



Patterson Specialty Services, LLC

750 Baird Ave SE Paris, OH 44669

CDL Driver Application

Date: _____

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address: _____

City _____ State _____ Zip Code _____ Length of residency? (Y/M) _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____ Email Address: _____

How did you hear about us? _____

Emergency Contact: _____

Name _____ Relationship _____ Phone No. _____

Previous addresses in the past 3 years:

Street: _____ City _____ State _____ Zip _____ #of yrs. _____

Street: _____ City _____ State _____ Zip _____ #of yrs. _____

Street: _____ City _____ State _____ Zip _____ #of yrs. _____

Driver's License: (all license held in the past 3 years)

State	License Number	Type	Endorsements	Date Issues	Expiration Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever had a Driver's License Revoked, Suspended, or Denied? Yes No

If yes, When & Reason: _____

List all Convictions, Moving Violations, Traffic Citations, Accidents and/or Disqualifications in the past 5 years (attach additional sheet if necessary);

Date of Violation	Type of Violation	Location	Violations/Accident Description	Penalty/Fine
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

⇒ Are you familiar with D.O.T Safety Regulations as they apply to drivers of commercial vehicles and agree to comply with these regulations upon hire? Yes No

⇒ Have you ever been disqualified by a carrier for violating D.O.T. Safety Regulations Yes No

If yes, please explain: _____

⇒ In the past 3 years have you ever tested positive or refused a test on any drug and/or alcohol test? (Including companies applied to, but not worked for)? Yes No

Driving Experience: (Type of Equipment Operated)

Straight Truck Van Flatbed Heavy Equipment Tractor/Trailer other _____

List any specific courses and/or training you have completed that would help you as a driver:

Employment History

All Applicants must provide the following information for any companies in which they have been employed/ leased to within the past **10 years**. (attach separate sheet if necessary) Please list the work history in reverse order, beginning with the most recent. **Note: all dates in the last 10 years must be listed.** Please include any gaps of self-employment or unemployment.

Present Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ Any accidents with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Equipment used? _____	To: MO: _____ YR: _____ From: MO: _____ YR: _____ Position Held: _____ Salary/Wage: _____ Reason for Leaving?
Were you subject to FMCSRs (Federal Motor Carrier Safety Regulations) while employed/ leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ Any accidents with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Equipment used? _____	To: MO: _____ YR: _____ From: MO: _____ YR: _____ Position Held: _____ Salary/Wage: _____ Reason for Leaving?
Were you subject to FMCSRs (Federal Motor Carrier Safety Regulations) while employed/ leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ Any accidents with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Equipment used? _____	To: MO: _____ YR: _____ From: MO: _____ YR: _____ Position Held: _____ Salary/Wage: _____ Reason for Leaving?
Were you subject to FMCSRs (Federal Motor Carrier Safety Regulations) while employed/ leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____

Employment History Continued

Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ Any accidents with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Equipment used? _____	To: MO: _____ YR: _____ From: MO: _____ YR: _____ Position Held: _____ Salary/Wage: _____ Reason for Leaving?
Were you subject to FMCSRs (Federal Motor Carrier Safety Regulations) while employed/ leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ Any accidents with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Equipment used? _____	To: MO: _____ YR: _____ From: MO: _____ YR: _____ Position Held: _____ Salary/Wage: _____ Reason for Leaving?
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Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
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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: _____

Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ Any accidents with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Equipment used? _____	To: MO: _____ YR: _____ From: MO: _____ YR: _____ Position Held: _____ Salary/Wage: _____ Reason for Leaving?
Were you subject to FMCSRs (Federal Motor Carrier Safety Regulations) while employed/ leased? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Gaps

Please write in the dates and explanation for any periods that you were not working in the past 10 years

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. I further certify that I am currently qualified (and will maintain qualification) as a commercial vehicle driver, in accordance with all FMCSR regulations. I authorize the prospective carrier to perform any investigation pertinent to the position for which I am applying for (including any information required in parts 382 and 391 of the FMCSR Title 49 Code of Federal Regulations. Driver Information Resource -pre-employment screening program, and any Federal and State criminal records). I hereby release all schools, persons, and companies listed above harmless from any and all liability or damages for providing requested information.

Applicant Signature: _____ Date: _____



Patterson Specialty Services, LLC
Inquiry to Past Employers

To (Previous/Current Employer): _____ Date: _____
DOT Number: _____

Applicant Name: _____ SSN: _____
The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Please complete the following items. Please email the information to pattersonspecialty2@gmail.com

Patterson Specialty Representative: _____ Title: _____

Dates employed/leased: From _____ To _____ Position _____

Drug & Alcohol Inquiry

If the above applicant was employed/leased as a driver with you company, Dept. of Transportation regulation 391.21 and 382.405 requires that you provide the following information:

In the past three years, has the above individual ever:

	Yes	No
Had an alcohol test result with a breath alcohol concentration of 0.04 or greater?	_____	_____
Tested positive for a controlled substance test?	_____	_____
Refused to submit for an alcohol or controlled substance test?	_____	_____

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional (SAP) Name	Telephone Number	Date Referred	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____

If employed/leased as a driver, what type of equipment was operated: Straight Truck Tractor Trailer Bus
 Other (specify) _____

Number of accidents: _____ Number preventable: _____ Dates/Details: _____

Was this employee/lessee's conduct: Satisfactory Average Below Average Poor

Why did this employee/lessee leave your company? Resigned Discharged Laid Off

Would you re-hire this person? Yes No Please explain: _____

Remarks _____

Signature of person supplying information _____ Title/Date _____

APPLICANT CONSENT RELEASE: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (if I was employed/ leased as a driver) and all other records of employment including job performance to Patterson Specialty Services, LLC in connection with my application for employment, I hereby release my former employers from any and all liability of any type as a result of the above information.

Applicant Signature/Date _____

Witness Signature/Date _____

PRE- EMPLOYMENT DRUG/ALCOHOL TESTING NOTIFICATION AND CONSENT

I understand as required by Federal Motor Carrier Safety Regulations, 49 CFR Part 382.103, and company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, methamphetamines & Phencyclidine (PCP). I understand I am also subject to regulatory alcohol testing and any other Substance Abuse Testing in accordance with the company policy and/or regulatory requirements.

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Office before any positive test result is reported to the company. I further understand that once a positive test has been confirmed by the Medical Review Officer, I must at my own expense be evaluated by a Substance Abuse Professional (SAP), submit to any required treatment, and obtain a release by the Substance Abuse Professional prior to operating a commercial motor vehicle in the interstate commerce.

The Result of any Substance Abuse test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with my DOT required physical. The results will only be released to any additional parties in accordance with the regulations.

I hereby agree to submit to required Substance Abuse Testing (drug and/or alcohol).

Print Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Disclosure that Background Investigation(s) is to be requested and Background Check Report(s) prepared and Delivered for Employment Purposes

Patterson Specialty Services, LLC will conduct an investigation of your background, including all or some of the following; your criminal conviction history, consumer credit history, driving/motor vehicle history, employment history, military service, civil litigation history, educational background and achievement history, character, general reputation, personal characteristics and mode of living. This information will be collected from a variety of sources, including individuals such as your current and former employers, co-workers, managers and supervisors; personal and professional references; corporations, partnerships, associations, institutions, schools, governmental agencies and departments; courts, law enforcement and licensing agencies; consumer reporting agencies and other entities and persons who may have such information about you.

This information, once collected and compiled, will constitute a "consumer credit report" and/or an "investigative consumer credit report" under applicable law. The outside agency the Company presently uses to collect and compile such information (the "Agency") is:

IIX , a Verisk Analytics Business 1716 Briarcrest Drive Suite 200, Bryan TX 77802 886-560-7015
Equifax Verification Services (the Work Number) 11432 Lackland, St. Louis, MO 63146 866-604-5470
DriverFacts 5051 E. Orangethorpe Ave. Suite E265, Anaheim, CA 92807 888-844-4730

This information and resulting report(s) will be delivered to and used by the Company for "employment purposes" specifically, for evaluating you for employment with the Company and, if hired by the Company, for later promotion, reassignment, retention or termination of employment.

Upon your request, after a "consumer credit report" and/or an "investigative consumer credit report" is prepared and provided by the Agency, the Agency is required to make available to you the files and the information (with some legal exceptions) that it maintains on you. You may have access to such files and information (with legal exceptions) during normal business hours and after reasonable advance notice, as follows:

1. In person, if you appear in person and furnish proper identification. A copy of your file also will be made available to you for a fee that will not exceed the actual costs of duplication services provided.
2. By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. Note that compliance with such a request by the Agency will shield the Agency from any liability in the event that your files are disclosed to unauthorized third parties as a result of the mishandling of such mail after the Agency has been deposited such mail with the U.S. Postal Service.
3. A summary of information contained in files on you (with some legal exceptions) will be provided to you by telephone, if you have made a written request with proper identification for a telephone summary and the toll charge (if any) for the telephone call is prepaid by you or charged directly to you.

You may be accompanied by one other person of your choosing, provided that such person furnishes reasonable identification to the Agency and, if requested, you give the Agency written permission to discuss/disclose the files and information it maintains on you in such person's presence.

"Proper identification" means information general deemed sufficient to identify a person such as a valid driver's license, social security account number, U.S. Passport and military identification card.

The Agency will provide trained personnel to explain information it provides to you, and will provide a written explanation of any coded information contained in the files it maintains on you if such files are provided to you for your visual inspection.

Authorization to Conduct Background Investigation(s), and to Prepare and Deliver Background Check Report(s) for Employment Purposes

As part of my application for employment with Patterson Specialty Services, LLC (the "Company") and if hired by the Company, at any time during my employment with the Company, I authorize the Company to request and receive consumer credit and investigative consumer report on me, and I authorize

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Equifax Verification Services (the Work Number) 11432 Lackland, St. Louis, MO 63146 866-604-5470
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(the "Agency") to prepare and deliver to the Company, any and all consumer credit and investigative consumer credit report on me prepared for the company per this Authorization.

I understand that this information will be used by the Company for "employment purposes" specifically, for evaluating me for employment with the Company and, if hired by the Company, for promotion, reassignment and/or for retention or termination of employment. I also understand that such information may be transmitted electronically to the Company, as well as to and from the Agency, and I authorize all such transmissions.

I request that photocopy and facsimile copies of the Authorization, signed by me, be used in lieu of, and be accepted as having the same effect as, my original signature on the Authorization.

DOT Drivers: I understand that Title 49 of the Federal Code of regulations, 391.23, requires that my prospective employer and/or its agent (s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my perspective employer or employer has engaged to require and obtain this information Including former employers, and /or through a consumer reporting agency.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Dated: _____

Employee/Applicant Signature

Employee/Applicant Name (Printed) _____



I acknowledge receipt of the sperate document entitled **Authorization to Conduct Background Investigation(s), and to Prepare and Deliver Background Check Report(s) for Employment Purposes and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of these documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, or status as an Advisor, If applicable. 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 ,MVR IIX Insurance Information Exchange 1716 Briarcrest Drive Suite 200, Bryan TX 77802 886-560-7015, Equifax Verification Services (the Work Number) 11432 Lackland, St. Louis, MO 63146 866-604-5470, DriverFacts 5051 E. Orangethorpe Ave. Suite E265, Anaheim, CA 92807 888-844-4730, and/or from Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant's Name _____

Address _____ City _____ ST _____ Zip _____

Date of Birth ____/____/____

License Number _____ State of Issue _____

Applicant's Signature _____ Date _____



Motor Vehicle Disclosure and Release Form

In connection with my qualification to operate a commercial motor vehicle for Patterson Specialty Services, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Patterson Specialty Services or its agents.

I hereby authorize procurement of my motor vehicle report. If qualified, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my contract or driving position.

Full Legal Name (include middle initial)

Signature

Date

Patterson Specialty Services, LLC
750 Baird Ave SE
Paris, OH 44669

PSP Background Report Release Important Disclosure

In connection with your application for employment with Patterson Specialty Services, 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 the 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 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 the 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, regarding 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.

PSP Report Authorization

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

I Authorize Patterson Specialty Services, 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 Employers and I understand that if I sign the 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)

Employee/Applicant Name (Printed) _____

Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who issues information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At you request, a CRA must give you the information in your file. You will be required to provide proper identification, which may include your Social Security number. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify any of the following:

- 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.

If addition, effective September 2005, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau from nationwide specialty CRAs – Equifax, Experian, and TransUnion. See www.ftc.gov/credit for additional information.

Otherwise, a CRA may charge you for the report.

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 can dispute inaccurate information with the CRA. If you tell the CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report to be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

The FCRA gives several different federal agencies authority to enforce the FCRA:

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

Federal Motor Carrier Safety Regulations

Please retain for your records

Subpart C- Background and Character

391.23 Investigation and inquires

a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(1) An inquiry to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years to obtain that driver's motor vehicle record.

(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(b) A copy of the motor vehicle record(s) obtained in response to the inquiry or inquiries to each State required by paragraph (a)(1) of this section must be placed in the driver qualification file within 30 days of the date the driver's employment begins and be retained in compliance with § 391.51. If no motor vehicle record is received from the State or States required to submit this response, the motor carrier must document a good faith effort to obtain such information, and certify that no record exists for that driver in that State or States. The inquiry to the State driver licensing agency or agencies must be made in the form and manner each agency prescribes.

(c)(1) Replies to the investigations of the driver's safety performance history required by paragraph (a)(2) of this section, or documentation of good faith efforts to obtain the investigation data, must be placed in the driver investigation history file, after October 29, 2004, within 30 days of the date the driver's employment begins. Any period of time required to exercise the driver's due process rights to review the information received, request a previous employer to correct or include a rebuttal, is separate and apart from this 30-day requirement to document investigation of the driver safety performance history data.

(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate.

Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA and use the complaint procedures specified at § 386.12 of this subchapter. Keep a copy of the reports in the driver investigation history file as part of documenting a good faith effort to obtain the required information.

(4) Exception. For drivers with no previous employment experience working for a DOT-regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver investigation history file, after October 29, 2004, within the required 30 days of the date the driver's employment begins.

(d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

(1) General driver identification and employment verification information.

(2) The data elements as specified in § 390.15(b)(1) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.

(i) Any accidents as defined by § 390.5 of this chapter.

(ii) Any accidents the previous employer may wish to provide that are retained pursuant to § 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a § 382.605 or 49 CFR part 40, subpart O referral:

(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(ii) Verified positive drug tests;

(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(4) As of January 6, 2023, employers subject to § 382.701(a) of this chapter must use the Drug and Alcohol Clearinghouse to comply with the requirements of this section with respect to FMCSA-regulated employers.

(i) Exceptions.

(A) If an applicant who is subject to follow-up testing has not successfully completed all follow-up tests, the employer must request the applicant's follow-up testing plan directly from the previous employer in accordance with § 40.25(b)(5) of this title.

(B) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT mode other than FMCSA, the employer must request alcohol and controlled substances information required under this section directly from those employers regulated by a DOT mode other than FMCSA.

(f)(1) A prospective motor carrier employer must provide to the previous employer the driver's consent meeting the requirements of § 40.321(b) of this title for the release of the information in paragraph (e) of this section. If the driver refuses to provide this consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(2) If a driver refuses to grant consent for the prospective motor carrier employer to query the Drug and Alcohol Clearinghouse in accordance with paragraph (e)(4) of this section, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle.

(g) After October 29, 2004, previous employers must:

(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

(5) Exception. Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.

(h) The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years - via the application form or other written document prior to any hiring decision - that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i) The right to review information provided by previous employers;

(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) 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 days 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.

(j) (1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

(2) After October 29, 2004, 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.

(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) 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.

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

(6) 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 § 386.12.

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against -**(i)** A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,

(ii) A person who has provided such information; or

(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.