



Fairway Transport, L.L.C.

2611 Hwy 90 East
New Iberia, LA 70563
www.fairwaycompanies.com
(337) 839-2477

Date:
Terminal Location:

Fairway Transport, L.L.C. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, gender, disability, genetic information or any other characteristic protected by law.

Application for Employment

How did you hear of this opening? (Please check one)

Newspaper Ad:
Billboard Ad:
On-Line Ad:
Walk-In:
Other:

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire. I understand that Fairway requires the successful completion of a drug and/or alcohol test as a condition of employment.

Referred by a Fairway Transport, L.L.C. employee?

(Please give Full Name of Employee who referred you)

HIGHLIGHTED FIELDS ARE MANDATORY

PERSONAL INFORMATION (Please Print or Type)

SOCIAL SECURITY NUMBER:

Legal Name

Last First Middle (Full) Suffix

Have you ever used any other name(s) which is (are) necessary for us to verify your employment or educational record?

No Yes Name: Last First Middle (Full) Suffix

Present Address

Street City State Zip

Please provide your addresses for the last (3) years

Former Address

Street City State Zip

Former Address

Street City State Zip

Former Address

Street City State Zip

Phone No.

Cell Phone No.

Email

Driver's License No.

State

Expiration Date

Class/Endorsements (If applicable)

Position Applied For:

Date Available:

Minimum pay desired \$ per

Have you ever been employed by or applied for a position with Fairway Transport, L.L.C.? Yes No

If so, what position? Dates of Employment:

Are you under any type of agreement that would prevent you from performing the job for which you are applying or for which you are being considered, such as a non-competition, non-disclosure, or non-solicitation agreement? Yes No

Do you have any relatives employed by this Company? Yes No Name/Relationship: Location:

In case of emergency, notify:

Phone Number:

Table with 4 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, DID YOU GRADUATE?, MAJOR COURSES. Rows include HIGH SCHOOL, COLLEGE, TRADE, BUSINESS, MILITARY OR TECH SCHOOL.

EMPLOYMENT HISTORY**Applicant Name:****SSN:**

Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10-years. If you have been self-employed, list up to 5 of your major clients. List employers in reverse order starting with the most recent. Add another sheet if necessary. No "see resume" responses will be accepted.

Regulated/CDL - Applicants who will drive a regulated vehicle¹ shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.

Are you employed now? Yes No May we contact your current employer? Yes No

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS		STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	CHECK BOX AND STATE REASON FOR LEAVING		
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			COMMENT
CONTACT PERSON				

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS		STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	CHECK BOX AND STATE REASON FOR LEAVING		
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			COMMENT
CONTACT PERSON				

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS		STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	CHECK BOX AND STATE REASON FOR LEAVING		
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			COMMENT
CONTACT PERSON				

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS		STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	CHECK BOX AND STATE REASON FOR LEAVING		
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			COMMENT
CONTACT PERSON				

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS		STARTING SALARY	ENDING SALARY	Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	CHECK BOX AND STATE REASON FOR LEAVING		
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			COMMENT
CONTACT PERSON				

¹Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport (15) fifteen or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring placarding.

Please attach additional pages if necessary.

PERSONAL REFERENCES (NOT RELATED TO YOU)

<i>Name</i>	<i>Relationship</i>	<i>Occupation</i>	<i>Years Known</i>	<i>Phone</i>

JOB SPECIFIC TRAINING (Check all that apply)

- CPR/First Aid HAZWOPER Lockout/Tag out Incipient Firefighting Industrial
- Water Survival HAZMAT Rigger H2S OSHA
- HAZCOM Confined Space Crane Safety PPE MSHA
- Defensive Driving Blasting/Explosives DOT/CDL Rig Pass Other _____

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

Did you serve in the U.S. Armed Forces? Yes No

If yes, what branch? _____

- Yes No 1. Have you ever been convicted or adjudicated of a crime (California applicants see below)?
- Yes No 2. Are you currently under any investigation or pending charge?
- Yes No 3. Are you currently awaiting trial for any criminal offense?
- Yes No 4. Have you ever initiated an act of violence in the workplace?
- Yes No 5. Have you ever been sanctioned or had your driver’s license suspended or revoked?

California applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

APPLICANT'S STATEMENT AND ACKNOWLEDGMENT

1. I certify that this application was completed by me and that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge.
2. I understand that any misrepresentation or omission of facts called for on this application or during the application process may result in termination of the application process or my dismissal from employment at any time regardless of when the false answer or omission is discovered.
3. I authorize the Company to conduct any necessary investigations or inquiries regarding my background to the extent permitted by federal, state and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
4. I understand that if offered employment, I am to abide by all rules and regulations of the Company.
5. I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause.
6. I understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.
7. I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.
8. I consent to all of the following pre-employment processes, which are required by the Company and I further understand that the offer of employment is contingent upon my successfully completing all of pre-employment testing:
 - a. Motor Vehicle Report (MVR) (review of past driving record)
 - b. Drug screen (DOT and Non-DOT applicants)
 - c. Previous Employer Drug and Alcohol History (DOT applicants, 49 CFR 382.413)
 - d. Physical Examination and Functional Capacity Evaluation (consistent with federal and state law)
 - e. Background Check
9. I agree and understand that this application for employment in no way obligates the Company to employ me.

Print Name

Date Signed

Applicant Signature

Applicant Name: _____ **SSN:** _____

Fairway Transport, L.L.C. APPLICATION CONTINUED – COMPLETE SECTIONS A THRU E
BELOW THESE SECTIONS MUST BE COMPLETED ONLY BY APPLICANTS WHO WILL OPERATE
A DOT REGULATED VEHICLE

SECTION A: EXPERIENCE AND QUALIFICATIONS - DRIVER

As per 391.23(a)(1) please give all vehicle operators and /or permit during the past three years

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DOB: ____ / ____ / ____ Month Day Year <i>Your DOB is required by DOT regulations.</i>				

- YES NO A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- YES NO B. Has any license, permit or privilege ever been suspended or revoked?
- YES NO C. Have you 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 three years?
- YES NO D. If you answered yes to A, B, or C, please provide details: _____
- YES NO E. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?
- YES NO F. Have you worked for a DOT regulated employer in the past three (3) years?

SECTION B: Traffic convictions and forfeitures for the past three (3) years (other than parking violations) If none, write "none".

LOCATION	DATE	CHARGE	PENALTY

SECTION C: List all motor vehicle accidents during the past 3 years:

Date of Accident	Nature of Violation/Accident (speeding, head-on etc.)	Fatalities/Injuries	At Fault
		<input type="checkbox"/> Yes - <input type="checkbox"/> No	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		<input type="checkbox"/> Yes - <input type="checkbox"/> No	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		<input type="checkbox"/> Yes - <input type="checkbox"/> No	<input type="checkbox"/> Yes - <input type="checkbox"/> No

SECTION D: DRIVING EXPERIENCE
(IF NONE, WRITE "none")

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROXIMATE # OF MILES (TOTAL)

- List States operated in for last five (5) years _____
- List special courses or training that will help you as a driver _____
- List any "Safe Driving Awards" you hold and from whom _____
- List any trucking, transportation or other experience that may help in your work for their company _____
- List courses and training other than shown elsewhere in this application _____

SECTION E: TO BE READ AND SIGNED BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required in 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by the previous employer and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I can not agree on the accuracy of the information.

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.

Signature of Applicant _____

Date _____

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 [REDACTED] (“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 [REDACTED] (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



UNIVERSAL MEMBERSHIP APPLICATION

DISA Contractors Consortium, 12600 Northborough Drive STE 300, Houston, TX 77067

Employee\Donor Information

Last Name _____	First Name _____	Middle Name _____
Social Security Number _____	Home Phone Number _____	
Location\Cost Center Code _____	Collection Site Code _____	Client Name _____

Employee Signed Consent:

Signature

Date Signed:

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractor Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP policies and/or Hair Testing Substance Abuse Program, rules and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol test. I also authorize the DCC to release information about my status in the DCC to those Companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC Status, test results, and other program activity to the North American Contractors Safety Council through the NASAP with the understanding that this status may be shared with those companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand that I have a right to receive a copy of this authorization.

THIS FORM MUST BE SIGNED BY THE APPLICANT PRIOR TO BEING PROCESSED.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Company or Employer indicated below may obtain information about you for employment purposes (including contract or volunteer services) from the following consumer reporting agency: Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. Thus, you may be the subject of a "consumer report" (investigative consumer reports in California) which may include, but not limited to, public record information, employment, education and license verification, etc. In addition, investigative consumer reports, as defined by the federal Fair Credit Reporting Act, may be obtained which are gathered from personal interviews with employers, and other current or past associates, which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report or consumer report. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: <http://www.ebiinc.com/privacy-policy.html>.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers compensation documents, records or reports in Pennsylvania, Arizona and in all other states, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. If and when applicable, I also hereby authorize any past employers regulated by the U.S. Department of Transportation (49 CFR Part 40 and/or 49 CFR Part 391), to provide (a) work history information, and (b) drug and alcohol testing records from the previous three years, to EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

California, Minnesota and Oklahoma applicants or employees only: Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Corrections Law.

Company/Employer: _____

Applicant Name: _____

Applicant Signature: _____ **Date:** _____

TO BE COMPLETED BY APPLICANT The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.																														
Legal First Name															Middle Name															
Legal Last Name																Suffix														
Social Security No.			-													Date of Birth (mm/dd/yyyy)					-									
Current Address																		Apt.												
City															State			Zip												
Main Contact Phone			-													Personal e-mail				Job Location (State)										
Driver's License No.															DL State			Gender (M/F)	M	F										
Other Names Used: Indicate if used while in school.																														
Y	N	Last Name (1)															First Name													
Y	N	Last Name (2)															First Name													
Y	N	Last Name (3)															First Name													
Y	N	Last Name (4)															First Name													

APPLICANT / EMPLOYEE INSTRUCTIONS	EMPLOYER INSTRUCTIONS
<p>Please print and complete the applicable sections of this form in their entirety as indicated below and then forward to Human Resources:</p> <ul style="list-style-type: none"> • Employment History - (p.1) – Listed each DOT-regulated employer for whom you have either worked for in a DOT safety sensitive position or for whom you have performed a DOT pre-employment drug test in the previous three years. • Company/Employer (p.1) – Please provide the name of the Company/Employer where you are currently seeking employment. • Subject Information (p.1) – Name, SSN or ID#, Signature, and Signature Date. <p>Please <u>do not</u> submit any state-imposed fees associated with this background check.</p>	<p>The original form(s) are not required for processing this search. Copies of the original completed and signed documents are acceptable:</p> <ul style="list-style-type: none"> • Company/Employer (p.1) – Please provide the name of your company in this field. • Please attach and upload the completed and signed form to the applicant file in J-One for processing (EBI will then submit documents to source for processing.) <p>Please <u>do not</u> submit any state-imposed fees associated with this background check.</p>

RETURN TO HUMAN RESOURCES

DEPARTMENT OF TRANSPORTATION DRUG/ALCOHOL DISCLOSURE & AUTHORIZATION

As a condition of employment with the Company/Employer named below, I hereby authorize Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700 to do a complete background investigation in accordance with state and federal laws. I authorize the release of any information, including all information related to my alcohol and controlled substance testing and training records as required by the Federal Motor Carrier Safety Regulations (FMCSR) 49 CFR Parts 40, 391 or 382. I hereby release the Company/Employer named below, and its employees, officers, directors and agents from any and all liability or damages as a result of providing information to the above mentioned person and/or company.

I understand my right to review and rebut any errors received from my current or previous employers, as described in the FMCSR Part 391.23. I understand that the information released by the DOT-regulated employers designated below is limited to the previous three years and the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
- 2. Verified positive drug tests;
- 3. Refusals to be tested;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation;
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I have listed each of the DOT-regulated employers for whom I have either worked for in a DOT safety sensitive position or for whom I performed a DOT pre-employment drug test in the previous three years below:

(Please attach any additional information as a separate page)

Previous Employer Name	Address	Telephone	Fax	Start Date	End Date

By signing below, I certify I have read and fully understand this authorization to release my previous drug and alcohol test information. All of the information I have provided above is true and complete, and I have identified all of the employers that I have worked for in a DOT safety sensitive position within the previous three years.

Company/Employer: _____

Applicant Name: _____

Applicant SSN or ID#: _____

Applicant Signature: _____ **Date:** _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

FOR CALIFORNIA RESIDENTS ONLY
California Consumer Rights

The following information may be obtained from EBI, Inc., 20 New Plant Court, Suite 200, Owings Mills, MD 21117, ("Agency"). Our office hours are from 9:00 a.m. to 5:00 p.m. ETZ. Our telephone number is 800-324-7700, and our website address is <http://www.ebiinc.com>. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: <http://www.ebiinc.com/privacy-policy.html>.

You have rights when an investigative consumer report is obtained by you. The following are some of your rights:

1. Whoever obtained the report is required to give you a free copy.
2. You have the right to contact the Agency that made the report. You can do this in one of the following ways:
 - (a) You may go to the Agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the Agency to discuss your file with or to show your file to this person.
 - (b) You may receive your file by certified mail, if you have given written notice to the Agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.
 - (c) You may be able to discuss your file over the telephone if you have given written instructions to the Agency and have provided identification.
3. You have the right to receive a copy of your file or your investigative consumer report at the Agency. You may be charged up to \$8.00 to obtain a copy of your report or file. However, you may receive a free copy if:
 - (a) Once during a twelve month period if you are unemployed and intend to seek employment within sixty (60) days or you receive public welfare assistance or you believe your file contains inaccurate information because of fraud.
 - (b) If you are receiving a copy from the Agency relating to an investigation into the accuracy of the information you have disputed or if information is put back into your file.
4. You have the right to know the following information:
 - (a) The names of the persons and the companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
 - (b) Explanations of any codes or abbreviations used in your report, so you can understand the report.
5. You have the right to dispute any information in your file. You must contact the Agency directly to do so. The person who ordered a report is required to give you the name and address of the Agency.
 - (a) The Agency has thirty (30) days from the day it received your dispute to complete the investigation.
 - (b) When the Agency is done with the investigation, it must tell you of any changes made in the report as a result of the investigation.
 - (c) If the investigation does not remove the information disputed by you, you have the right to place your statement of the facts in your file. The Agency has people to help you write the statement. The Agency may limit your statement to five hundred (500) words.
 - (d) If information is removed or you add a statement to your file, you can request the Agency to send the report, as changed or with your statement, to anyone who received the information in the last two (2) years.
 - (e) If information that is removed from your files is placed back in your file, you are entitled to receive written notice of that fact and you have the right to dispute the information added.
6. You also have rights under federal law in regard to your report. A copy of those rights are given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is called a consumer report, not an investigative consumer report, if it did not include personal interviews.

SOLO PARA RESIDENTES DE CALIFORNIA
Derechos del Consumidor de California

La siguiente información puede obtenerse a partir de EBI, Inc., 20 New Plant Court, Suite 200, Owings Mills, MD 21117 ("Agencia"). Nuestro horario de oficina es de 9:00 a.m. to 5:00 p.m. ETZ. Nuestro teléfono es 800-324-7700, y nuestra dirección es: <http://www.ebiinc.com>. For detalles relativos a las prácticas de privacidad de EBI, incluso si su información personal será enviado fuera de los EE.UU. o sus territorios, Política de Privacidad de EBI se puede ver en: <http://www.ebiinc.com/privacy-policy.html>.

Ud. tiene derechos cuando una investigación de reporte al consumidor es obtenida por ud. los siguientes son sus derechos:

1. Quien sea que obtenga el informe, es requerido darle a ud. una copia gratis.
2. Ud. tiene el derecho de contactar a la Agencia que hizo el reporte (informe). Ud. puede hacer esto de una de las siguientes maneras:
 - (a) Ud. podría ir en persona durante horas de oficina. Ud. puede llevar a un acompañante. Su acompañante puede ser requerido a presentar identificación válida. Se le puede requerir a firmar un papel permitiendo a la Agencia discutir o revelar su información a su acompañante.
 - (b) Ud. puede recibir su archivo por correo certificado, si ud. ha dado notificación por escrito a la Agencia para que su información sea enviada a ud. o a otra persona a quien ud. desea que se le envíe la misma. Se requiere proveer su información cuando envíe por la misma.
 - (c) Ud. puede discutir su archivo por teléfono si es que ud. ha dado las instrucciones por escrito a la Agencia y ha provisto su información necesaria.
3. Ud. tiene el derecho de recibir una copia de su archivo o su informe de la investigación al consumidor en la Agencia. Puede haber un cargo hasta de \$8.00 para obtener una copia de su informe o su archivo. De todos modos, podría recibir una copia gratis si:
 - (a) Una vez, durante un periodo de doce (12) meses si ud. esta sin empleo y trata de conseguir empleo en un periodo de sesenta (60) días, o si ud. recibe ayuda de asistencia pública, o también si ud. cree que su archivo contiene información no correcta por fraude.
 - (b) Si ud. recibe una copia de la Agencia relacionada a una investigación no exacta que cuestionó o si la información fue regresada a su archivo.
4. Ud. tiene el derecho de conocer la siguiente información:
 - (a) Los nombres de las personas y compañías que hayan recibido algún informe suyo en los últimos tres (3) años. Ud. puede requerir sus direcciones y números telefónicos.
 - (b) Explicaciones de algunos códigos o abreviaciones usados en su informe para que ud. pueda entenderlo.
5. Ud. tiene el derecho de discutir o cuestionar cualquier información en su archivo. Para hacer eso deberá contactar a la Agencia directamente. La persona que ordena el informe es requerida de darle el nombre y la dirección de la Agencia.
 - (a) La Agencia tendrá treinta (30) días hábiles desde el día que recibe su queja para completar la investigación.
 - (b) Cuando la Agencia haya terminado con la investigación debera informar a ud. de cualquier cambio producido en el informe como resultado de la investigación.
 - (c) Si la investigación no quita (borra) la información que ud. cuestiona, ud. tiene el derecho de poner su declaración de los hechos en su archivo. La Agencia tiene gente capacitada para ayudarle a escribir su declaración. La Agencia podría limitar su declaración a quinientas (500) palabras.
 - (d) Si hay información quitada o agregada en la declaración de su archivo, ud. puede pedir a la Agencia enviar el informe con la nueva información de su declaración a cualquiera que haya recibido la información en los últimos dos (2) años.
 - (e) Si la información que fue quitada de su archivo es retornada al mismo, entonces, ud. tiene la facultad de recibir notificación por escrito de aquel hecho y tiene el derecho a disputar la información agregada.
6. Ud. tambien tiene derechos bajo ley federal respecto a su informe. Una copia de esos derechos le serán dadas con esta declaración de los derechos al consumidor de California. Muchos de estos derechos estan incluidos en la ley del estado de California. Bajo ley federal, su informe es llamado Reporte del Consumidor, no una investigación al consumidor, si eso no contiene entrevistas personales.

NEW YORK CORRECTION LAW - ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

[§750. Definitions.](#)

[§751. Applicability.](#)

[§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.](#)

[§753. Factors to be considered concerning a previous criminal conviction; presumption.](#)

[§754. Written statement upon denial of license or employment.](#)

[§755. Enforcement.](#)

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

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

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

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

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

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

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

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.
 - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

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

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.