

## Mechanic Application Instructions

Thank you for applying for employment.

It is very important that you follow these instructions while filling out your application. Failure to do so may prevent us from processing your application.

**Enclosed in this packet is a job description for the position you are applying for. Please read this description and if you meet the qualifications, sign and date where provided.**

*If you meet the qualifications for the position you are applying for, you should then complete the following:*

- ▶ **The five page application form, as completely as possible**
  - ▶▶ Sign the Driver Certifications on Page 2.
  - ▶▶ Sign the Certification and Release on Page 5.
- ▶ **Request for Information from Previous Employer**
  - ▶▶ Sign and date at the top of the form only, do not fill out any of the other information.
- ▶ **Consents for Pre-Employment Physical and Pre-Employment Drug Screen**
  - ▶▶ Print name at the top, sign and date each consent form.
- ▶ **Important Notice..... PSP On-Line Release**
  - ▶▶ Print name, sign and date at the bottom.

The information provided by you may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by the Federal Motor Carrier Safety Administration. Furthermore, as part of this investigation, a copy of your motor vehicle driving record may be obtained. By signing the application form, you are authorizing this Company to conduct this investigation. Failure to sign the application will prevent us from processing your application further.

All operator applicants must submit to a urine drug screen prior to being employed as an operator with this Company. Any applicant that has a positive test result for any of the substances listed below, or that refuses to provide an appropriate sample, will be considered unqualified for employment as an operator for this Company.

Marijuana  
Cocaine

Barbiturates  
Opiates

Amphetamines (including methamphetamine)  
Phencyclidine (PCP)

**This Company is an Equal Opportunity Employer and all qualified applicants will receive consideration without regard to race, age, color, gender, gender identity, sexual orientation, religion, national origin, veteran status, military service, genetic information or other characteristics protected by law.**

Upon completion of these items, please submit them to the Receptionist at:  
755 S. New Ballas, Suite 150, St. Louis, MO 63141

## **Diesel Truck Mechanic**

The purpose of this position is to operate and maintain ready mix concrete mixer trucks and equipment in a safe and professional manner. The ideal individual is a team player who is experienced in mechanical, maintenance, and welding work. This position calls for a self-motivated individual who can diagnose and repair trucks and equipment. Experience on ready mix concrete mixer trucks is a plus.

### **QUALIFICATIONS**

- ▶ High school graduate or G.E.D. equivalent.
- ▶ At least 21 years of age.
- ▶ Must have own hand tools.
- ▶ Works in a manner to ensure personal safety and that of others by following company safety guidelines and following company policies.
- ▶ Must be available to work flexible hours. Hours vary by week.
- ▶ Must be able do moderately strenuous work, ability to lift >75 pounds and endure long periods of standing/walking/sitting as well as continuous strenuous activities such as frequent reaching, bending, or lifting.
- ▶ Must be able to pass a pre employment drug screen and physical.
- ▶ Must have transportation to get to work on time.
- ▶ Must have telephone or other reasonable means by which you can be contacted.
- ▶ Ability to work under extreme working conditions such as: noise, high temperatures, some exposure to dust, and general bad weather conditions.

### **RESPONSIBILITIES**

- ▶ Performing routine, preventative, diagnostic and repair maintenance on all vehicle equipment in a timely and cost effective manner.
- ▶ Perform repairs as needed on fleet equipment in-yard as well as on the road.
- ▶ Maintain repair orders and billing and input in computer.
- ▶ The mechanic personnel may be called upon to work extensive overtime as weather and business conditions warrant.
- ▶ Interacting regularly with Fleet Manager, drivers, Batchmen and other Operation and Production personnel.
- ▶ Daily inspection of lot to verify equipment condition and identify potential out of service items.
- ▶ Operate basic shop tools including: welders, torches, impact wrenches, grinders, ladders and other equipment as assigned..
- ▶ May require travel to potentially any of our plant locations based on needs.
- ▶ Will perform other duties as assigned by management personnel.

*This is a construction and service-oriented business, which consists of variable hours and working conditions due to the demand of the customer and the construction industry. Work hours vary according to workload, weather conditions, and scheduling requirements. Overtime hours are possible.*

**Basic Physical Requirements**

<b>Required Task</b>	<b>Occasional 0-33%</b>	<b>Frequent 33- 66%</b>	<b>Constant Above 67%</b>
<b>Sitting</b>	<b>X</b>		
<b>Standing</b>		<b>X</b>	
<b>Walking</b>		<b>X</b>	
<b>Bending/ Kneeling/Crouching/Stooping</b>	<b>X</b>		
<b>Reaching above the shoulders</b>	<b>X</b>		
<b>Climbing (stairs, ladders, etc.)</b>	<b>X</b>		
<b>Lifting/Carrying up to 75 lbs</b>	<b>X</b>		
<b>Pushing/Pulling Over 75 lbs</b>	<b>X</b>		
<b>Operating a vehicle (as part of job)</b>		<b>X</b>	
<b>Being around and/or operating moving equipment</b>		<b>X</b>	
<b>Reading/Monitoring various gauges on equipment</b>		<b>X</b>	
<b>Hand Movements:</b>			
Recording Data	<b>X</b>		
Operating Office Equipment	<b>X</b>		
Operating Computer	<b>X</b>		
Simple Grasping (right and left)		<b>X</b>	
Firm Grasping (right and left)		<b>X</b>	
Fine Manipulating (right and left)		<b>X</b>	
<b>Foot Movements to Operate Foot Controls</b>	<b>X</b>		
<b>Office</b>	<b>X</b>		
<b>Multiple Locations</b>		<b>X</b>	
<b>Plant</b>		<b>X</b>	
<b>Equipment Maintenance or Repair area</b>		<b>X</b>	
<b>Rough Terrain</b>		<b>X</b>	
<b>Other</b>	<b>X</b>		
<b>Vision:</b> Good Vision, Corrected to Normal <span style="float:right"><b>Color Definition Required: YES</b></span> <b>Hearing:</b> Good Hearing, Corrected to Normal <b>Mobility:</b> Ability to be mobile throughout required work areas <b>Ability to Communicate/Understand/Access required information and perform job:</b> Must be able to read, write and speak English <b>Not allergic to concrete.</b>			

NOTE: This is not necessarily an exhaustive list of the job duties and requirements associated with this job, but is intended to be an accurate reflection of the job at present.

*I have read and understand the job description and can perform the essential functions of this job.*

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

# MECHANIC APPLICATION FOR EMPLOYMENT

This application must be completed legibly, in ink, in applicant's own handwriting. If the answer to any question is "No" or "None", do not leave the item blank but write "No" or "None". Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

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

\_\_\_\_\_  
Name: First Middle Last Social Security Number Date of Birth

\_\_\_\_\_  
Current street address Telephone Number(s)

\_\_\_\_\_  
City State Zip e-mail address

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This Company is an Equal Opportunity Employer. It is the policy of this Company to assure that applicants are considered, and that our employees are treated during employment, without regard to their race, age, color, gender, gender identity, sexual orientation, religion, national origin, veteran status, military service, genetic information or other characteristics protected by law.

## PLEASE PRINT CLEARLY

Position for which you are applying \_\_\_\_\_ Location \_\_\_\_\_

Are you willing to work at other locations? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn of this position? (Source) \_\_\_\_\_

Have you ever worked for this Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate where and when employed: \_\_\_\_\_

On what date can you be available to start? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you used any names or Social Security Numbers other than given above? If so, please list in comments below.

## Addresses used in last 3 years:

House # and Street	City	State/Zip
1.		
2.		
3.		

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Driver Information:

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
License Class

\_\_\_\_\_  
State of issue

\_\_\_\_\_  
Endorsements

\_\_\_\_\_  
Restrictions

\_\_\_\_\_  
Expiration Date

Do you have any other unexpired Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list on last page)

*Please give a brief description of your experience in the operation of motor vehicles, including types and years operated.*

\_\_\_\_\_  
List states operated in during the last five years:

## Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three years. (attach additional page if necessary)

Date of conviction	Offense	City/State	Type of motor vehicle operated

**If no violations are listed above, I certify that I have not been convicted, or forfeited bond or collateral on account, of any violations required to be listed during the past three years.**

\_\_\_\_\_  
**Signature (required)**

I certify that the following is a true and complete list of motor vehicle accidents in which I was involved in during the last three years.

Date of Accident	City/State	Nature of accident and type of injuries (if any)

**If no accidents are listed above, I certify that I have not been involved in a motor vehicle accident in the last three years.**

\_\_\_\_\_  
**Signature (required)**

Has your license ever been denied, revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of/or have a pending DWI/DUI? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been disqualified subject 391 of the FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever tested positive or refused a pre-employment drug test: Yes \_\_\_\_\_ No \_\_\_\_\_

During the previous two years, have you:

Had an alcohol test result of 0.04 alcohol concentration or greater? Yes \_\_\_\_\_ No \_\_\_\_\_  
Had a verified positive controlled substance test result? Yes \_\_\_\_\_ No \_\_\_\_\_  
Refused to take or failed a pre-employment alcohol or drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Employment History: List all past employers for the preceding ten years. (Use additional sheets if necessary). A resume may be attached but is not acceptable in lieu of completing this application. Explain any gaps in employment in comments section below.**

<b>Most Recent Employer:</b>	Are you currently working for this employer If yes, may we contact	Yes _____ Yes _____	No _____ No _____
Company Name	Phone Number	Fax Number	
City	State	Job Title and Duties	
From _____ to _____ Dates Employed	Immediate Supervisor		
_____ per _____ Salary (hour, week, mile)	Reason for leaving		
Were you subject to the FMCSR's* while employed here?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes _____	No _____

<b>Second Most Recent Employer:</b>	Are you currently working for this employer If yes, may we contact	Yes _____ Yes _____	No _____ No _____
Company Name	Phone Number	Fax Number	
City	State	Job Title and Duties	
From _____ to _____ Dates Employed	Immediate Supervisor		
_____ per _____ Salary (hour, week, mile)	Reason for leaving		
Were you subject to the FMCSR's* while employed here?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes _____	No _____

<b>Third Most Recent Employer:</b>	Are you currently working for this employer If yes, may we contact	Yes _____ Yes _____	No _____ No _____
Company Name	Phone Number	Fax Number	
City	State	Job Title and Duties	
From _____ to _____ Dates Employed	Immediate Supervisor		
_____ per _____ Salary (hour, week, mile)	Reason for leaving		
Were you subject to the FMCSR's* while employed here?		Yes _____	No _____
Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes _____	No _____

**Fourth Most Recent Employer:** Are you currently working for this employer Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, may we contact Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Company Name Phone Number Fax Number

\_\_\_\_\_  
 City State Job Title and Duties

From \_\_\_\_\_ to \_\_\_\_\_  
 Dates Employed Immediate Supervisor

\_\_\_\_\_ per \_\_\_\_\_  
 Salary (hour, week, mile) Reason for leaving

Were you subject to the FMCSR's\* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fifth Most Recent Employer:** Are you currently working for this employer Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, may we contact Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Company Name Phone Number Fax Number

\_\_\_\_\_  
 City State Job Title and Duties

From \_\_\_\_\_ to \_\_\_\_\_  
 Dates Employed Immediate Supervisor

\_\_\_\_\_ per \_\_\_\_\_  
 Salary (hour, week, mile) Reason for leaving

Were you subject to the FMCSR's\* while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*The Federal Motor Carriers Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placards.**

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Have you ever been involuntarily terminated or asked to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, give the name of the employer, dates of employment, position held and reason for termination/resignation request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules or other inappropriate behavior? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, give the name of the employer, date and description of the incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

Name	City/State	Completed	Degree
High School			
College			
Trade/Vocational			

**References**

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been given a job description or had the essential functions of the job explained to you?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand these essential functions?

Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of this job with or without a reasonable accommodation?

**Comments**

Use this section to list any additional skills, licenses or certificates that may be job-related. You may also take the opportunity to provide us with additional information you may feel is of value to the job or the Company.

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**CONDITIONS OF EMPLOYMENT**

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Also, this application for employment shall be considered only as to the position indicated by the Applicant on page 1.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may terminate the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I understand that the Company will undertake, and I authorize the Company to undertake, any investigation it deems necessary in considering me for employment or, if hired, my continued employment.

I understand that I must undergo a pre-employment drug screen, the result of which will determine whether I will or will not be allowed employment. Further, that after an offer of employment is made, I will be required to complete and pass a physical.

The Company will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification: (Form I-9)" and produce required documentation after employment.

**Certification and Release:**

I certify that I have read and understand the Applicant Note on page one of this form, and the Conditions of Employment above, and that the answers given by me to the foregoing questions and the statements made by me are true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during employment. I authorize the Company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background to the Company, and hereby release any said employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

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



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

### **Consent For Pre-Employment Physical**

I understand that pursuant to Company policy, I will be required to undergo a pre-employment physical after I have received an offer of employment with this Company. That offer of employment will be conditional upon my submission to a pre-employment physical, and upon a “pass” result for that physical.

I understand that the physical will be used to verify my ability to perform the essential functions of the job as detailed in this application packet. Further, that if I fail to pass the physical, or if I refuse to submit to the physical, I will be considered unqualified for employment as a driver for this Company.

I understand that the physician will maintain the results of the physical, and will report the results to the Company. The results will be held in strict confidentiality, and will not be released to any other party without my written consent.

I further understand that the expense for this physical will be my responsibility. This Company will make an advance payment of my wages for this cost, and deduct this amount from my first paycheck. The cost of the physical and physician’s report is approximately \$64.00, depending on location. By signing this form, I hereby authorize this deduction.

Upon completion of my probationary period of employment, this Company will reimburse the cost of the physical to me.

Having read and understood this consent, I agree to submit to a physical if I am offered employment with this Company.

By this authorization, I release to the extent permitted by law, any laboratory, medical, and Company personnel involved in the examination and testing process, from any and all liabilities alleged to arise from the release and use of information obtained pursuant to this Consent.

\_\_\_\_\_  
**Date**

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

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

## **Consent For Pre-Employment Drug Screen**

I understand that pursuant to company regulations, I must submit to a urine drug screen before I may be employed as an operator with this Company.

I understand that if I test positive for any of the substances listed below, or if I refuse to provide an appropriate sample, I will be considered unqualified for employment with this Company.

Amphetamines (including methamphetamine)  
Barbiturates  
Cocaine  
Marijuana (including cannabinoids and THC derivatives)  
Opiates (and their derivatives including morphine and codeine)  
Phencyclidine (PCP)

I understand that the Medical Review Officer (MRO) will maintain the results of the drug test, and will report the results to the Company. The results will be held in strict confidentiality, and will not be released to any other party without my written consent.

I further understand that the expense for this drug screen will be my responsibility. This Company will make an advance payment of my wages for this cost, and deduct this amount from my first paycheck. The cost of the drug screen and Medical Review Officer's report is \$48.00. By signing this form, I hereby authorize this deduction.

Upon completion of my probationary period of employment, this Company will reimburse the cost of the drug screen to me.

Having read and understood this consent, I agree to submit to a urine drug screen if I am offered employment with this Company. Further, that any offer of employment with this Company is conditional upon my submission to a drug screen, and upon a negative result for that drug screen.

By this authorization, I release to the extent permitted by law, any laboratory, medical, and Company personnel involved in the examination and testing process, from any and all liabilities alleged to arise from the release and use of testing information obtained pursuant to this Consent.

\_\_\_\_\_  
**Date**

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

# REQUEST FOR INFORMATION

## From Previous Employer

I hereby authorize you to release the following information to \_\_\_\_\_ for purposes of investigation. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant's Signature**

Dear Sir / Madam:

The individual named below has made application to this Company for a position as a \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

We very much appreciate your assistance in completing, in confidence, the information requested below. Please return via mail or fax to 314-842-0235. Thank you for your time.

\_\_\_\_\_  
755 S. New Ballas, Suite 150  
St. Louis, MO 63141  
Telephone: (314) 849-6370 ext 15  
Facsimile: (314) 842-0235

Sincerely,

\_\_\_\_\_  
Jan Cody, Safety & Compliance

Name of Applicant: \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ at a  
wage or salary of \_\_\_\_\_ per [ hr day week month mile other ] (circle one)

2. Did he/she drive a motor vehicle for you? \_\_\_\_\_ Straight Truck ? \_\_\_\_\_ Tractor-Trailer? \_\_\_\_\_  
Bus? \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

3. Was he/she a safe and efficient driver? \_\_\_\_\_

4. Reason for leaving: Resigned \_\_\_\_\_ Laid off \_\_\_\_\_ Terminated \_\_\_\_\_ Other \_\_\_\_\_  
Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon review \_\_\_\_\_

5. Was his/her general conduct satisfactory? \_\_\_\_\_

6. Please advise as to history of past driving record, if available, for the past three years.

Accidents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Citations: \_\_\_\_\_  
\_\_\_\_\_

# CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check ( ✓ ) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				
Attendance				

Any other remarks:

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## In the last three years has:

1. This person ever tested positive for a controlled substance? Yes \_\_\_ No \_\_\_
2. This person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes \_\_\_ No \_\_\_
3. This person ever refused a required test for drugs or alcohol? Yes \_\_\_ No \_\_\_
4. This person ever had other violations of DOT agency drug & alcohol testing regulations? Yes \_\_\_ No \_\_\_

If the answer is yes to any of the above, please give the Medical Review Officer's name, address and phone number for further reference:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

\_\_\_\_\_

Person completing this form: \_\_\_\_\_ Title \_\_\_\_\_

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

**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 2 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: \_\_\_\_\_

Driver’s License #: \_\_\_\_\_

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