



Driver Application Instructions

Dear Applicant,

Thank you for your interest in joining the MLM team. Please complete the attached Driver Application in its entirety and include copies of the following documents:

1. Copy of CDL – Front and Back
2. Copy of Social Security Card
3. Copy of Medical Examiner's Card
4. Copy of TWIC

Please pay special attention to the Employment History section and provide all required information for each previous employer, including:

- Company name
- Address
- Contact name and phone number
- Employment start and end dates
- Position and duties

Please note that incomplete applications cannot be processed until all required information is provided.

Completed applications and required documents can be emailed to:

driverapps@mlmtrans.com

We appreciate your time and look forward to reviewing your application.



DRIVER APPLICATION

SECTION 1: POSITION & TERMINAL

Terminal Applying For (select one):

☐ HST (Houston)

☐ SAV (Savannah)

☐ CHS (Charleston)

Driver Type (select one):

- ☐ OWNER OPERATOR (I own the truck I will be operating)
- ☐ CONTRACT DRIVER (I will be driving for a truck owner / fleet owner)

If CONTRACT DRIVER:

- Owner Operator Name: _____
 - Truck Number (if known): _____
-

SECTION 2: PERSONAL INFORMATION

Full Legal Name: _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Social Security Number: _____

SECTION 3: EMERGENCY CONTACT

Name: _____

Phone Number: _____

Relationship: _____

SECTION 4: DRIVER CREDENTIALS

CDL Number: _____

State: _____ Expiration Date: _____

Years of Experience: _____

Do you have an FMCSA Drug & Alcohol Clearinghouse account?

- ☐ Yes
 - ☐ No
-

SECTION 5: OWNER OPERATOR INFORMATION

(Complete ONLY if you own your truck)

Truck Value: _____

License Plate #: _____

State: _____

Owner Operator will provide the following (check all that apply):

- ☐ Bobtail / Physical Damage
- ☐ Workers Compensation
- ☐ IFTA Fuel Decal
- ☐ Fuel Tax
- ☐ 2290

FEIN or SS#: _____

Company / LLC Name (if applicable): _____

SECTION 6: QUALIFICATIONS

Are you at least 25 years old?

- ☐ Yes ☐ No

Do you have at least 2 years of Class A driving experience?

- ☐ Yes ☐ No

Are you qualified to operate a commercial motor vehicle per FMCSA regulations?

- ☐ Yes ☐ No

Are you able to pass a DOT road test?

- ☐ Yes ☐ No

Have you ever had your CDL suspended or revoked?

- ☐ Yes ☐ No If yes, explain: _____

Have you ever been convicted of DUI, reckless driving, or similar offenses?

- ☐ Yes ☐ No If yes, explain: _____

Have you ever been convicted of a felony?

- ☐ Yes ☐ No If yes, explain: _____

Have you ever refused or failed a drug/alcohol test?

- ☐ Yes ☐ No If yes, explain: _____
-

SECTION 7: DRIVING HISTORY (LAST 3 YEARS)

Traffic Violations (List ALL in past 3 years)

1. Date: _____

City/State: _____

Charge: _____

Vehicle Type: _____

2. Date: _____

City/State: _____

Charge: _____

Vehicle Type: _____

3. Date: _____

City/State: _____

Charge: _____

Vehicle Type: _____

Accidents (List ALL in past 3 years)

1. Date: _____ City/State: _____

Description: _____ Preventable? ☐ Yes ☐ No

2. Date: _____ City/State: _____

Description: _____ Preventable? ☐ Yes ☐ No

3. Date: _____ City/State: _____

Description: _____ Preventable? ☐ Yes ☐ No

Driver's License History (Last 3 Years)

1. State: _____ License Number: _____ Expiration Date: _____

2. State: _____ License Number: _____ Expiration Date: _____

3. State: _____ License Number: _____ Expiration Date: _____

Has your license ever been suspended or revoked?

☐ Yes ☐ No

If yes, when and why:

SECTION 8: EMPLOYMENT HISTORY

(Last 3 years + prior experience up to 10 years total)

Company Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Position: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Company Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Position: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Company Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Position: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Company Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Position: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

SECTION 9: CERTIFICATION

I certify that all information provided is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification or termination.

Applicant Signature: _____

Date: _____

REQUIRED DOCUMENTS CHECKLIST

Please include the following:

- ☐ Copy of CDL (Front & Back)
- ☐ Social Security Card
- ☐ Medical Card
- ☐ TWIC
- ☐ ACH / Direct Deposit Form
- ☐ W-9 Form

ADDITIONAL REQUIRED FORMS (ATTACHED)

- Certification of Compliance (Driver License Requirements)
- FMCSA Clearinghouse Consent
- Safety Performance History Release
- FCRA Disclosure & Authorization
- I-9 Employment Eligibility Form

Submit completed application to: driverapps@mlmtrans.com

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 9 people, or transports hazardous materials requiring placarding.

The requirements in Part 391 apply to every driver who operates in intrastate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 9 people, or transports hazardous materials that require placarding.

Driver Requirements:

Parts 383 and 391 of the Federal Motor Carrier Safety (FMCSA) Regulations contain some requirements that you as a driver must comply with. These requirements were effective on July 1, 1987. They 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.

2) Notification of License Suspension, Revocation, or Cancellation:

Section 391.15 (b) (2) and 383.33 of the FMCSA 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 within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

3) The following license is the only one I will possess:

Driver's License No: _____ State: _____ Expiration Date: _____

Driver Certification: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to MLM Transport Services LLC (the Company) to conduct a query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the queries conducted by the Company indicate that information about drug or alcohol violation exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining consent from me.

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

This authorization will remain in effect until cancelled by me in writing or upon termination of my employment with the Company.

Employee Signature: _____

Date: _____

DISCLOSURE STATEMENT

PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)

By this document MLM Transport Services LLC disclosed to you that a consumer report regarding your credit history, criminal history, and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics, and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C §1681 et seq.

AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

I hereby authorize MLM Transport Services LLC or those authorized by them, including Vintage Services LLC to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as any employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outline in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, education institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors, and associates. I understand that upon written request to MLM Transport Services LLC. I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written requests to MLM Transport Services LLC, a copy of this authorization will be provided to me.

Printed Name: _____ Date: _____ Time: _____

Signature: _____

CALIFORNIA, MINESOTA, AND OKLAHOMA RESIDENTS ONLY:

☐ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.



Direct Deposit Authorization

I hereby authorize {MLM Transport LLC} to directly deposit my pay in the bank account(s) listed below in the percentages or flat dollar amount specified. I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified below. A letter from bank is also accepted. No more than two accounts may be designated. This authorization is to remain in force until the company has received written authorization from me of its termination or change. Also, I hereby grant {MLM Transport LLC} the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name (Printed): _____

Signature: _____ Date: _____

Account #1 (Check Only One)

- ☐ Checking (attached voided check)
- ☐ Savings (attach deposit slip and obtain ABA routing number from your bank)

Account Number: _____

Routing Number: _____

Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Amount of pay to be deposited into this account:

\$_____ or _____ %

Account #2 (Check Only One)

- ☐ Checking (attached voided check)
- ☐ Savings (attach deposit slip and obtain ABA routing number from your bank)

Account Number: _____

Routing Number: _____

Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Amount of pay to be deposited into this account:

\$_____ or _____ %

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
				-				-				
or												
Employer identification number												

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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3) The following license is the only one I will possess:

Driver's License No: _____ State: _____ Expiration Date: _____

Driver Certification: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Federal Motor Carrier Safety Administration (FMCSA)

Drug and Alcohol Clearinghouse

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This authorization will remain in effect until cancelled by me in writing or upon termination of my employment with the Company.

Employee Signature: _____

Date: _____

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All terms are used as defined in the FCRA, 15 U.S.C §1681 et seq.

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I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, education institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors, and associates. I understand that upon written request to MLM Transport Services LLC. I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written requests to MLM Transport Services LLC, a copy of this authorization will be provided to me.

Printed Name: _____ Date: _____ Time: _____

Signature: _____

CALIFORNIA, MINNESOTA, AND OKLAHOMA RESIDENTS ONLY:

☐ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.

**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 MLM Transport Services LLC ("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 MLM Transport Services LLC ("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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First M.I. Last Social Security Number

Hereby authorize:

Previous Employer: _____ Email: _____
Date of Birth _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested concerning my Safety Performance History, including Accidents and my Alcohol and Controlled Substances Testing records, any refusal to test and any Rehabilitation Program Records, within the previous 3 years from _____
(employment application date)

To: Prospective Employer: _____

Attention Service Agent:: MyHRScreens-DOTBackground Department Telephone: 855-242-1802

Street: 401Legacy Park, Suite B

City, State, Zip: Ridgeland, MS 39157

Prospective Employer's Service Agent's email address: __support@myhrscreens.com__

Prospective Employer's Service Agent's fax number: __601-952-0071__

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Please send the requested information to the address, fax number or email address shown above.

Applicant's Signature

Date

This information is being requested in compliance with §40.25(g) and 391.23.