



**PRE-APPLICATION QUESTIONNAIRE**

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

Print Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many years of Tractor/Trailer experience have you had? \_\_\_\_\_

Can you prove your previous work experience? Y / N (circle one)

Has your driver's license EVER been suspended, revoked, or restricted? Y / N (circle one)

If YES, explain: \_\_\_\_\_

Commercial Driver's License (CDL)? Y / N (circle one) What state? \_\_\_\_\_ No.: \_\_\_\_\_

List any endorsements to your CDL: \_\_\_\_\_



Check the make of tractor(s) driven:

(circle)

- |                    |                |                    |
|--------------------|----------------|--------------------|
| _____ IHC/Navistar | _____ Cab Over | _____ Conventional |
| _____ Kenworth     | _____ Cab Over | _____ Conventional |
| _____ Freightliner | _____ Cab Over | _____ Conventional |
| _____ Peterbilt    | _____ Cab Over | _____ Conventional |
| _____ Ford         | _____ Cab Over | _____ Conventional |
| _____ Other:       | _____          |                    |

Check the type of transmission(s) familiar with:

- |                               |               |                                   |
|-------------------------------|---------------|-----------------------------------|
| _____ 4 x 4 (16 speed)        | _____ 5 speed | _____ Fuller 913 (13 speed)       |
| _____ 10 speed                | _____ RT 910  | _____ 5 speed main - 3 speed aux. |
| _____ Fuller 12513 (13 speed) | _____ 6 speed | _____ Other _____                 |
| _____ Triplex (15 speed)      | _____ 9 speed |                                   |

Check the type of trailer(s) pulled:

- |                          |                   |                 |                   |
|--------------------------|-------------------|-----------------|-------------------|
| _____ Regular van        | _____ Reefer unit | _____ Flatbed   | _____ Drop deck   |
| _____ Grain              | _____ Hopper      | _____ Livestock | _____ Bulk tanker |
| _____ Liquid bulk tanker | _____ Other       | _____           |                   |

# ATTENTION APPLICANTS



**This company requires "X" endorsement, meaning drivers must be qualified for Haz-Mat and tankers.**

## MINIMUM DRIVER REQUIREMENTS:

- Valid CDL with X endorsement
- At least 23 years old
- Minimum 2 years verifiable commercial over-the-road tractor-trailer driving experience within the past 5 years

## UNACCEPTABLE DRIVERS:

- History of short-term employment (changing jobs frequently)
- More than 2 minor moving violation convictions in 12 months
- More than 1 preventable, DoT recordable loss in 12 months
- More than 4 moving violation convictions in 36 months
- More than 2 preventable, DoT recordable losses in 36 months
- More than 2 moving violation convictions and 2 preventable, DoT recordable losses in combination in 36 months
- Any major violation in 36 months

### Major violations include:

- Leaving the scene of accident
- DUI or DWI
- Hit and run conviction
- Reckless driving or conduct
- Felony with vehicle or any felony conviction
- Racing or dragging
- Excess speed (20 or more over posted limit)
- Fleeing or eluding police
- Passing a school bus
- Allowing a DUI/DWI or unlicensed person to drive
- Driving with suspended, revoked or fraudulent license
- Failure to report or making a false report of an accident
- Suspensions of 30 days or more, if the result of a moving violation
- Possession of alcohol or drugs in a motor vehicle
- Refusal to submit under implied consent, or similar
- Manslaughter or negligent homicide

4703 SOUTH 169 HIGHWAY  
1-800-821-9016

1-816-364-2336

ST JOSEPH, MO 64507  
FAX 1-816-364-1972



4703 SE U S Highway 169, St. Joseph, MO 64507-9786  
800-821-9016 816-364-2336 FAX 816-364-1972

### DRIVER'S APPLICATION FOR EMPLOYMENT

(Please print)

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

#### TO BE READ AND SIGNED BY APPLICANT

I authorize you 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 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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

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

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

#### FOR COMPANY USE

##### PROCESS RECORD

APPLICANT HIRED ON: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

REJECTED DUE TO: \_\_\_\_\_

##### TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ REASON: \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions – Please print)

Position(s) Applied for: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_  
Street Home City  
 \_\_\_\_\_  
State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip yr./mo.  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip yr./mo.  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip yr./mo.

If applying as an Owner/Operator, please indicate make and year of equipment: \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Can you provide proof of age? \_\_\_\_\_ Have you worked for this company before? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain in detail. Conviction of a crime is not an automatic bar to employment. All circumstances will be taken in to consideration.

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, you may offer an explanation: \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers, including training programs, during the preceding 3 years. List the complete mailing address, street number, city, state, zip code, and phone number.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**List employers in reverse order beginning with the most recent. Attach additional pages if necessary.**

EMPLOYER		DATES	
NAME	DOT NO.	FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY STATE ZIP		SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? (Circle one)		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Circle one)		YES	NO

## EMPLOYMENT HISTORY (continued)

EMPLOYER		DATES	
NAME	DOT NO.	FROM MO.    YR.	TO MO.    YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? (Circle one)		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Circle one)		YES	NO

EMPLOYER		DATES	
NAME	DOT NO.	FROM MO.    YR.	TO MO.    YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? (Circle one)		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Circle one)		YES	NO

EMPLOYER		DATES	
NAME	DOT NO.	FROM MO.    YR.	TO MO.    YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? (Circle one)		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Circle one)		YES	NO

EMPLOYER		DATES	
NAME	DOT NO.	FROM MO.    YR.	TO MO.    YR.
ADDRESS		POSITION HELD	
CITY	STATE          ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? (Circle one)		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (Circle one)		YES	NO

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:

- 1) Weighs or has a GVWR of 10,001 lbs. or more,
- 2) Is designed or used to transport more than 8 passengers (including the driver), OR
- 3) Is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## EMPLOYMENT HISTORY (continued)

**ACCIDENT RECORD FOR PAST 3 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	HAZMAT SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE 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 – DRIVER

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

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE	ENDORSEMENTS

- 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 THE ANSWER TO EITHER A. OR B. IS YES, GIVE DETAILS: \_\_\_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. TOTAL MILES
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK      YES _____      NO _____	VAN - TANK - FLAT - DUMP - REEFER			
TRACTOR & SEMI-TRAILER      YES _____      NO _____	VAN - TANK - FLAT - DUMP - REEFER			
TRACTOR & 2 TRAILERS      YES _____      NO _____	VAN - TANK - FLAT - DUMP - REEFER			
TRACTOR & 3 TRAILERS      YES _____      NO _____	VAN - TANK - FLAT - DUMP - REEFER			
OTHER _____				

LIST STATES OPERATED IN FOR THE LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION AS WELL AS SPECIAL EQUIPMENT OR TECHNICAL MATERIALS:

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4    OTHER: \_\_\_\_\_

LAST SCHOOL ATTENDED AND LOCATION: \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

**TO:** \_\_\_\_\_  
 (FORMER EMPLOYER)  
 \_\_\_\_\_  
 \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**FROM:** B S Xpress, Inc.  
 (PROSPECTIVE EMPLOYER) **ATTN:** Kirbey Ross  
 4703 SE U S Highway 169  
 St. Joseph, MO. 64507-9786  
**TOLL FREE:** 800-821-9016  
**LOCAL:** 816-364-2336  
**FAX:** 816-364-1972  
**EMAIL:** kirbey@dbrant.com

The person listed below has applied for a safety sensitive driving position with our company. This person states that he/she was employed by your company from \_\_\_\_\_ to \_\_\_\_\_. According to DOT FMCSA Regulations 49 CFR Parts 40, 382 and 391, we are required to obtain, and you are required to supply, certain information about the employee.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
PRINT NAME  
 to release and forward, in accordance with 49 CFR parts 382 and 391, all known information pertaining to my alcohol and controlled substances testing/training records, accident records and safety records to the prospective employer listed above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **CDL #:** \_\_\_\_\_ **CDL State:** \_\_\_\_\_

*Please complete and return this form within 30 days of the above date.*

**To Be Completed By Previous Employer**

**PART I: DRUG AND ALCOHOL**

**In the past three years, has the previously named applicant ever:**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Tested positive for a controlled substance?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Tested with an alcohol concentration of 0.04 or higher?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Refused to submit to a DOT required drug and/or alcohol test, including a verified adulterated or substituted test? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Had any other violations of DOT drug and/or alcohol regulations?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Had any violations of drug and/or alcohol regulations reported by previous employers?                               | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. Fail to undertake or complete a rehabilitation program?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If you answered yes to any of the questions above, please list the Substance Abuse Professional for further reference. Also, provide documentation of the previously named applicants successful completion of DOT return-to-duty requirements, including follow-up tests.

**PART II: ACCIDENT**

If there is no accident information to report, please check this box and continue to Part III.

List accidents from your accident register and company records. If additional space is needed, copy this page.

DATE	CITY	ST	NATURE	HAZ-MAT?	# FATALITIES	# INJURIES	PREVENT-ABLE?

FOR PROSPECTIVE EMPLOYER USE ONLY	
First Request:	_____
Second Request:	_____
Third Request:	_____
Notice to FMCSA:	_____

**FROM:** B S Xpress, Inc.

(PROSPECTIVE ATTN: Kirbey Ross

EMPLOYER) 4703 SE U S Highway 169

St. Joseph, MO. 64507-9786

1-800-821-9016 or 1-816-364-2336

FAX: 816-364-1972

[kirbey@dbrant.com](mailto:kirbey@dbrant.com)

**PART III: SAFETY**

1. Has this individual received any safety awards while in your employ?  N/A  YES  NO
2. To the best of your knowledge, is the individual a safe and efficient driver?  N/A  YES  NO
3. Does the individual exhibit good safety habits?  N/A  YES  NO

**PART IV: GENERAL**

1. Are the employment dates stated above correct? If not, please indicate correct dates:  YES  NO  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_
2. Did this individual drive a motor vehicle for you? If not, please advise job description:  YES  NO

3. What type of vehicle did this individual drive while employed by you? \_\_\_\_\_
- Passenger car
- Straight Truck
- Bus
- Tractor/Semi-Trailer
- Other (specify): \_\_\_\_\_

4. Was the individual's general conduct satisfactory? If not, please explain:  YES  NO

5. Is the individual competent and capable of performing the position sought?  YES  NO

6. What areas did this individual cover? \_\_\_\_\_
- Local
- Regional
- 48 States
- Resigned
- Laid off
- Discharged
- Other (specify): \_\_\_\_\_

7. Reason this individual left your employ? \_\_\_\_\_
8. Is this individual eligible for rehire?  With Review  YES  NO

9. Did this individual have any problems with logs? If so, please explain:  YES  NO

10. Did this individual have any complaints from customers, such as late deliveries? Explain:  YES  NO

11. What type of products did this person haul while in your employ? \_\_\_\_\_

Remarks: \_\_\_\_\_

Information provided by (print): \_\_\_\_\_

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



# B S Xpress, Inc.

4703 SE U S Highway 169  
St. Joseph, MO 64507-9786

## REQUEST FOR CHECK OF DRIVING RECORD

AS REQUIRED BY

**U.S. DEPARTMENT OF TRANSPORTATION**  
**MOTOR CARRIERS SAFETY PROGRAM**  
PURSUANT TO 49 CFR 391.23

TO:	RE:
_____	_____
_____	(Driver's Name)
_____	_____
_____	(Driver's Operators License No.)
_____	_____
_____	(Driver's Social Security No.)

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

\_\_\_\_\_  
Signature of individual making inquiry

Kirbey Ross  
Printed name of person making inquiry

Safety  
Title of person making inquiry

B S Xpress, Inc.  
Motor carrier name

4703 SE U S Highway 169  
Address

St. Joseph MO 64507-9786  
City State Zip



**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

<b>HireRight Customer:</b>	
Company Name:	<u>B S Xpress, Inc.</u>
Company Contact Name:	<u>Kirbey Ross</u>
Fax #:	<u>(816) 364-1972</u>
HireRight Customer #:	<u>224424</u>

Send to Fax # 800-267-4093 (Manual Service) / Send to Fax # 800-257-5069 (Database Retrieval)

**PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

**PART II - CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE  
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

<input type="checkbox"/> ←	Check this box if you are applying for employment in <b>California</b> and/or you are a California resident and, in either case, you wish to receive a copy of your <b>credit report or investigative consumer report</b> if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
<input type="checkbox"/> ←	Check this box if you are applying for employment in <b>Oklahoma</b> and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your <b>consumer report</b> if one is obtained or assembled by HireRight.
<input type="checkbox"/> ←	Check this box if you are applying for employment in <b>Minnesota</b> and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your <b>consumer report</b> if one is obtained or assembled by HireRight.

**PART II - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand that I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

**NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFO. ADDRESSED IN PART I.**

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

### FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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.

Drivers who have previous DOT regulated employment history in the preceding three (3) years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

### ADDITIONAL STATE LAW NOTICES

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. 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.

Notices continue on next page

**NEW YORK CORRECTION LAW  
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

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§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

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

In connection with your application for employment with B S Xpress, Inc. ("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 (3) 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 three (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 PS P 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 unless you consent in writing.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize B S Xpress, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am 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 am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I 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 Commercial Motor Vehicle (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)