



# DRIVER PRE-EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, RELIGION, SEXUAL ORIENTATION, VETERAN'S STATUS

**APPLICANT:** You are advised that the information you provide on this application may be used, and your prior employer will be contacted, for the purpose of investigating your background as required by D.O.T. Regulation, Part 391.23. **Applications will be kept on file for 60 days.**  
**NOTE: ANSWER ALL QUESTIONS - WRITE LEGIBLY - THIS APPLICATION WILL NOT BE CONSIDERED UNLESS FULLY COMPLETED**

## FOR EMPLOYER USE ONLY - DO NOT WRITE IN THIS AREA

INTERVIEWED

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_

D.O.T. PHYSICAL

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_

ROAD TEST

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME \_\_\_\_

WRITTEN TEST

BACKGROUND CHECKS COMPLETED

RECRUITER \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

BY \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN INK AND IN APPLICANT'S OWN HANDWRITING**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security No.

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Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST

Email address \_\_\_\_\_

\*Current Address \_\_\_\_\_  
STREET CITY STATE ZIP

\*If at the above address less than three years, list below all addresses for the past three years. FMCSR 391.21(3)

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth FMCSR 391.21(2) \_\_\_\_/\_\_\_\_/\_\_\_\_ How did you find out about us? \_\_\_\_\_

Have you worked for this Company before? ☐ Yes ☐ No If yes, dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Where? \_\_\_\_\_ Rate of pay? \_\_\_\_\_ Position? \_\_\_\_\_

Have you ever worked for this Company under another name? ☐ Yes ☐ No If yes, what name? \_\_\_\_\_

Names of any relatives employed by this Company? \_\_\_\_\_

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Do you speak, write and understand any foreign language? ☐ Yes ☐ No Language? \_\_\_\_\_

Position applying for: \_\_\_\_\_ Are you able to perform the essential functions and duties of the job, as contained in the job description with or without reasonable accommodation? ☐ Yes ☐ No

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

### EDUCATION

Circle highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

List any other training or schools \_\_\_\_\_ Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

### MILITARY STATUS

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No Branch? \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Duties: \_\_\_\_\_

**GENERAL**

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 been suspended or revoked?

☐ Yes ☐ No

C. Have you ever been arrested for driving while intoxicated?

☐ Yes ☐ No

D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof?

☐ Yes ☐ No

E. Have you ever been convicted of a criminal offense?

(a conviction will not necessarily disqualify you from employment)

☐ Yes ☐ No

F. Have you ever used any illegal drugs (including marijuana)?

If yes, when was the last time? \_\_\_\_\_ ☐ Yes ☐ No

If yes to any of the above questions, state circumstances and dates: \_\_\_\_\_

**Special Note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

The Company will make reasonable accommodations to place smokers with smokers and non-smokers with non-smokers. Do you smoke? \_\_\_\_

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications **show all employment for the past three (3) years**. They must also show **commercial driver employment for the seven (7) years immediately preceding this three (3) year period**. FMCSR 391.21 (b) (10)(11). Applicants must list all full and part time employment including military service, self-employment, and periods of unemployment. Start with last or current employer. Use additional sheet of paper if required.

**LAST/CURRENT EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

**GAP IN EMPLOYMENT**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PREVIOUS EMPLOYER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Position Held \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Position Held \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Position Held \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

Reason for Gap \_\_\_\_\_

**DRIVING EXPERIENCE****TYPES OF EQUIPMENT DRIVEN:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/TWO PUPS				
OTHER				

**LICENSES:** **LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE (5) YEARS** (NOTE: a copy of your valid drivers license or CDL must be (attached))

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

**MOVING TRAFFIC CONVICTIONS & FORFEITURES:** **LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".**

DATE	LOCATION (STATE)	CHARGE	PENALTY

**ACCIDENT RECORD:** **LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".**

LIST ALL COMMERCIAL &amp; PERSONAL PREVENTABLE AND NON-PREVENTABLE ACCIDENTS - INCLUDING PROPERTY DAMAGE.

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF DAMAGE

LIST STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE (5) YEARS:

**REFERENCE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

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

I hereby authorize any law enforcement agency or court to furnish information concerning Motor Vehicle Record or felony or misdemeanor convictions.

I hereby agree to submit to binding arbitration in all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are not other agreements as to dispute resolution, either oral or written.

I hereby agree to submit to an Alcohol and Controlled Substance Testing/Screening for pre-employment medical qualification and thereafter as warranted by Company policy and Federal regulations.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between me and the Company. I further understand and acknowledge that my employment relationship is of an "at-will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause or advance notice. It is further understood that this "at-will" employment relationship may not be changed by any verbal or other conduct unless such change is specifically acknowledged in writing. I further acknowledge that no specific promises relating to a condition of employment have been made to me. No promises or representations contrary to the specific provisions of this paragraph are binding on the Company unless made in writing and signed by me and the Township's designated representative.

Date \_\_\_\_\_

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

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.



# Township of Lakewood

## MVR and COMMERCIAL DRIVERS LICENSE INFORMATION SYSTEM (CDLIS)

### CONSENT FORM

In an effort to ensure the preservation of the public's best safety interest, my employer will perform all mandatory statutory reviews, and will evaluate the MVR & CDLIS of all drivers of company equipment on a regular (at least annual) basis.

#### **Acknowledgment:**

I understand that my initial or continued employment is a driving position with:

the Township of Lakewood will depend on my:

1. Maintaining an acceptable driving record both on and off the job.
2. My eligibility to be insured by the Company's fleet insurance carrier,
3. I further acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. I am entitled to know if employment is denied because of information obtained by my driving record. If so, I will be so advised and be given the information used to deny privileges as an employee driver.

I, \_\_\_\_\_ on this date \_\_\_\_\_ authorize

**the Township of Lakewood, DRIVERiQ, HIRERIGHT and TRI-STATE SAFETY** to make inquiries and investigations concerning my driving record as may be deemed necessary.

**This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.**

Signed (applicant) \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class of License: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current State of Residence: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Please check here ☐ if driver abstract (MVR) was given to hiring company

Please list any additional Drivers' License Number (s), State (s), and Zip Codes below:

Example: DL# 123-45-6789, Class C, State: PA, Zip Code: 15003



# Applicant Drug & Alcohol Release Form

SECTION 1: I hereby authorize release of information from my Department of Transportation regulated drug and alcohol records by my previous employer, listed below, to the Prospective Employer. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and Part 391, Section 391.23. I understand that the information to be released by my previous employer pursuant to this release, is limited to the following DOT--regulated items for the past three years.

**(LIST PREVIOUS 3 YEARS OF EMPLOYMENT)**

Previous Company(s)	City	State	Phone Number Fax Number	Dates Employed (Previous 3 years ONLY)
				From: To:
				From: To:
				From: To:
				From: To:
				From: To:

To the requesting employer / individual: Township of Lakewood, Department of Human Resources

City: Lakewood State: NJ

Phone: 732-5364-2500 x5257 Fax: 732-994-4568

This release is in accordance with regulation FMCSA Part 391.23, Investigation and Inquiries. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: 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 the prospective employer; 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the prospective employer. 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. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day 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 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

Part 391.23 (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.(e)(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.

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

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

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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

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

LAST UPDATED 12/22/2015

### Please Print Clearly

list information exactly as it appears on your license

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

License Number: \_\_\_\_\_

State: \_\_\_\_\_