

# APPLICATION FOR EMPLOYMENT



Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

**To be completed by Employer:**

Motor Carrier:	All About Freight	512-392-8887	Phone
Address:	201 Uhland Rd. San Marcos, TX 78666		

**To be completed by Applicant:**

Applicant's Name:	Date of Application:
Current Address:	Social Security No.:
	Date of Birth:
Length of time at this address:	Telephone No.:

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)				
Street	City	State/Zip	How long	Additional Information Attached
				<input type="checkbox"/>

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS			
State	Number	Expiration Date	Additional Information Attached
			<input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)		
Type	Experience In Years and / or Miles Driven	Additional Information Attached
		<input type="checkbox"/>

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS				
DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS			
DATE	CITY/STATE	CHARGE	PENALTY

Check here to certify that no convictions or bond forfeitures have occurred

DQF-1 - APPLICATION FOR EMPLOYMENT

# APPLICATION FOR EMPLOYMENT

**PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE:**

--

Check here to certify that no such denial, revocation or suspension has occurred

## EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs. or more, ability to transport 16 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).

Employer Name:	Employed From: / /	To: / /
Address:	Position:	
	Salary:	
Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Employed From: / /	To: / /
Address:	Position:	
	Salary:	
Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Employed From: / /	To: / /
Address:	Position:	
	Salary:	
Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## OFFICE USE ONLY

<input type="checkbox"/> Applicant Hired	Date: _____	Start Date: _____	Authorized by: _____
<input type="checkbox"/> Rejected for reasons of: _____			
<input type="checkbox"/> Date of Termination of Employment: _____		Authorized by: _____	
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other: _____	
Reason: _____			

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.

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

# SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.  
**SPH**  
**2/3**

Have employee complete the **top portion only** of this form for each Safety Sensitive position he/she worked in the past three years. (Make additional copies if needed.)

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Services, Inc., the service vendor used by my prospective employer, \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Client Code: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Previous Employer Phone: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_ Previous Employer Fax: \_\_\_\_\_

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

Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

*FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (860) 368-2529.*

**Verification of Employment**

Applicant was employed with this company from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_ Position required a Commercial Drivers License?  Yes  No

**Accident Information**

No accident information to report (as defined by Part 390.5)

Date of Accident: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Number of Injuries: \_\_\_\_\_

City or Town (most near), State: \_\_\_\_\_ Release of hazardous materials?  Yes  No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional Information about the Accident: \_\_\_\_\_

*Please use and attach additional sheets, if necessary, to provide additional accident information as required pursuant to your internal policies.*

**Prohibited Drug and Alcohol Testing Information**

Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment

No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct during the previous three years, answer the questions below. During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?  Yes  No

Have a verified positive drug test result?  Yes  No

Have a violation of any of the other drug and/or alcohol testing prohibitions?  Yes  No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?  Yes  No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?  Yes  No

Successfully complete the return to duty program while in your employment?  Yes  No

**Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.**

**Previous Employer Contact Information**

*Part 391.23 requires a previous employer who is regulated by the DOT to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.*

Previous Employer Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

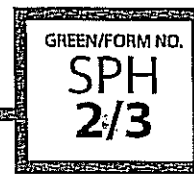
Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Company Official Releasing this Information: \_\_\_\_\_ Fax: \_\_\_\_\_

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

SPH 2/3 - SAFETY PERFORMANCE HISTORY INVESTIGATION

# SAFETY PERFORMANCE HISTORY INVESTIGATION



Have employee complete the **top portion only** of this form for each Safety Sensitive position he/she worked in the past three years. (Make additional copies if needed.)

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Services, Inc., the service vendor used by my prospective employer, \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Client Code: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Previous Employer Phone: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_ Previous Employer Fax: \_\_\_\_\_

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

Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

*FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (860) 368-2529.*

**Verification of Employment**

Applicant was employed with this company from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_ Position required a Commercial Drivers License?  Yes  No

**Accident Information**

No accident information to report (as defined by Part 390.5)

Date of Accident: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Number of Injuries: \_\_\_\_\_

City or Town (most near), State: \_\_\_\_\_ Release of hazardous materials?  Yes  No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional Information about the Accident: \_\_\_\_\_

*Please use and attach additional sheets, if necessary, to provide additional accident information as required pursuant to your internal policies.*

**Prohibited Drug and Alcohol Testing Information**

Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment

No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct during the previous three years, answer the questions below. During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?  Yes  No

Have a verified positive drug test result?  Yes  No

Have a violation of any of the other drug and/or alcohol testing prohibitions?  Yes  No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?  Yes  No

If yes to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?  Yes  No

Successfully complete the return to duty program while in your employment?  Yes  No

**Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.**

**Previous Employer Contact Information**

*Part 391.23 requires a previous employer who is regulated by the DOT to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.*

Previous Employer Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Company Official Releasing this Information: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**SPH 2/3 - SAFETY PERFORMANCE HISTORY INVESTIGATION**

Retain for 3 years after the driver leaves your employment



# SAFETY PERFORMANCE HISTORY INVESTIGATION



Have employee complete the **top portion only** of this form for each Safety Sensitive position he/she worked in the past three years. (Make additional copies if needed.)

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Applicants Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Client Code: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Previous Employer Phone: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_ Previous Employer Fax: \_\_\_\_\_

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

Employed from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

*FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (860) 368-2529.*

**Verification of Employment**

Applicant was employed with this company from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

Position: \_\_\_\_\_ Position required a Commercial Drivers License?  Yes  No

**Accident Information**

No accident information to report (as defined by Part 390.5)

Date of Accident: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Number of Injuries: \_\_\_\_\_

City or Town (most near), State: \_\_\_\_\_ Release of hazardous materials?  Yes  No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional Information about the Accident: \_\_\_\_\_

*Please use and attach additional sheets, if necessary, to provide additional accident information as required pursuant to your internal policies.*

**Prohibited Drug and Alcohol Testing Information**

Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment

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If the driver engaged in prohibited drug and/or alcohol conduct during the previous three years, answer the questions below. During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?  Yes  No

Have a verified positive drug test result?  Yes  No

Have a violation of any of the other drug and/or alcohol testing prohibitions?  Yes  No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?  Yes  No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?  Yes  No

Successfully complete the return to duty program while in your employment?  Yes  No

**Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.**

**Previous Employer Contact Information**

*Part 391.23 requires a previous employer who is regulated by the DOT to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.*

Previous Employer Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Company Official Releasing this Information: \_\_\_\_\_ Fax: \_\_\_\_\_

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

SPH 2/3 - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

# SAFETY PERFORMANCE HISTORY INVESTIGATION



Have employee complete the **top portion only** of this form for **each** Safety Sensitive position he/she worked in the past three years. (Make additional copies if needed.)

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Services, Inc., the service vendor used by my prospective employer, \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Client Code: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Previous Employer Phone: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_ Previous Employer Fax: \_\_\_\_\_

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

Employed from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

*FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (860) 368-2529.*

**Verification of Employment**

Applicant was employed with this company from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

Position: \_\_\_\_\_ Position required a Commercial Drivers License?  Yes  No

**Accident Information**

No accident information to report (as defined by Part 390.5)

Date of Accident: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Number of Injuries: \_\_\_\_\_

City or Town (most near), State: \_\_\_\_\_ Release of hazardous materials?  Yes  No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional Information about the Accident: \_\_\_\_\_

*Please use and attach additional sheets, if necessary, to provide additional accident information as required pursuant to your internal policies.*

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Have a verified positive drug test result?  Yes  No

Have a violation of any of the other drug and/or alcohol testing prohibitions?  Yes  No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?  Yes  No

If yes to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?  Yes  No

Successfully complete the return to duty program while in your employment?  Yes  No

**Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.**

**Previous Employer Contact Information**

*Part 391.23 requires a previous employer who is regulated by the DOT to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.*

Previous Employer Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Company Official Releasing this Information: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**SPH 2/3 - SAFETY PERFORMANCE HISTORY INVESTIGATION**

Retain for 3 years after the driver leaves your employment



# All About Freight Services

201 Uhland Road  
San Marcos, TX 78666  
Ph: 1-877-800-1895

## NOTIFICATION AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize I hereby authorize Foley Carrier Services, LLC. and/or their agents to investigate my background for employment purposes. I acknowledge that under the Fair Credit Reporting Act, as amended by the Fair And Accurate Credit Transactions Act of 2003, I have been informed that this background check will consist of investigative consumer reports which may include information about my character, criminal record, work habits, credit background, academic-credential verification, job experience and reasons for termination. Also, it may include information about my workers' compensation claim history, driving record or abstract, personal characteristics, general reputation and mode of living. I acknowledge that these reports may be obtained at any time after receipt of my authorization, and if I am hired, throughout my employment. American Driving Records will supply Louisiana driving records.

I am aware that in the event an investigative consumer report is prepared, I am entitled to request additional disclosures regarding the nature and scope of the investigation being requested as well as a written summary of my rights under the Fair Credit Reporting Act.

I authorize and release from all liability, without reservation, the consumer reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation.

Prior to an adverse employment decision being made, due totally or partially to information obtained from a consumer report, *All About Freight Services* will provide me with a copy of the report, a summary of my rights under the Fair Credit Reporting Act as amended by the Fair And Accurate Credit Transactions Act of 2003, and the source of the report so that I may contact them, if I wish to do so.

*Copies and facsimile copies of this document may be accepted in lieu of the original.*

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

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

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
State

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Please list any aliases names you have used in the past seven years here. *(May include maiden names, former legal names, etc)*

- Oklahoma Residents:** Check here if you would like a copy of the background check results mailed to you:  
 **California Residents:** Check here if you would like a copy of the background check results mailed to you:

# FOLEY SERVICES' DISCLOSURE AND RELEASE

*Applicant must review and sign this form so that Foley Services, Inc. can perform the required background investigation.*

## SERVICES TO BE PERFORMED

*Employer Completes this Section*

Please indicate below which background checks you wish to have Foley Services Inc. perform.

<input checked="" type="checkbox"/> Safety Performance History Inquiry (includes a motor vehicle report and a drug and alcohol inquiry)	<input checked="" type="checkbox"/> Worker's Comp Report, Call for pricing
<input type="checkbox"/> DQF Annual Motor Vehicle Report (Included in DQF Maintenance program)	<input type="checkbox"/> Criminal Report, Call for pricing
<input type="checkbox"/> Drug & Alcohol Inquiry <u>Only</u> , Call for pricing	<input type="checkbox"/> Social Security Number, Call for pricing
<input type="checkbox"/> Credit Report, Call for pricing	Education Verification, Call for pricing
<input type="checkbox"/> References, Call for pricing	<input type="checkbox"/> Motor Vehicle Report <u>ONLY</u> Call for pricing

*The receipt of certain background information on an individual involves specific duties and obligations under the Fair Credit Reporting Act. The individual about whom background information is being requested MUST sign this Disclosure and Release. Any person who knowingly and willfully obtains a consumer report under false pretenses, or for reasons other than employment purposes, may face criminal prosecution.*

\_\_\_\_\_  
Motor Carrier Authorization (Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Client Code

## APPLICANT AUTHORIZATION

*Applicant Completes this Section*

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY FOLEY SERVICES INC. WITH REGARD TO THIS INQUIRY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I authorize Foley Services Inc. and their agents to conduct the background investigations indicated above, in conjunction with my current or prospective employer's service contract with Foley Services, Inc. I understand that these background checks may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, alcohol and controlled substances testing history, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. Information may also be obtained from Foley Services and their agents concerning previous driving record requests made by others from such state agencies, and state provided driving records. All information obtained will be provided to my current or prospective employer and used for employment purposes only.

\_\_\_\_\_  
Print Applicant's Name as listed on their driver's license

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employment Application Date

\_\_\_\_\_  
Driver's License Number / State of Issue

\_\_\_\_\_  
License Expiration Date /

\_\_\_\_\_  
Applicants Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

This authorization shall remain on file and shall serve as ongoing authorization for the above named employer to procure motor vehicle reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Applicant Authorization (Signature)

\_\_\_\_\_  
Date

S:\Amipro\TRANSPOR\Administration\Release Forms\DQF-DRNew 5.01.06.doc.doc

FOLEY SERVICES' DISCLOSURE AND RELEASE



# RECEIPT OF DRIVER'S RIGHTS



Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

SPH 1 - RECEIPT OF DRIVER'S RIGHTS

## DRIVER REVIEW AND RECEIPT

I acknowledge that \_\_\_\_\_ has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

*Employer Name*

- Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

\_\_\_\_\_  
Driver's Full Name

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

## DRIVER'S RIGHTS INFORMATION

### What Information Employers Will Review

Let's start by briefly reviewing the requirements employers need to meet when hiring a new driver, this will help you get a better understanding of your rights during the hiring process. An employer who is regulated by the Federal Motor Carrier Safety Administration (FMCSA) is required to investigate, at a minimum, the information defined in this booklet for each driver they hire. Employers, by regulation, must obtain specific information about a driver from all previous employers who employed the driver within the previous three years.

Employers will use the information they receive for hiring decisions only and only those involved in the hiring process will have access to the information. Employers are required to keep the information that they receive on file and will do so in a confidential manner, so that a driver's personal information is not accessible to unauthorized individuals. Now that you have a better understanding of what goes on behind-the-scenes we will define the information employers will request, receive and review when deciding to hire you.

When you apply for a job with a FMCSA-regulated employer, the prospective employer (meaning the employer who is considering hiring you) will provide you with information explaining your rights during the hiring process. The employer will then request that you sign a written authorization so that the employer can perform the required investigations into your background. The employer will contact your previous employers to verify that you were employed by those employers as well as to verify the basic employment information you provide on your application. The employer will also request Safety Performance History information about you.

### Safety Performance History Investigation

A Safety Performance History investigation includes a check of your accident records and drug and alcohol testing records for the previous three years from all FMCSA-regulated employers who you worked for. If you did not have an accident or any alcohol or drug-related conduct to report during the previous three years, your previous employer will verify this. In the event that you were not subject to the drug and alcohol testing regulations during your previous employment, this will be verified as well. We'll now review the Safety Performance History information in more detail.

### Accident Records

An accident is defined by the Federal Motor Carrier Safety Regulations (FMCSRs) as:

*"An occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in a -*

1. Fatality;

2. *Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or*
3. *One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle."*

If you were involved in an accident during the previous three years the prospective employer will request, receive and review the following information from the employer who employed you at the time of the accident:

1. Accident records that include the following data elements for each:
  - a. Date of the accident;
  - b. City or town, or most near, where the accident occurred and the state where the accident occurred;
  - c. Driver name;
  - d. Number of injuries;
  - e. Number of fatalities; and
  - f. Whether hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident were released
2. Accident information the previous employer may wish to provide that is retained pursuant to regulations of 49 CFR Part 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information. Such information may include copies of accident reports required by State or other governmental entities or insurers

#### Drug and Alcohol Records

If you were subject to the drug and alcohol testing regulations within the previous three years, the prospective employer will request, receive and review the following information from your FMCSA-regulated employers during that time:

1. Whether, within the previous three years, you violated the drug and alcohol prohibitions under 49 CFR Part 40 or 382;
2. Whether the you failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to 49 CFR Part 40 or 382. If your previous employer does not know this information (e.g. you were terminated prior to completing the program), the prospective motor carrier must obtain, directly from you, documentation of your successful completion of the SAP's referral;
3. If you have successfully completed a SAP's rehabilitation referral, and remained in the employment of the employer at the time, the prospective employer must request information on whether you had the following testing violations subsequent to completion of the SAP's rehabilitation referral:
  - a. An alcohol test with a result of 0.04 or higher alcohol concentration;
  - b. A verified positive drug test;

- c. A refusal to be tested (including either a verified adulterated or substituted drug test result)

### Your Right To Review Information

The regulations permit you to review the information provided by your previous FMCSA-regulated employers. To do this, you must submit a written request to the prospective employer who received your Safety Performance History information. You can make a request at any time, including when applying for employment, or as late as thirty (30) days after being hired or being notified of denial of employment.

The prospective employer will provide this information to you within five (5) business days of receiving your written request. If the prospective employer has not yet received the requested information from your previous employer(s), then the five-business day deadline will begin when the prospective employer receives your Safety Performance History information.

If you do not arrange to pick up or receive the requested information within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider you to have waived your request to review the information.

The prospective employer cannot change the information received. If you have issue with any of the information sent to the prospective employer you must address it with your previous employer who sent the information.

### Your Right To Request Corrections

If you believe the information provided by a previous employer contains incorrect information, you can request that your previous employer makes corrections to the information. To do this, you must send a written request for corrections to the previous employer who provided the information.

Effective October 30, 2004, your previous employer will respond to your request by doing one of two things within 15 days:

1. Make the correction -

If your previous employer agrees that the information they provided contains errors, they will correct the errors and forward the information to your prospective employer.

If your previous employer corrects the information as you requested and forwards the information to the prospective employer, the previous employer will also retain the corrected information as part of your Safety Performance History folder. Your previous employer will

provide the corrected information to subsequent prospective employers when requests for this information are received.

2. Notify you that no correction will be made -

If your previous employer does not agree that the information they provided contains errors, they will notify you of this. The notification will indicate that your previous employer does not agree to correct the data.

### Your Right To Rebut Information

You have the right to rebut, meaning outright contest, the information provided by a previous employer. If you wish to rebut information provided by a previous employer you must send a written rebuttal to the previous employer with instructions to include the rebuttal with your Safety Performance History Information. By doing this, you will have a record on file that you contest the information. Whenever your Safety Performance History information is requested, the previous employer will be required to include your rebuttal with the information they provide. Here's a closer look at what responsibilities your previous employer would have should they receive a rebuttal from you.

Effective October 30, 2004, within five (5) business days of receiving your rebuttal, your previous employer must:

1. Forward a copy of the rebuttal to your prospective motor carrier employer; and
2. Append the rebuttal to your Safety Performance History Information, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

You may submit a rebuttal initially without a request for corrections, or subsequent to a request for corrections.

### Contacting FMCSA

You can report failures of previous employers to correct information or to include your rebuttal as part of the Safety Performance History information to the Federal Motor Carrier Safety Administration (FMCSA). The procedures for filing a complaint with FMCSA are specified in Part 386.12 of the Federal Motor Carrier Safety Regulations. You may also access FMCSA's information line at 1-800-832-5660 for assistance.