103—pre-employment testing requirements, apply to driver-applicants of this company.

391.103 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 prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand 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.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (type or print):

\_\_\_\_\_

Applicant's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Witnessed by:

Blue Flash Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**BLUE FLASH EXPRESS, INC.**  
**CERTIFICATE OF COMPLIANCE**

BF-05Q05  
October 2000

**MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

**Motor Carrier Instructions**

The requirements in Part 383 apply to every driver who operates in intrastate, 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 of the Federal Motor Carrier safety Regulations contain some requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987, and are as follows:

1. **Possess only one license:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does **not** close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **Notification of License suspension, revocation or cancellation:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations 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 violate a state or local traffic law (other than parking), you must report it **in writing** within 30 days to:
  - Your employing motor carrier
  - The state that issued your license (if the violation occurred in a state other than the one which issued your license)

The following license is the only one I will possess:

Driver's License #:  State:  Exp. Date:

**Driver's Certification:** I certify that I have read and understood the above requirements.

Driver's Name (printed):

Driver's Signature:  Date:

Notes:

**BLUE FLASH EXPRESS, INC.**  
**CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF**  
**DRIVING RECORD**

BF-05Q07  
 October 2000

Motor Carrier Instructions: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Federal Motor Carrier Safety Regulations §391.27). Drivers who have provided information required by §383.31 need not repeat that information on this form.

Driver Requirements: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (§391.27).

**Completed by Driver - Certification of Violations**

Driver Name (print): \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
City State  
 Home \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Terminal: \_\_\_\_\_

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box:  None.)

Date	Offense	Location	Type of Vehicle Operated

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

Driver's Signature: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**Completed by Motor Carrier - Annual Review of Driving Record**

Motor Carrier Instructions: Review the Certification of Violations listed above and other information described in §391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with §391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to §391.15       Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Title)

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

Blue Flash Express, Inc.  
 23356 Old Scenic Highway  
 Zachary, LA 70791

- Terminal:  Louisiana  
 Texas  
 Georgia  
 Mississippi

**BLUE FLASH EXPRESS, INC.**  
**PREVIOUS EMPLOYER REQUEST**

BF-05Q03  
October 2000  
Page 1 of 2

I hereby authorize you to release the following information to Blue Flash Express, Inc., for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. I further declare that a copy of this authorization for the release of information, whether signed originally by me or photocopied, shall have the same effect as an original document.

Applicant's Signature: \_\_\_\_\_

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The following named person has made application with Blue Flash Express, Inc., for the position of driver and states that he/she was employed by you as a driver from \_\_\_\_\_ to \_\_\_\_\_

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,  
  
\_\_\_\_\_

Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_

1 Employment: Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Position: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_

2 Type motor vehicle driven:

Straight truck

Tractor/Semi-trailer

Bus

Other (specify) \_\_\_\_\_

3 Reason for leaving:

Discharged

Resignation

Lay off

Military duty

Other (specify) \_\_\_\_\_

4 Was he/she a safe and efficient driver?  Yes  No

5 Was his/her general conduct satisfactory?  Yes  No

6 Please list history of past driving record if available for past three years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BLUE FLASH EXPRESS, INC.**  
**PREVIOUS EMPLOYER REQUEST**

**7 Confidential Report of Personal Reference**

Please indicate your opinion by checking the appropriate column:

Characteristic	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, resourcefulness				
Safety habits				
Driving skill				
Attitude				
Loyalty				

Other remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**RELEASE AND DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYER:**

Date of driver's employment application: \_\_\_\_\_

**PART 1 – TO BE COMPLETED BY DRIVER/APPLICANT:**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_

To release to BLUE FLASH EXPRESS, LLC results of any positive controlled substance test, alcohol test with a result of .04 or greater, evidence of refusal to be tested; and information on any required substance abuse professional{SAP} evaluation, determination of need for assistance, compliance with SAP recommendations for the preceding three years. I request such records to be released immediately.

This authorization is valid until withdrawn by me in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name of driver: \_\_\_\_\_

Signature of driver: \_\_\_\_\_

SS# \_\_\_\_\_ Witness Signature \_\_\_\_\_

**PART 2- TO BE COMPLETED BY PREVIOUS EMPLOYER:**      YES      NO

Has this person ever been tested positive for controlled substances in the past three years during their employment with your company?      \_\_\_\_\_      \_\_\_\_\_

Has this person ever had a breath alcohol test with a result of .04 or greater in the past three years during their employment with your company?      \_\_\_\_\_      \_\_\_\_\_

Has this person ever refused a required test for drugs or alcohol in the past three years during their employment with your company?      \_\_\_\_\_      \_\_\_\_\_

If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance and give SAP'S name, address and phone numbers for further reference.

SAP NAME \_\_\_\_\_ Phone \_\_\_\_\_

SAP Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Person releasing information \_\_\_\_\_

Signature of Person releasing information \_\_\_\_\_

Date \_\_\_\_\_

**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 267-4093 (Manual Service)

Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I 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; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

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

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

**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, HireRight 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, HireRight 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 HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight 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 HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight 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 HireRight in person or by mail. HireRight 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 an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← 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 HireRight.

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

I hereby authorize HireRight 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 HireRight and the HireRight 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 HireRight 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 HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight 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 HireRight 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 HireRight and any person or entity contacted by HireRight 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 I.**

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

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

## ADDITIONAL STATE LAW NOTICES

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Notices continue on next page

**NEW YORK CORRECTION LAW  
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

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§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. 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 consenting to 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)