

COPY

DRIVERS LICENSE

AND

**SOCIAL SECURITY CARD
OR
BIRTH CERTIFICATE**

COPY

OF

LONG FORM PHYSICAL

WITH CARD.

**IF ONLY HAVE CARD THAT WILL
GET APPROVAL. WILL HAVE TO
GO IN FOR A PHYSICAL.**

DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. Please read carefully and sign in the space provided if you meet these qualifications. If you do not meet these qualifications, return this to the person you received it from and explain the reason. If you meet these qualifications, an in-depth background investigation will be conducted and a hiring decision will be made.

1. Must be at least twenty-three (23) years of age.
2. Must have at least one (1) year of recent verifiable all weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (1) year of verifiable all weather straight-truck experience in the past three (3) years if applying for a straight truck position. Must have at least (2) years of flat-bed experience in the past (3) years if applying for a flat bed position.
3. Must not have had a D.W.I or D.U.I. conviction in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.
4. No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.
5. No more than three (3) moving violations in the last three (3) years.
6. No more than three (3) minor accidents in the last five (5) years.
7. Possesses only one (1) driver's license and it must be from the state of residence.
8. Fill out the application completely to include ten (10) years of employment history. If you do not have the information at this time return the application and come back when you have the information. We do not allow applications to be removed from the office area.
9. You will be required to pass a D.O.T. physical. WLX will only accept an applicant's existing physical if there is at least 12 months remaining before expiration. WLX will not accept any physicals issued for less than a one (1) year period. Note: All new employees are responsible for payment of their initial DOT physical.
10. You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.

I, _____ the undersigned, meet the above qualifications and further agree to abide by all company policies. Misrepresentation on the application will result in immediate termination.

SIGNATURE _____

DATE _____

Job Description

Job Title: Driver of Semi Tractor / Trailer

Department / Terminal _____

Report To: Terminal Manager/Dispatcher/Operations Supervisor

General Purpose: Pick up and deliver to assigned locations in compliance with applicable rules and regulations.

This job description may be revised at any time as dictated by customer needs and management decision.

Essential Functions

1. Receive and follow dispatch orders. Call in daily if on the Casual Board and not working.
2. Pre-trip vehicle inspection.
3. Hook up to correct trailer as directed by dispatcher.
4. Drive vehicle on specified route observing DOT and Premium safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product and assist in loading and unloading as assigned.
8. Backhaul product or return to domicile location as directed.
9. Communicate with client for direction on breakdowns, accidents, product spills, emergencies, and other problems.
10. Fuel vehicle as needed at approved locations.
11. Prepare trip record and DOT logs daily.
12. Be responsible for advance from company by obtaining receipts for expenses.
13. Participate in safety programs.
14. Comply with all DOT and FMCSR regulations.

Physical and mental requirements:

1. Demonstrate sound judgment in operation of vehicle.
2. Work 60 -70 hours per week, within federal guidelines, including nights and weekends.
3. Pull, twist, bend, and lift 75 pounds to shoulder height as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection.
5. Sit for up to 10 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand, and write as required to perform essential functions.

DATE OF APPLICATION: ___/___/___

APPLICATION

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY APPLICANT

I understand that 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 by 49 CFR 391.23(d) and (e).

I also understand that I have the right under 49 CFR 391.23(i) (1) to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers 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(s) and I cannot agree on the accuracy of the information

Applicant Signature: **X** _____ Date ___/___/___

DRIVER NAME _____	(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____			
CITY _____		STATE _____	ZIP _____
TELEPHONE NUMBER (____) _____ - _____		CELL PHONE NUMBER (____) _____ - _____	
DATE OF BIRTH ___/___/___		SOCIAL SECURITY NUMBER _____ - _____ - _____	

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____					
CITY _____		STATE _____	ZIP _____	FROM _____	TO _____
2) ADDRESS _____					
CITY _____		STATE _____	ZIP _____	FROM _____	TO _____
3) ADDRESS _____					
CITY _____		STATE _____	ZIP _____	FROM _____	TO _____

NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT HISTORY

PLEASE LIST STARTING WITH THE MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____, **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____ / ____ / ____ **TO:** ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

SECOND LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____, **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____ / ____ / ____ **TO:** ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

THIRD LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____, **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____ / ____ / ____ **TO:** ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.
****Any gaps in employment and/or unemployment must be explained.**

EMPLOYMENT HISTORY (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

** Any gaps in employment and/or unemployment must be explained.

WORK EXPERIENCE (ADDENDUM PAGE 2)

Driver Applicant Name: _____

Social Security Number: _____

SEVENTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____ / ____ / ____ **TO:** ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

EIGHTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____ / ____ / ____ **TO:** ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

NINTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____ / ____ / ____ **TO:** ____ / ____ / ____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

ATTACH EXTRA SHEETS IF NEEDED

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE _____ TYPE _____ LICENSE # _____ EXP. DATE: ____/____/____
 STATE _____ TYPE _____ LICENSE # _____ EXP. DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u> <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

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</u>	<u>DATES FROM</u>	<u>TO</u>	<u>or</u>	<u>APPROX. MILES DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____		_____
TRACTOR & SEMI TRAILER	_____	_____	_____		_____
OTHER	_____	_____	_____		_____
LIST COMMODITIES HAULED: _____					

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN _____

IN CASE OF EMERGENCY, CONTACT: _____ () _____
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9F-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such stage agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from DAC, and agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC's services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, 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.

X _____ / / _____
Applicant Signature Date

WLX, LLC

Request Information from Previous Employer/Carrier

124 NW Business Park Ln.
Riverside, MO 64168
Phone (816) 746-2800

Fax: 816-746-4610
Attn: Paula

Company: _____ Attn: _____ Fax: _____

Applicant Name: _____

SS#: _____ DOB: _____

Dates Worked From: _____ to _____ Correct? Yes No If Not _____ to _____

Type of Work

- Owner/Operator
- Driver for O/O
- Company Driver
- Other

Equipment Operated

- Dry Van
- Reefer
- Containers
- Flat Bed
- Specialized Trailer
- Other _____

Areas Driven

- 48 State
- Local
- Interstate Driving
- Mountain Driving

Commodities Hauled

- General
- Oversized Loads
- Other _____

Did the applicant have any accidents while driver for you? Yes No If yes, please list below.

<u>Dates</u>	<u>DOT Recordable</u>	<u>Preventable</u>	
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: _____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: _____
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: _____

Based upon the review of your company's drug and alcohol test results:

- Has this individual had an alcohol test with a confirmed breath alcohol concentration of .04 or greater in the past 3 years? Yes No
- Has this individual had a controlled substance test with a positive result in the past 3 years? Yes No
- Has this individual refused (included a verified adulterated or submitted results) a controlled substance test and/or alcohol test within the past 3 years? Yes No
- Has this individual violated other DOT drug/alcohol regulations? Yes No
- Have you received information from a previous employer that this individual violated DOT Drug/alcohol regulations? Yes No

Reason for Leaving

- Resigned with notice
- Resigned without notice
- No Show
- Terminated/Disqualified
- Abandonment
- Quit under dispatch

Performance

- Satisfactory
- Outstanding
- Superior
- Falsified Empl. Application
- Log Violations
- Unsatisfactory Safety Records

- Cargo Loss
- Excessive Complaints
- Equipment Loss
- Late Pickup/Delivery
- Unauthorized Equipment Use
- Other _____

Eligible for rehire? Yes No Upon Review

Authorization/Liability Release

I hereby authorize the above stated company to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information to the company requesting this information. This information is being requested in compliance with §40.25 and §391.23.

Applicant Signature: _____

Date: _____

Person completing this inquiry: _____ Title: _____ Date: _____

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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

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

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)