

PRE-APPLICATION QUESTIONNAIRE

Print Full Name: _____ Date: _____
Address: _____ DOB: _____
Phone: () _____ - _____ Social Security #: _____ - _____ - _____

(A) How many years of Tractor/Trailer experience have you had? _____

Can you prove your previous work experience? Y / N (circle one)

Has your driver's license EVER been suspended, revoked, or restricted? Y / N (circle one)

If Yes, explain: _____

Commercial Driver's License (CDL)? Y / N (circle one) What state? _____ #: _____

List any endorsements to your CDL: _____

Check the make of tractor(s) driven:

(circle)

_____ IHC/Navistar	Cab Over	Conventional
_____ Kenworth	Cab Over	Conventional
_____ Freightliner	Cab Over	Conventional
_____ Peterbilt	Cab Over	Conventional
_____ Ford	Cab Over	Conventional
_____ Other:	_____	

(B) Check the type of transmission(s) familiar with:

_____ 4 x 4 (16 speed)	_____ 5 speed	_____ Fuller 913 (13 speed)
_____ 10 speed	_____ RT 910	_____ 5 speed main - 3 speed aux.
_____ Fuller 12513 (13 speed)	_____ 6 speed	_____ Other: _____
_____ Triplex (15 speed)	_____ 9 speed	

Check the type of trailer(s) pulled:

_____ Regular van	_____ Reefer unit	_____ Flatbed	_____ Drop deck
_____ Grain	_____ Hopper	_____ Livestock	_____ Bulk tanker
_____ Liquid bulk tanker	_____ Other: _____		

Check the commodities transported:

_____ LTL freight	_____ Livestock	_____ Suspended meat	_____ Reefer products
_____ Dairy products	_____ Grain	_____ Feed	_____ Steel
_____ Lumber	_____ Heavy equip.	_____ Sand/gravel	_____ Household goods
_____ Petroleum	_____ Haz. Mat.	_____ Other: _____	

PRE-APPLICATION QUESTIONNAIRE *(continued)*

(C) Check states operated in:

AL <input type="checkbox"/>	AZ <input type="checkbox"/>	AR <input type="checkbox"/>	CA <input type="checkbox"/>	CO <input type="checkbox"/>	CT <input type="checkbox"/>
DE <input type="checkbox"/>	FL <input type="checkbox"/>	GA <input type="checkbox"/>	ID <input type="checkbox"/>	IL <input type="checkbox"/>	IN <input type="checkbox"/>
IA <input type="checkbox"/>	KS <input type="checkbox"/>	KY <input type="checkbox"/>	LA <input type="checkbox"/>	ME <input type="checkbox"/>	MD <input type="checkbox"/>
MA <input type="checkbox"/>	MI <input type="checkbox"/>	MN <input type="checkbox"/>	MS <input type="checkbox"/>	MO <input type="checkbox"/>	MT <input type="checkbox"/>
NE <input type="checkbox"/>	NV <input type="checkbox"/>	NH <input type="checkbox"/>	NJ <input type="checkbox"/>	NM <input type="checkbox"/>	NY <input type="checkbox"/>
NC <input type="checkbox"/>	ND <input type="checkbox"/>	OH <input type="checkbox"/>	OK <input type="checkbox"/>	OR <input type="checkbox"/>	PA <input type="checkbox"/>
RI <input type="checkbox"/>	SC <input type="checkbox"/>	SD <input type="checkbox"/>	TN <input type="checkbox"/>	TX <input type="checkbox"/>	UT <input type="checkbox"/>
VT <input type="checkbox"/>	VA <input type="checkbox"/>	WA <input type="checkbox"/>	WV <input type="checkbox"/>	WI <input type="checkbox"/>	WY <input type="checkbox"/>
Canada: <input type="checkbox"/>	Alberta <input type="checkbox"/>	B.C. <input type="checkbox"/>	Ontar. <input type="checkbox"/>	Queb. <input type="checkbox"/>	Mant. <input type="checkbox"/>

(D) List MOST RECENT motor carriers driven for:

Name	City, State	Company Driver?	Owner Operator?	How Long?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(E) List ALL accidents and traffic violations for past three years:

Mo./Yr.	Location	Type/Circumstance	Car?	Truck?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICATION FOR QUALIFICATION

(A) Company Warmka Transport, Inc.
50041 State Hwy 109
Address PO Box 47
Easton, MN 56025
City _____ State _____ Zip Code _____

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Phone 507-787-2289

507-787-2294

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Date _____ Position applying for; Check One: ☐ Contractor ☐ Driver
☐ Contractor's Driver

(B) Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____ Social Security Number _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before? ☐ Yes ☐ No If yes, give dates: From _____

To _____

Reason for leaving? _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

(C) Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone # (_____) _____
(Street) (City) (State/Zip)

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ 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? ☐ Yes ☐ No

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Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone # (_____) _____
(Street) (City) (State/Zip)

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ 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? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone # (_____) _____
(Street) (City) (State/Zip)

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ 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? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone # (_____) _____
(Street) (City) (State/Zip)

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ 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? ☐ Yes ☐ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone # (_____) _____
(Street) (City) (State/Zip)

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ 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? ☐ Yes ☐ No

From Mo/Yr Mo/Yr Present or Last Employer:
 To Name
 Position Held Address
 Reason For Leaving (Street) (City) (State/Zip)
 Phone # ()

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ 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? ☐ Yes ☐ No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

(D) Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

(E) List states operated in, for the last five years: _____

(F) List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

(G) List any Safe Driving Awards you hold and from whom: _____

(H) Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

(I) Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

(J) Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	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. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?

YES ☐ NO ☐

D. Have you ever been convicted of a felony?

YES ☐ NO ☐

(K) If the answers to A, B, C or D is "YES", give details _____

(L) Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

(M)

Applicant's Signature

Date

Remarks (For office use only)

This form is courtesy of:



The Difference Is Service®

(33)

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

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

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____
Driver Name (Printed): _____

(OVER)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25(b)(5) and (e).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
Yes ☐ No ☐
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes ☐ No ☐

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

This form is courtesy of:



CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with _____ (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random– Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A Driver who tests positive to a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

NAME			
ADDRESS			
PHONE #			

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)
testing requirements and understand them. I acknowledge receipt of the referral list of
Substance Abuse Professionals:

(Applicant's Signature)

(Employer Representative)

(Date)

This form is courtesy of:



The Difference is Service®

Original to be retained on file - Copy to Driver Applicant

NEW 9/04

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to complete this section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this Company to release all records of employment, (Print Name)
including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) 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, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this Company from the dates of ____/____/____ To ____/____/____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.

If no Drug and Alcohol information is available on above named applicant check here. ☐

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ*. | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the Driver/Applicant.

Drug and Alcohol information needs to be kept in a separate Personnel and/or Confidential file.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named Driver/Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here. ☐

Date	Location (Please give city/town or most near & State)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above name Driver/Applicant;

He/She was employed for you as a: _____ From ____/____/____ To ____/____/____

➤ If employed as a Driver, what type of equipment did he/she operate?

Straight Trucks ☐ Tractor/Trailer ☐ Doubles ☐ Triples ☐ Other ☐

Explain: _____

Type of Trailer(s) pulled: _____

Was he/she a: Company Driver? Yes ☐ No ☐ Contractor? Yes ☐ No ☐

Contractor's Driver? Yes ☐ No ☐ Other? Yes ☐ No ☐

General area traveled: _____ Commodities transported: _____

➤ While under your employment was he/she:

a. Bonded: Yes ☐ No ☐

b. Convicted of any traffic violations: Yes ☐ No ☐

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes ☐ No ☐

If yes, please explain: _____

➤ Reason for leaving: _____

➤ Would you re-employ this person: Yes ☐ No ☐ Upon Review ☐

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date

Please remember to retain a copy for your records; your timely response is appreciated.

(51)

New 9/04

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

USIS

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

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

USIS Customer:

Company Name: _____

Company Contact Name: _____

Fax #: (_____) _____ - _____

USIS 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 USIS for the purpose of USIS transmitting such records to the USIS 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 USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, 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, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

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

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

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

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

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

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

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____