



PO BOX 909 ROYERSFORD, PA 19468

FAX #610-495-7080

## APPLICATION FOR TRACTOR-TRAILER OPERATOR

DATE \_\_\_\_\_

(Pursuant to 49 CFR 391 al et)

In compliance with Federal and State Equal Employment Opportunity Laws,  
Qualified applicants are considered for all positions without regard to race, color,  
religion, sex, age, natural origin, ethnic identity, or marital status.

### **ALL FIELDS MARKED WITH \* ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION**

#### **\*PERSONAL INFORMATION**

\*FIRST NAME \_\_\_\_\_ M \_\_\_\_\_ LAST NAME \_\_\_\_\_

\*PRESENT ADDRESS: \_\_\_\_\_

\*CITY, STATE ZIP \_\_\_\_\_ \*HOW LONG \_\_\_\_\_

\*ADDRESS FOR PAST 3 YEARS  
CITY, STATE, ZIP \_\_\_\_\_ \*HOW LONG \_\_\_\_\_

\*HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE \_\_\_\_\_ - \_\_\_\_\_  
(Area Code First)

E-MAIL ADDRESS \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_\_ \*SOCIAL SECURITY# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- \*HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME (MAIDEN, NICKNAME ETC.)?  YES  NO  
If YES LIST NAME \_\_\_\_\_

#### **\*IN CASE OF AN EMERGENCY NOTIFY:**

\*FULL NAME \_\_\_\_\_

\*PRESENT ADDRESS: \_\_\_\_\_

\*CITY, STATE ZIP \_\_\_\_\_

\*HOME PHONE \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE \_\_\_\_\_ - \_\_\_\_\_

\*ARE YOU A U.S. CITIZEN?  YES  NO

\*IF NO, DO YOU HAVE A PERMANENT RESIDENT ALIEN CARD?  YES  NO

\* HAVE YOU WORKED FOR OUR COMPANY BEFORE?  YES  NO

HOW DID YOU LEARN ABOUT US? NEWSPAPER \_\_\_\_\_ TV \_\_\_\_\_ BILL BOARD \_\_\_\_\_ RADIO \_\_\_\_\_

DRIVER REFERRAL \_\_\_\_\_ INTERNET \_\_\_\_\_ MAGAZINE \_\_\_\_\_ TRUCK SHOW \_\_\_\_\_

OPEN HOUSE \_\_\_\_\_ OTHER \_\_\_\_\_

**\*DRIVER LICENSE INFORMATION**

\*CDL CLASS A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ \*CDL LICENSE NUMBER \_\_\_\_\_ \*STATE \_\_\_\_\_

\*EXPIRATION DATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*ENDORSEMENTS X \_\_\_\_\_ T \_\_\_\_\_ H \_\_\_\_\_ N \_\_\_\_\_ P \_\_\_\_\_  
M D YEAR  
RESTRICTION CODES \_\_\_\_\_

\*HAVE YOU EVER BEEN CONVICTED OF A DUI/DWI  YES  NO IF YES DATE: \_\_\_\_\_

**\*MOTOR VEHICLE RECORD QUALIFICATIONS** List all drivers' licenses held in the past 5 years

STATE	LICENSE NUMBER	CDL CLASS	ENDORSEMENTS	EXP. DATE

**\*ACCIDENT RECORD** (If none, please write none) List all accident involvements with any motor vehicle for the past 5 years (even if not at fault):

	Date	Nature of Accident (Head-on, Rear-end, ETC.)	Chargeable	CMV/Car	Fatalities	Injuries
Last Accident						
Previous Accident						
Previous Accident						
Previous Accident						

*Even if you do not remember dates you must still write down any accidents. If you have had none write **NONE** in the space provided. NOTE: LIST **ALL** accidents, regardless of vehicle type. Failure to list an accident may result in your disqualification.*

**\*TRAFFIC CONVICTIONS** (If none, please write none) List all traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations):

DATE	LOCATION (City, State)	VIOLATION (speeding, disobeying traffic device, etc.)	PENALTY	TRAFFIC CONVICTION IN CMV	
				YES	NO

\*HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  YES  NO (If yes give dates & explain in detail reason and final outcome of suspension or revocation)

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\*HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO (If yes give dates & explain in detail reason and final outcome of suspension or revocation)

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**\*DRIVING EXPERIENCE**

Class of Equipment	Type of Trailer	Dates		States of Operations in last three years
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Other				

**Have your been awarded any safe driving awards and from whom?** \_\_\_\_\_

**\*GENERAL INFORMATION**

\*HAVE YOU **EVER** BEEN CONVICTED OF RECKLESS OR CARELESS OPERATION OF A MOTOR VEHICLE?  YES  NO IF YES GIVE DATE: \_\_\_\_\_

\*HAVE YOU **EVER** BEEN CONVICTED FOR DRIVING UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, AMPHETAMINES OR CONTROLLED SUBSTANCES?  YES  NO IF YES GIVE DATE: \_\_\_\_\_

\*HAVE YOU **EVER** BEEN CONVICTED FOR POSSESSION, SALE OR USE OF A NARCOTIC DRUG, AMPHETAMINE, OR CONTROLLED SUBSTANCE?  YES  NO IF YES GIVE DATE: \_\_\_\_\_

\* HAVE YOU **EVER** BEEN CONVICTED OF A FELONY?  YES  NO IF YES GIVE DATE: \_\_\_\_\_

\*HAVE YOU **EVER** 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?  YES  NO IF YES GIVE DATE: \_\_\_\_\_

\*IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*EDUCATION AND TRAINING**

\*HIGHEST YEAR COMPLETED IN SCHOOL \_\_\_\_\_  
G.E.D. (Graduate Equivalency Diploma)  YES  NO

List any training program **presently attending** or **completed** (Truck driving schools, trade schools, ETC)

SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

**\*MILITARY SERVICE RECORD**

\*HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?  YES  NO \*BRANCH \_\_\_\_\_

\*DATES OF SERVICE \_\_\_\_\_ TO \_\_\_\_\_  
M / YR M / YR

\*HIGHEST RANK ACHIEVED \_\_\_\_\_ \*TYPE OF DISCHARGE \_\_\_\_\_

**\*PERSONAL HISTORY FOR THE PAST 10 YEARS**

(DO NOT LEAVE GAPS BETWEEN DATES. MUST LIST PHONE NUMBERS OF PAST COMPANIES)

**PRESENT OR MOST RECENT POSITION**

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Type of Trailer Pulled
Telephone ( )			Type Equipment Driven
Supervisor			Number of incidents/accidents
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Type of Trailer Pulled
Telephone ( )			Type Equipment Driven
Supervisor			Number of incidents/accidents
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
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Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company			Average Weekly Earnings
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Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**\*CONTINUATION OF POSITION HISTORY****NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company		Average Weekly Earnings	
Address		Reason for Leaving	
City	State	Zip	Type of Trailer Pulled
Telephone ( )		Type Equipment Driven	
Supervisor		Number of incidents/accidents	
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company		Average Weekly Earnings	
Address		Reason for Leaving	
City	State	Zip	Type of Trailer Pulled
Telephone ( )		Type Equipment Driven	
Supervisor		Number of incidents/accidents	
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company		Average Weekly Earnings	
Address		Reason for Leaving	
City	State	Zip	Type of Trailer Pulled
Telephone ( )		Type Equipment Driven	
Supervisor		Number of incidents/accidents	
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

**NEXT POSITION**

Dates: From Month/Year		TO	Position Held
Company		Average Weekly Earnings	
Address		Reason for Leaving	
City	State	Zip	Type of Trailer Pulled
Telephone ( )		Type Equipment Driven	
Supervisor		Number of incidents/accidents	
Full or Part Time	Hours or Miles/week		States/Regions you drove in
Were you subject to the FMCSRs** Yes/No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes/No			

PERIOD OF UNEMPLOYMENT (IF ANY) DATES: FROM MONTH/ YEAR \_\_\_\_\_ TO \_\_\_\_\_

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) 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.

**STATEMENTS TO BE READ AND SIGNED BY APPLICANT**  
**DISCLOSURE AND RELEASE**  
**{Fair Credit Reporting Act}**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, credit history, criminal background, and your driving record may be obtained on you for employment purposes. Sections 382, 413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports. Furthermore, you are being informed that in these investigations, consumer reports, which may contain public record information, may be requested from DAC Service, Tulsa Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation, claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and provided driving records.

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

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

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

I hereby authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my applications.

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 understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

I understand that various medical tests including urine, blood or other tests approved by law may be taken as part of my employment in the job for which I am applying, and will be disclosed only to the employer to whom I am submitting this application. I hereby authorize the taking of these tests for this purpose. I also understand that medical tests are also a routine part of my employment.

I understand that results from my medical tests, whatever they may be, can be released to a court of law, if I or the Company pursue legal action against another, or is named a defendant or responsible party to a suit.

If hired, I agree to abide by all rules and regulations of the Company. Furthermore, I understand that just as I am free to resign at any time, the Company reserves the right to terminate my employment or cancel lease agreement at any time, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurances to the contrary.

This Application is current for only 30 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment or enter into a lease agreement, it will be necessary for me to fill out an application supplement. This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in the application will be sufficient cause for cancellation of this application and/or separation from the Company's service if I have been employed or entered into a lease agreement.

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

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

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

**CONSENT FOR EXCLUSION JURISDICTION IN PENNSYLVANIA FOR WORKER'S  
COMPENSATION AND UNEMPLOYMENT COMPENSATION CLAIMS**

I hereby acknowledge that, if hired, I shall be a Pennsylvania Employee of Venezia Hauling, Inc./Venezia Transport Services, Inc., Pennsylvania Corporations.

I further acknowledge that regardless of where I have signed my application of employment, all of the Venezia's decisions to hire employees and contracts for hire are made only in the Commonwealth of Pennsylvania and that the employer/employee relationship between me and Venezia can only be entered into in Pennsylvania.

I further acknowledge that I am fully aware that if Venezia hires me, I will be a Pennsylvania based employee and all employees of Venezia, regardless of where the employee's claim a residence, are subject to Pennsylvania Worker's Compensation and Unemployment Compensation jurisdiction and or laws.

**I HEREBY EXPRESSLY AND KNOWINGLY WAIVE JURISDICTION TO ANY OTHER STATE OTHER THAN THE COMMONWEALTH OF PENNSYLVANIA FOR WORKER'S COMPENSATION AND UNEMPLOYMENT COMPENSATION BENEFITS AND PROTECTION. I HEREBY CONSENT TO JURISDICTION IN THE COMMONWEALTH OF PENNSYLVANIA FOR WORKER'S COMPENSATION AND UNEMPLOYMENT COMPENSATION COVERAGE, BENEFITS AND HEARINGS.**

I also acknowledge that the states other than Pennsylvania in which I may claim a residence may have worker's compensation and unemployment compensation benefits that are either greater than, less than or substantially different from those offered in the Commonwealth of Pennsylvania. However, I waive jurisdiction in any other state and knowingly consent to the Commonwealth of Pennsylvania's workers pursuant to Section 77 Pa. C.S.A. Section 411.2 (d) (5),[(Section 303.2 (d) (5)] of the Pennsylvania Worker's Compensation Law, which expressly permits employers and employees to consent to limitation on jurisdiction for worker's compensation claims.

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

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

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



INQUIRY TO PAST EMPLOYER
APPLICANT - Complete Top Section Only

PO Box 909 Royersford, PA 19468
Phone: 610-495-5200 Fax: 610-495-7080

Applicant's Name (print clearly) Social Security #

You are hereby authorized to give to Venezia, Inc. all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable Venezia, Inc. to comply with the requirements of 49 CFR, 40.311, 382.413, I hereby consent to Venezia, Inc. obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the two (2) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to Venezia, Inc. in personal interviews, Telephone interviews, letters or any other method that insures confidentiality. I hereby authorize Venezia, Inc. to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it. I acknowledge, that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

Applicant's Signature: Date:

\* APPLICANT STOP HERE \*

Former Employer: Please provide the following information about this applicant.

Name of Company: Phone:
Street Address: City: State: Zip:
Period of Employment: From To
Position Held: Company Driver Owner Operator Driver For O/O
Full Time Part Time
Equipment: Tractor & Trailer-Vans 48' 53' Tractor & Trailer-Tank Flatbed Other
List Areas in which applicant drove regularly:
Was the driver in any DOT Accidents per 49 CFR 390.5 during the previous three (3) years?
Yes No

If Yes, provide the following data elements for each as required by 49 CFR 390.15 (b) (1)

Table with 7 columns: Date, City/Town/State, # of Injuries, # of Fatalities, Vehicles Towed, Hazmat Spilled, Description

All Other Accidents: Total Number

Date Preventable: Y or N Description
Date Preventable: Y or N Description
Date Preventable: Y or N Description

Why did applicant leave your employment?

Is applicant eligible for rehire? Yes No If no, why?

In accordance with part 382.405 (f) and 382.413 (a) (b) (c) (d) (e) (f): Yes No

Has this person ever had an alcohol test concentration of 0.04 or greater in the past three years?
Has this person ever tested positive for a controlled substance in the past three years?
Has this person ever refused a required test for drugs or alcohol in the past three years?
Has this person violated other DOT drug or alcohol regulations in the past three years?
Have you received information from a previous employer that this person violated drug or alcohol regulations in the past three years?

Additional comments:

Signature: Title: Date:
1st Attempt 2nd Attempt 3rd Attempt 4th Attempt 5th Attempt
Date Date Date Date Date
Time Time Time Time Time
Method Method Method Method Method
Contact Contact Contact Contact Contact



**IMPORTANT NOTICE**  
**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Venezia Transport Service Inc. ("Prospective Employer"), it 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.

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:

**2. I authorize Venezia Transport Service Inc. ("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.**

3. 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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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)

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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 1-888-5-OPTOUT (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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture