

HOU, TX

CARRIER MINIMUM QUALIFICATIONS ARE SET OUT BELOW

In keeping with the mission statement of **Trucking 2000, LLC**, it is the goal of this company to qualify only professional drivers.

To assist in achieving this goal, the following hiring policy and procedures will apply. Following these procedures will insure that we hire only experienced, qualified drivers who can pass stringent D.O.T. requirements.

The safe, efficient transport of property is crucial to the success of our organization. In accordance with U. S. Department of Transportation (D.O.T.) regulations, as adopted by The State of Texas, and in support of **Trucking 2000's** commitment to safety, all driver applicants will be required to meet the following criteria to be considered for a driver position.

Driver applicants for driving positions, where the Gross Vehicle Weight (GVW) is greater than 26,000 pounds must meet the following requirements:

1. Must be at least 23 years of age and meet all Federal Motor Carrier Qualifications.
2. Up to ten (10) years of verifiable work history.
3. Must have a minimum of three (3) years of verifiable commercial motor vehicle driving experience.
4. Valid Commercial Driver's License (CDL) from state of residence.
5. Must be self-certified as **non-excepted interstate** and be shown on your MVR.
6. No more than three (3) moving violations in the past 36 months and no more than two (2) moving violations in the previous 12 months, and have no at fault accidents in the last 36 months.
7. Applicant must successfully pass a D.O.T. Physical examination (including drug screen). A D.O.T./SAMHSA drug screen is required of all applicants.
8. Submit evidence of eligibility for employment (I-9)

9. No convictions for a “serious or disqualifying traffic violation” within the last ten (10) years. (See FMCSR parts 382, 391, 392 and 397) A “serious or disqualifying traffic violation” includes the following:
- Excessive speeding, involving any single offense for any speed of 15 m.p.h. or more above the posted speed limit.
 - Reckless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property.
 - Improper or erratic lane changes.
 - Following the vehicle ahead too closely.
 - Driving while intoxicated or under the influence of drugs.
 - Hit and run, leaving the scene of an accident, or failure to report an accident.
10. Applicant must not have any convictions listed:
- Sexual assault, including rape, aggravated or otherwise, sexual assault of any minor’s.
 - Felony murder, attempted murder, aggregated assault
 - Felony theft, including receiving stolen property in the past 10 years.
 - No possession of controlled substances in the past 10 years.
 - No DWI or DUI in the past 10 years.

All other convictions will be address by **Trucking 2000, LLC** management.

If found qualified for eligibility, the applicant will begin driving on a probationary status for a period of ninety-days (90). During the probationary period, the driver will be continually observed and evaluated.

The Safety Department is responsible for final qualification of driver applicants and will provide verification of eligibility. The Safety Department will qualify driver applicants according to D.O.T. requirements and **Trucking 2000’s** policy. **Trucking 2000’s** management can only make any exception to these policies

****ELD & GPS REQUIRED ON ALL TRUCKS****

Documents need it: CDL CLASS A, (Front & Back) Social Security Card, (Front & Back) Birth Certificate or Naturalization Certificate, Green Card, Work Permit or passport.

COMMERCIAL DRIVER APPLICATION

OUR COMPANY is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without unlawful regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, medical condition, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. Applicants may request any reasonable accommodation to participate in the application process.

To help us learn about your experience, abilities, and interests, please complete this Application as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No. ()
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message phone/Cell ()
PREVIOUS ADDRESSES WITHIN LAST THREE YEARS: Street Number and Name, City, State, Zip Code	Number of years at previous addresses	
Have you used any other names that are necessary for us to know to enable us to verify your employment or education record?		
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state other name: _____		
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 25?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Date of Birth: _____ (required for commercial driver applicants)		
Who referred you? And/or how did you hear about us?		
Have you been convicted of a felony? _____ YES _____ NO If YES, please explain: _____ _____ _____		
Have you ever tested positive on a pre-employment drug test? (required for commercial driver applicants)		
<input type="checkbox"/> YES If so, please provide date and company name: _____ <input type="checkbox"/> NO		

OWNER OPERATOR/CONTRACTOR TO COMPLETE

POSITION DESIRED:	Date Available:	Desired Start Date:
Please review any requirements of the position for which you are applying. Can you, with or without a reasonable accommodation, perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please describe how the Company could accommodate you:		
Are you available to work:		
Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO
Local <input type="checkbox"/> YES <input type="checkbox"/> NO	Regional <input type="checkbox"/> YES <input type="checkbox"/> NO	Over the road <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

Please complete and do not indicate, "Refer to Resume." A complete employment application is required with or without a resume. List all current and former employment for the past ten years, beginning with the most recent. Include self-employment, employment, volunteer experience and periods of unemployment. If you require additional space, please continue on a separate sheet of paper. Information provided may be used and the applicant's prior employers may be contacted for the purpose of investigating the applicant's safety performance history information as required by 49 CFR §391.23.

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY
COMPANY NAME	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (<i>Include Street, City, State, Zip Code</i>)			
Job Title – Start	Job Title – Final	Base Rate of Pay Start	Final
Supervisor (<i>Name & Title</i>)			
Description of Job Duties			
Were you subject to the Federal Motor Carrier Safety Regulations at this job? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was this job designated as a "Safety Sensitive" function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR §40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving			

T2 TRUCKING 2000 LLC

402 Deerwood Glen Drive, Deer Park, TX 77536 TEL: (346)330-0833

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
COMPANY NAME		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title – Start	Job Title – Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Description of Job Duties				
Were you subject to the Federal Motor Carrier Safety Regulations at this job? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was this job designated as a “Safety Sensitive” function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR §40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving				
COMPANY NAME		Phone No. ()	Date of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, Zip Code)				
Job Title – Start	Job Title – Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Description of Job Duties				
Were you subject to the Federal Motor Carrier Safety Regulations at this job? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was this job designated as a “Safety Sensitive” function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR §40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving				

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Address (Include Street, City, Zip Code)				
Job Title – Start	Job Title – Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Were you subject to the Federal Motor Carrier Safety Regulations at this job? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was this job designated as a “Safety Sensitive” function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR §40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving				
COMPANY NAME		Phone No. ()	Date of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, Zip Code)				
Job Title – Start	Job Title – Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Were you subject to the Federal Motor Carrier Safety Regulations at this job? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was this job designated as a “Safety Sensitive” function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR §40? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reason for Leaving				

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE

(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND BOND OR COLLATERAL FORFEITURES FOR PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. List any endorsements or restrictions:

B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____

C. Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

IF THE ANSWER TO B OR C IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE (IF NONE, WRITE NONE)				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH				
SCHOOL BUS				
INTERCITY BUS				
TRANSIT OR SUBURBAN BUS				
OTHER				
LIST STATES OPERATED IN FOR LAST FIVE YEARS				
SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER				
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?				

PRE-EMPLOYMENT CERTIFICATION

Initial Qualified applicants are considered for driving positions as independent contractors and drivers for independent contractors. I understand that the position is as an independent contractor, not an employee of **Trucking 2000, LLC**.

Initial I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

Initial I understand that all statements contained in this application may be investigated. I further understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I agree to sign the forms necessary to authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, and I release all parties from any liability arising there from.

Initial If considered for driver position by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and valid COMMERCIAL CLASS A driver's license if my position requires me to drive in the course of my work.

Initial If considered for driver position, I understand and agree that I may be required to undergo a physical examination to determine qualification to operate a commercial motor vehicle (CMV) according to the requirements 49 CFR 391.41-49 and the position is conditioned by that examination. I would provide both Certification Form MCSA-5878 & Medical Examination Report Form MCSA-5875. I agree to authorize release of all results or information obtained from such physical examinations.

Initial I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my driving position or continued to perform my driving duties.

Initial If I am considered as a driver by the Company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company.

Initial I agree that if any portion of or provision in this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, such a finding shall not render this Agreement invalid, void or unenforceable as a whole. Rather, the remaining portions/provisions of the Agreement will continue in full force without being impaired or invalidated in any way.

Initial If I am employed by the Company, I agree that any dispute arising out of my employment or its termination, will be submitted to final and binding arbitration before a single arbitrator in accordance with procedures adopted by the Company, after any available procedures with the Equal Employment Opportunity Commission, or any other appropriate administrative agency have been exhausted. If I am employed by the Company, I agree to sign an Arbitration Agreement agreeing to resolve disputes in accordance with procedures adopted by the Company. I UNDERSTAND THAT MY AGREEMENT TO ARBITRATE DISPUTES IS A WAIVER OF ALL RIGHTS TO A CIVIL COURT ACTION FOR THE DISPUTES COVERED BY THE AGREEMENT. ALL SUCH DISPUTES SHALL BE SETTLED EXCLUSIVELY BY FINAL AND BINDING ARBITRATION; ONLY AN ARBITRATOR, AND NOT A JUDGE OR JURY, WILL HEAR SUCH DISPUTES.

Information provided by previous employers will be used to determine suitability for the position you have applied. You have rights regarding the information that will, or has, been provided to us to assist in this determination. You have:

- The right to review information provided by previous employers;
- 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;
- The right to have a rebuttal statement is attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records received through the above stated process must send the request for the correction to the previous employer that provided the records to the prospective employer.

The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records received through the above stated process must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Within five business days of receiving a rebuttal from a driver, the previous employer must:

- Forward a copy of the rebuttal to the prospective motor carrier employer;
- Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at 49 CFR Part 386.12.

My signature below certifies that I have read and understand the foregoing. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the provisions set forth above. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

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 of Application*

**CERTIFICATE OF COMPLIANCE WITH
DRIVER LICENSE REQUIREMENTS**

NOTICE TO DRIVERS:

The Motor Carrier Safety Regulations part 383, applies to every person who operates a commercial motor vehicle in interstate, foreign or intrastate commerce, which operates a vehicle with a gross weight rating of 26,001 pounds or more, can transport 16 or more passengers including the driver, or transports hazardous materials that require placard.

If the above applies you must comply with the following:

1. A driver may not possess more than one license. A motor carrier may not use a driver with more than one license. The driver's license must be from the driver's state of domicile.
2. A driver who violates state and/or local traffic laws (other than parking) must notify the motor carrier and the state that issued the license, within thirty days after the violation occurred.
3. A driver who receives either a revocation or suspension of their license must notify the motor carrier the next business day after receiving the notice.
4. A driver must provide previous work history when applying to operate a commercial motor vehicle.

DRIVER CERTIFICATION

I hereby agree that I have read and understand the above requirements issued in the Federal Motor Carrier Safety Regulations. The following license is the only one I possess.

Driver's Name _____ Social Security # _____
Please print

Driver's Address _____
Street address city state zip

Driver's License No. _____ State _____ Exp. Date _____

Driver's Signature: **X** _____

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver to prepare and furnish it with a list of all violations of the motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted or, or forfeited bond or collateral on account of any violations which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER:	START DATE:	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
DATE OF BIRTH			
IS THIS A COMMERCIAL DRIVER'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provide under Part 383) for which I have been convicted or forfeited bond or collateral during the past 36 months.			
DATE	OFFENCE	LOCATION	TYPE OF VEHICLE OPERATED
IF YOU HAD NO VIOLATIONS, CHECK THE FOLLOWING BOX <input type="checkbox"/>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided Under Part 383) required to be listed during the past 36 months.			
Date of Certification _____		Driver's Signature X _____	

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information describe in Section 391.25 of the Federal Motor Carrier Safety Regulations Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements of safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature	Date
_____	_____
Printed Name	Title
_____	_____
Motor Carrier Name	Motor Carrier Address
_____	_____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Request for Prior Employment and Controlled Substance Information

I release **Trucking 2000, LLC** and any prior employees from all liability that may result from the release of such information. I hereby authorize **Trucking 2000, LLC** to obtain all information requested, regarding my prior work history and controlled tests.

Date: _____ Social Security Number: _____

Print Name: _____ Applicant Signature: **X** _____

Applicant – DO NOT complete below this line.

- 1). Previous Employer: _____ Fax: _____ Contact: _____
- 2). Previous Employer: _____ Fax: _____ Contact: _____
- 3). Previous Employer: _____ Fax: _____ Contact: _____

Request Dates: _____

The person named above has applied for work with **Trucking 2000, LLC** and has listed your company as a past employer or contractor. Under CFR 49, we are required to obtain the following information from you and you are, in turn, required to provide this information to us. For purposes of prior employment investigations (as required by Section 391.23 of the FMSR) you are released of any and all liability which may result from furnishing such information. The Applicants signature on this form has authorized you to release the following information.

Prior position held: _____ Employed from: _____ to _____

Any chargeable accidents or violations? Yes ___ No ___ (If yes, please explain) _____

Did this person hold a Class "A" license? Yes ___ No ___ Was the driver subject to DOT FMCSR? Yes ___ No ___

Reason for leaving? _____ Would you re-hire? Yes ___ No ___

Type of equipment operated: Tractor ___ Straight Truck ___ Containers ___ Flatbed ___ Years ___ Miles ___

Was applicant subject to Drug and Alcohol testing in a safety sensitive function required by 49 CFR? Yes ___ No ___
If "Yes", please complete section below.

In the past **Three (3)** years has this person ever:

- | | |
|--|----------------|
| Tested positive for a controlled substance? | Yes ___ No ___ |
| Had an alcohol test with 0.04 or greater? | Yes ___ No ___ |
| Refused a drug or alcohol test? | Yes ___ No ___ |
| Had an adulterated or substituted result? | Yes ___ No ___ |
| Had other DOT violations of drug or alcohol testing regulations? | Yes ___ No ___ |
| Had any previous employers reported "yes" to any of the above? | Yes ___ No ___ |

SAP Name, Address, Phone: _____

Previous Employer COMPANY NAME: _____

Completed By: (Signature): _____ Date: _____

Completed By: (Print Name): _____ Title: _____

THANK YOU FOR PROMPTLY COMPLETING THIS FORM, PLEASE EMAIL to safety@trucking2000llcus.com ATTN: SAFETY DEPT.

***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, **Trucking 2000, LLC**, (“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 **Trucking 2000, LLC**, (“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: _____

X _____

Signature

Name (Please Print)

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

LAST UPDATED 10/12/2021

DISCLOSURE and AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask DISA, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of **Trucking 2000, LLC**. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from DISA, we must have your written permission for DISA to obtain the information and to provide us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for DISA to prepare and for our company. to receive a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION and RELEASE TO OBTAIN EMPLOYMENT INFORMATION

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit **Trucking 2000, LLC** to obtain from DISA, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only: In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, all information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from an military service.

I understand that the above items, which constitute “investigative consumer reports”, may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I agree that a copy of the authorization has the same effect as an original.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from DISA, the consumer reporting agency that compiled the report, after I have provided DISA with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of DISA, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize DISA to obtain and prepare an investigative consumer report as set forth above and to provide that report to **Trucking 2000, LLC**, as part of its investigation of my employment application.

(Client Requesting)

FULL NAME _____ A.K.A _____
 (First, last name & middle name)

ADDRESS _____ CITY/ST. _____ ZIP _____

PREVIOUS ADD. _____ CITY/ST. _____ ZIP _____

*DOB _____ SSN _____

DRIVERS LICENSE # _____ STATE ISSUED _____

Applicant Signature: **X** _____ **Date:** _____
 (Owner Operator/Contractor Signature)

*This is for criminal verification purposes only

Client _____ Manager _____ Date _____

Pre-check all that apply: STATE CRIMINAL , COUNTY CRIMINAL , NATIONAL CRIMINAL , SSN
 MVR , CDL: YES/NO, EMPLOYMENT , EDUCATION

LAST UPDATED 10/12/2021

