



Application for Employment

PLEASE PRINT

Position(s) applied for _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____ - ____ - _____

If necessary, best time to call you at home is

May we contact you at work? Yes No
If yes, work number and best time to call (____) _____ : ____ pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give dates / /

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work / /

Type of employment desired Full Time Part Time/Temporary/Seasonal

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last 7 years?..... Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize Chem-Air to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 application.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of Chem-Air.

"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 CFT 391.23(d) and 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 re-send the corrected information to the prospective employer
- 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.

Signature _____ Date _____

Employment History

(Ask for Additional Employment History form if needed) All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years; you must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total 10 year employment record).

CURRENT OR LAST EMPLOYER: Name: _____ Phone Number (____) _____

Position Held _____ Immediate Supervisor & Title _____

Dates Employed from _____ to _____ Hourly Rate/Salary Starting _____ Final _____

Summarize the nature of work performed _____

Reasons for Leaving _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

SECOND LAST EMPLOYER: Name: _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ Immediate Supervisor & Title _____

Date Employed From _____ to _____ Hourly Rate/Salary Starting _____ Final _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

THIRD LAST EMPLOYER: Name: _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ Immediate Supervisor & Title _____

Date Employed From _____ to _____ Hourly Rate/Salary Starting _____ Final _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From: _____ To: _____ Salary: _____

Reason for leaving _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From: _____ To: _____ Salary: _____

Reason for leaving _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From: _____ To: _____ Salary: _____

Reason for leaving _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held : _____ From: _____ To: _____ Salary: _____

Reason for leaving _____

Were you subject to the FMCSRs ** while employed? 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 Par 40? Yes No Explain any gaps in employment

Educational Background

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

Skills and Qualifications - summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. List any foreign language(s) you know

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status)

Have you ever served in the U.S. Military or Coast Guard?
If yes, list brand and dates of service:

EXPERIENCES AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM TO	APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Tractor- Two Trailers	Van, Reefer, Tank, Flat	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____
Motor coach- School Bus 8 passengers <small>(Greater than 8 passengers)</small>	N/A	_____	_____
Motor coach- School Bus 15 passengers <small>(Greater Than 15 passengers)</small>	N/A	_____	_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (Month/year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS? <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

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years- check here

DATE CONVICTED (month/year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? YES NO
If yes, give details _____

Applicant Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____	_____
Applicant’s Signature	Date

**APPLICANT
RELEASE OF CONFIDENTIALITY**

I, _____, hereby authorize my former employer(s), or its (their) agents, and any other person or entity shown on my "Application for Employment" with _____ to respond fully, truthfully, and candidly to all inquiries regarding:

- Dates of employment
- Position(s) held
- Pay and benefits
- Safety record
- Performance and ability
- Discipline and attendance records
- Reason for termination
- Re-hire status
- Other, listed below

DO NOT release information about the following: _____

I understand that, without having signed and provided this release, companies and individuals may be reluctant to provide information regarding these matters other than dates of employment and position held, and I consider it to my advantage that they release more detailed information. By this authorization, I hold them harmless for the release of information that is accurate and truthful.

Employee's signature

Date

Witness signature

Date

I UNDERSTAND THAT A DRUG TEST WILL BE ADMINISTERED PRIOR TO EMPLOYMENT WITH THIS COMPANY. I FURTHER UNDERSTAND AND AGREE THAT AT SUCH TIMES DURING MY EMPLOYMENT, AS THE COMPANY SHALL REQUIRE, I WILL PROVIDE URINE, BREATH OR BLOOD SPECIMENS TO BE TESTED FOR THE PRESENCE OF DRUGS OR ALCOHOL.

IF MY PRE-EMPLOYMENT DRUG TEST RESULTS PROVE "POSITIVE", I UNDERSTAND THAT I AM OBLIGATED TO PAY FOR THE TESTING.

IF MY DRUG TEST RESULTS PROVE "NEGATIVE" AND I AM HIRED, THE COMPANY WILL PAY FOR MY TESTING FEE.

I HAVE READ, OR HAD READ TO ME, AND UNDERSTAND THE ABOVE STATEMENT AND CONSENT TO BEING DRUG TESTED.

SIGNATURE _____ DATE _____

WITNESS _____

TO BE ELIGIBLE OR PERMITTED TO OPERATE A COMPANY VEHICLE YOU MUST BE QUALIFIED UNDER INSURABILITY CRITERIA. A REPORT OF YOUR DRIVING RECORD WILL BE REQUESTED FROM YOUR DRIVERS LICENSE ISSUING STATE'S DEPARTMENT OF TRANSPORTATION.

A DRIVER DISQUALIFIED FOR ANY REASON BECOMES INELIGIBLE FOR INSURANCE COVERAGE REQUIRED BY COMPANY POLICY AND IS DISQUALIFIED FOR ANY POSITIONS THAT REQUIRED DRIVING COMPANY VEHICLES.

I HAVE READ, OR HAD READ TO ME, AND UNDERSTAND THE ABOCE STATEMENT AND CONSENT TO HAVING MY DRIVING RECORDS RECEIVED.

SIGNATURE _____ DATE _____

WITNESS _____

Please Read Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize Chem-Air, LLC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and , further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Chem-Air, LLC my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Chem-Air, LLC may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between Chem-Air, LLC and me. In addition, I understand and agree that if I am employed; my employment relationship with Chem-Air, LLC is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Chem-Air, LLC and that no promises or representation contrary to the forgoing are binding on the company unless made in writing and signed jointly by the President/CEO and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Chem-Air, LLC benefits; policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will as condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid state driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Chem-Air, LLC auto insurance, if required for my position.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Witness/Company

Date

For Personnel Department Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No Date of Hire ____/____/____

Position hired for _____

Job classification (circle one)

District Manager

Contract Forester

Laborers

Sales

Contract Planner

Safety

Office and Clerical

Operator

Completed By _____ Date ____/____/____

To be read and signed by applicant

Information in this application will be used and prior employers will be contacted for purposes of investigation as required by the FMCSR.

It is agreed and understood that the employer or its agents may investigate the applicant's background to obtain any and all information of concern to applicant's whether same is of record or not and applicant releases employers persons named herein from any and all liability for any damages as a result of furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her 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 employee may be on a probationary period during which time, he/she may be discharged without recourse. I also understand that misrepresentation or omission of information or facts shall be considered an act of dishonesty and be sufficient cause for rejection or dismissal.

I understand that as an applicant, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. It is further agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

It is understood when a job offer to an individual applying to drive a CMV, the offer is made contingent upon the person successfully passing the required DOT physical examination and drug test, and completing the Company's orientation programs and hiring process. Applicants successfully completing the hiring process will be hired on the date he or she is dispatched on the first shipment or trip.

My Rights:

391.23(i)(1) I understand that I have the following right:

- i. The right to review information provided by previous employers;*
- ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;*
- iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.*

391.21B12 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.

Applicants Signature

Printed Name

Date

CONTROLLED SUBSTANCES AND ALCOHOL TESTING POLICY

This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382.

If you have any questions about this controlled substances and alcohol testing contact Bart Alexander, our designated company official to answer questions.

All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) are subject to controlled substances testing.

The definition of a driver Safety Sensitive Function is found in 49 CFR Section 382.107. Safety sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety sensitive function shall include:

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting the equipment as required by §392.7 and §392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. All time spent at the driving controls of a commercial motor vehicle in operation;
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of §393.76 of this subchapter);
5. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Driver conduct that is prohibited is found in 49 CFR Part 382 Subpart B.

- §382.201 No driver shall report for duty requiring the performance of safety sensitive function with an alcohol concentration of 0.04 or greater.
- §382.205 No driver shall use alcohol while performing a safety sensitive function.
- §382.207 No driver shall perform a safety sensitive function within 4 hours after using alcohol.
- §382.207 No driver required to take a post-accident alcohol test under 49 CFR §382.209 shall use alcohol for 8 hours following the accident.
- §382.211 No driver shall refuse to submit to any required alcohol or controlled substances test.
- §382.213 No driver shall report for duty requiring the performance of a safety sensitive function when the driver uses controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR §382.107. This must not interfere with the driver's ability to perform a safety sensitive function.
- §382.215 No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function, if the driver tests positive for controlled substances.

The circumstances in which the driver will be tested are incorporated and found in 49 CFR Part 382 Subpart C.

- §382.301 Pre-employment testing;
- §382.303 Post-accident testing;
- §382.305 Random testing, per the prevailing rate as required by USDOT;
- §382.307 Reasonable suspicion testing;
- §382.309 Return to duty testing;
- §382.311 Follow up testing.

All definitions, regulation, and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard test validity, and insure results are attributed to correct driver are found in 49 CFR Parts 40 and 382.

All CDL drivers who drive CMV's are required to submit to alcohol and controlled substances testing.

Refusal to submit to an alcohol or controlled substances test is defined in 49 CFR §382.107.

Refuse to submit (to an alcohol or controlled substances test) means that a driver:

1. Fails to provide adequate breath for alcohol testing as required by 49 CFR Part 40 of this title, without a valid medical explanation, after he or she has received the notice of requirement for breath testing in accordance with the provision of this part,
2. Fails to provide adequate urine sample for controlled substances testing as required by 49 CFR Part 40 of this title, without a valid medical explanation, after he or she has received notice of the requirement for controlled substances testing in accordance with the provisions of this part,
3. Engages in conduct that clearly obstructs the testing process.

The consequences for violators of Subpart B are incorporated and found in CFR Part 382 Subpart E.

1. All CDL drivers will be removed from any safety sensitive position.
2. The driver must see a Substance Abuse Professional to ever drive again, anywhere.
3. The driver must take a Return to Duty test with a Negative result and/or an Alcohol test with results below 0.02.

The consequences for CDL drivers tested for Alcohol with results at 0.02 but below 0.04 are the driver will be removed from any safety sensitive position for 24 hours. 49 CFR 382.505(a).

Any driver that violates 49 CFR Part 382 Subpart B shall be terminated for cause.

This is to certify that I have received a copy of the company Alcohol and Controlled Substances policy.

CDL Driver Signature

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

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

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

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

Date: _____

Signature

Name (Please Print)

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

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Company Name Chem-Air, LLC

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number