

# DOT APPLICATION

Motor Carrier: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I 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. (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 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 the Company.

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

- Review information provided by current / previous employers;
- Have errors in the information corrected by previous employers and from those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ADDRESS HISTORY – PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Current Address: \_\_\_\_\_  
Street City State Zip Number of Years

Previous Address: \_\_\_\_\_  
Street City State Zip Number of Years

Previous Address: \_\_\_\_\_  
Street City State Zip Number of Years

Previous Address: \_\_\_\_\_  
Street City State Zip Number of Years

### ACCIDENT HISTORY – PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

If no accidents in the last three (3) years – check here

DATE (MONTH / YEAR)	NATURE OF ACCIDENT (HEADON, REAR END, UPSET, ETC.)	# OF FATALITIES	# OF INJURIES	HAZMAT SPILL
				<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 – PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

If no traffic convictions and / or forfeitures in the last three (3) years – check here

DATE (MONTH / YEAR)	VIOLATION (OTHER THAN PARKING VIOLATIONS)	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR PONTS)

### 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
- B. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If 'yes', give details: \_\_\_\_\_

### DRIVING EXPERIENCE

If no driving experience in the last three (3) years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (CIRCLE ALL THAT APPLY)	DATES		OR	APPROX. NO. OF MILES
		FROM	TO		
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				
Motorcoach – School Bus (Greater than 8 passengers)	N/A				
Motorcoach – School Bus (Greater than 15 passengers)	N/A				
Other:	Van, Reefer, Tank, Flat, N/A				

### EMPLOYMENT HISTORY

(USE ADDITIONAL EMPLOYMENT HISTORY INFORMATION FORM IF NECESSARY)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) years for a total of ten (10) year employment record. **You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		

\*\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 Signature

Date

## DOT APPLICATION EMPLOYMENT HISTORY

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<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		

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### EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) for a total of ten (10) year employment record. **You are required to list the complete mailing address: street number and name, city, state and zip code.**

<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
<b>EMPLOYER:</b>		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		

\*\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



2695 South Cherry Ave, Suite 104 – Fresno, Ca – 93706  
(800) 442-4637 / Fax (559) 451-0111

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Foley Carrier Services, LLC ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Foley Carrier Services, 140 Huyshope Avenue, Hartford, CT 06106, Phone: 860-633-2660/ 800-253-5506, Fax: 860-913-2454, <http://www.foleyservices.com>, or another outside organization.

The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

- Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.
- California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

### ACKNOWLEDGMENT AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I

hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Foley Carrier Services, 140 Huyshope Avenue, Hartford, CT 06106, Phone: 860-633-2660/ 800-253-5506, Fax: 860-913-2454, <http://www.foleyservices.com>, or another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

**New York and Maine applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

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

\_\_\_\_\_  
Date of Birth\*\*

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Residence Dates: (From – To)

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Residence Dates: (From – To)

\_\_\_\_\_  
Please list alias names you have used in the past seven years here. (May include maiden names, former legal names, etc)

\* Date of Birth & Social Security Number are being requested in order to obtain accurate retrieval of records.  
For a copy of our privacy policy, please visit <http://www.foleyservices.com/client-login/>

### *A Summary of Your Rights Under the Fair Credit Reporting Act*

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

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>





P: (559) 451-0100  
 F: (559) 451-0111  
 E: accounting@hainesinc.com

Haines Transportation Inc  
 2695 S Cherry Ave, Ste 104  
 Fresno, CA 93706

**SAFETY PERFORMANCE HISTORY REQUEST**

**Recipient Employer:** The individual identified below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT) regulated drug and alcohol testing. In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete **SECTIONS 1 through 3** (as applicable) and return to the prospective employer at the fax number above.

I, (Print Name) \_\_\_\_\_ XXX-XX- \_\_\_\_\_ hereby authorize:  
 First, M.I., Last Social Security Number Date of Birth

leave blank

Previous Employer: \_\_\_\_\_  
 Street, City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing Records within the previous three years from: \_\_\_\_\_ (Date of Employment Application) to the prospective employer listed above. In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email or letter.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Section 1: Employment Verification**

The applicant named above was or is employed or used by us.  YES  NO  
 Employed as (job title) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
 Did he / she drive a commercial motor vehicle for you?  YES  NO  
 If yes, what type?  Straight Truck  Tractor - Semitrailer  Bus  Cargo Tank  Double/Triples  Other: \_\_\_\_\_  
 Reason for Leaving:  Resignation  Layoff  Discharge: \_\_\_\_\_  Other: \_\_\_\_\_

If the applicant named above **was not** subject to Federal Motor Carrier Safety Regulations, please check here  sign below and return.  
 Otherwise, please complete Sections 2 and 3.

**Section 2: Accident History**

Completed the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the three years prior to the application date above. Or check here  if there is no accident register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

**Section 3: Drug and Alcohol History**

If applicant **was not** subject to DOT testing requirements under 49 CFR Part 40 while employed, please check here  and return.  
 Applicant **was** subject to DOT testing requirements under 49 CFR Part 40 from \_\_\_\_\_ to \_\_\_\_\_. In answering the questions below, please include any required DOT drug or alcohol testing information you obtained from *other employers in the three years prior to the date above.*

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382,  YES  NO  
 Including (if yes, please submit corresponding documentation):
  - An alcohol test with a result of 0.04 or higher alcohol concentration.
  - A controlled substances test result of positive, adulterated, or substituted.
  - A refusal to submit to random, post-accident, reasonable suspicion, or follow-up controlled substance or alcohol test.
  - Alcohol use while performing or within 4 hours before performing safety sensitive functions.
  - Alcohol use after an accident, in violation of §382.303.
  - Controlled substances used while on duty, except as allowed under §382.213
- If this person violated a DOT drug and / or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)?  YES  NO  N/A If rehabilitation was required but you do not know if he/she began or completed such a program, check here
- If this person successfully completed a SAP rehabilitation referral and remained in your employ, did he / she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refusal to be tested?  YES  NO  N/A

\_\_\_\_\_  
**Certifying Official Title Date**

Dates of Attempts – Message: \_\_\_\_\_ Faxed: \_\_\_\_\_