



CONTRACTOR APPLICATION

Packard Transport Inc.
24021 S. Municipal Dr.
Channahon, Illinois 60410

ADVERTISING SOURCE _____ DRIVER REFERRAL _____

Driver's Application for Employment
(As required by DOT/FMCSR 391.51 and 391.21)

Owner Not An Employee of Carrier: It is clearly understood and is the considered intent of the parties to this application that the relationship of the party rendering the services is that of independent contractor and not that of employee.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations.

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) it requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied contract because of such report.

I understand that I must pass a pre-contract drug test. I also understand that, if I am contracted, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy.

I understand that I must pass a NON-DOT hair pre-contract test.

I understand that my contract, if any, can be cancelled with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of Packard Transport, Inc. has any authority to enter into any agreement for contract for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that I have the right to review information provided by previous companies, have errors corrected by previous company and resubmitted to Packard Transport, Inc. and/or have a rebuttal statement attached to erroneous information if a previous company and I cannot agree on the accuracy of the information. I understand that I must request past company information obtained by Packard Transport, Inc. in writing within 30-days of contract or denial of contract.

I certify that I am providing this information and submitting this application solely to obtain a contractor position with Packard Transport, Inc., I understand that I will be considered only for a contractor position and that Packard Transport, Inc. will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for contract.

I authorize my past companies/employers and any other person or entity who I have been contracted or who has drug tested me in the past to release to Packard Transport, Inc. the results and information regarding such testing. I further agree that if I am contracted by Packard Transport, Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

DATE

X _____
APPLICANT'S SIGNATURE

Name _____ Date of Birth _____ Social Security No. _____
First Middle Last

Phone: (____) _____ Message Phone: (____) _____ Relationship: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Residence for Past 3 Years: _____ How Long: _____

Are you 25 years or older? Yes No

Are you a US Citizen? Yes No If no, do you have a legal right to live and work in the U.S.? _____

Have you worked for this company before? Yes No If yes, when? _____

Have you previously applied for contract with this firm? Yes No If yes, when? _____

CONTRACTOR SELECTION STANDARDS

Packard Transport Inc. selection standards and requirements for contracting drivers include:

1. Must live within the Packard Transport Inc. hiring area.
2. Must be at least 25 years old and have at least 3 years verifiable OTR experience.
3. Must have at least 12 months OTR in the past 18 months.
4. Must have at least 12 month experience operating the trailer type for which you are applying
5. Must have CDL License issued by the state in which you reside.
6. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by Packard Transport Inc. designated doctor at Contractor's expense.
7. No license suspension for moving violations in the past 5 years.
8. No B.A.Cs, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
9. Must pass pre-employment drug test.
10. Must have and maintain neat, clean appearance.
11. Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
12. No felony convictions in past 10 years. Cannot be on probation for any reason.
13. No misdemeanor convictions in past 5 years.
14. No drug or sexual crime convictions ever
15. With regard to preventable motor vehicle accidents and moving violations, Packard Transport Inc. reserves the right to judge each applicant on an individual basis.

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.
I have read and agree to the standards presented above.

DATE

X _____
APPLICANT'S SIGNATURE

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)
6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

Current/Most Recent Employer: Name _____ Phone: (____) _____
Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Second Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Third Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Fourth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

EMPLOYMENT RECORD (cont)

Fifth Last Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Sixth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Seventh Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Type of Equipment operated: _____

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Eighth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Type of Equipment operated: _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

EMPLOYMENT RECORD (cont)

Ninth Last Employer: Name _____ Phone: (____) _____

Address _____
Street _____ City _____ State/Zip Code _____

Type of Equipment operated: _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Tenth Last Employer: Name _____ Phone: (____) _____

Address _____
Street _____ City _____ State/Zip Code _____

Type of Equipment operated: _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Eleventh Last Employer: Name _____ Phone: (____) _____

Address _____
Street _____ City _____ State/Zip Code _____

Type of Equipment operated: _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Twelfth Last Employer: Name _____ Phone: (____) _____

Address _____
Street _____ City _____ State/Zip Code _____

Type of Equipment operated: _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)
List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- | | | |
|---|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit, or privilege been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted of any alcohol related driving offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol test administered by an employer to which you applied for, but did not obtain employment during the past two years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either A, B, C, D, E, or F please state the circumstances and date

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	/ To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two-Trailers				
Other				

List States Operated in for the last 5 Years _____

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? _____
Doctor Address Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Unload insulation?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Apply enough force to open and close semi-trailer doors?
- Yes No Repeatedly lift and carry cargo weighing up to 70 lbs. per item?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMODATION? EXPLAIN _____

EDUCATION

Highest Grade Completed: 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Did you graduate High School or College? _____ When? _____

List any other training or schools _____

Truck Driving School _____ Did you graduate? _____ When? _____

Can you read and write the English language? _____

EQUIPMENT (OWNER OPERATORS ONLY):

EQUIPMENT DESCRIPTION – TRACTOR:

TYPE: _____
 YEAR: _____
 MAKE: _____
 MODEL: _____
 COLOR: _____
 COMPLETE VIN: _____

DO YOU OWN A FLATBED OR STEPDECK TRAILER? _____

EQUIPMENT DESCRIPTION – TRAILER:

TYPE: _____
 YEAR: _____
 MAKE: _____

MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? Yes No
How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity who has drug tested me in the past to release to Packard Transport Inc. the results and information regarding such testing. I further agree that if I am contracted by Packard Transport Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am contracted by Packard Transport Inc., I will be a contractor at will. Under this arrangement, my contract can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with handbooks, and other written materials intended to help contractors follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If contracted, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of (Illinois).

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 UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

DATE

x _____
APPLICANT'S SIGNATURE



Applicant: _____ **SS#** _____ **DOB** _____

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be leased on, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23.

In order to enable Packard Transport, Inc. to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Packard Transport, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Packard Transport, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Packard Transport, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____

APPLICANTS- DO NOT WRITE BELOW THIS LINE

Company: _____ **Phone #:** _____

Driver was qualified under Federal Department of Transportation as:

Type of work	Team Driver	Equipment Operated	Areas Driven	Commodities
() Company Driver	() 1st seat	() Tractor Trailer	() Local	() General
() Driver for O/O	() 2nd seat	() Straight Truck	() OTR	() Other
() Owner Operator		() Dry Van () 48' () 53'	() Regional	
		() Flat Bed () Other	# of states ____	

Full Time () Part Time ()

Dates of Employment: _____ To _____
Additional dates: _____ To _____

During the employment period indicated above, company records indicate that this individual was involved in _____ accidents, of which _____ were found to be preventable, per FMCSR 390.5

- P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y/N
- P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y/N
- P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y/N

Was any hazardous material released on the above accidents? Y/N

- Did the above individual have any late pick-ups\deliveries? () YES () NO How many? _____
- Did the above individual have any log Problems? () YES () NO What type: _____
- Did the above individual have any Customer Complaints? _____
- Did the individual leave? () Voluntary () Involuntary If so, why? _____
- Eligible for rehire? () YES () upon review () NO If so, why? _____
- Workman's Comp Claims? () YES () NO If yes, what type?: _____

In compliance with Federal DOT Regulations 49 C.F.R. Sections 40.25,382.405, & 382.413:

____ The above individual was NOT in your employee during the past 3 years as prescribed by Federal DOT Regulations.

____ As per Federal DOT Regulations, the above individual tested as follows during the previous three years:

- a. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? () YES () NO
- b. Has this individual had a controlled substance test with a positive result in the past 3 years? () YES () NO
- c. Has this individual refused a controlled substance test and/or alcohol within the past 3 years? () YES () NO
- d. Has this individual ever had an adulterated or substituted drug test verified? () YES () NO
- e. Has this individual ever violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulations? () YES () NO
- f. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? () YES () NO

Verified by: _____ **Title:** _____ **Date:** _____



Authorization Section

TO BE READ AND SIGNED BY APPLICANT

I certify that I have read and understand all of the application. It is agreed and understood that the employer or his agents may investigate my background, including criminal record checks, to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers, supervisors, personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned to the results of a physical examination and drug/alcohol tests. It is also agreed and understood that under Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I acknowledge that Packard Transport, Inc. can request additional MVR and criminal background checks throughout my employment.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file. I also understand that misrepresentation or omission of information or facts may result in the rejection of my application for employment. If hired, I agree to abide by all the rules and policies of the employer.

Driver Safety Performance History Investigations and Collections: The rule sets forth the minimum information requirements for driver safety performance history that a prospective company must obtain and a previous employer must provide before a new driver is permitted to operate a motor vehicle (CMV) Driver safety performance records must be collected from all previous employers for the preceding three years from the date of the employment application. The investigations must be made effective October 29, 2004 for all drivers applying for employment as a CDL driver.

Your Rights Regarding Safety Performance History Information: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights with regard to the safety performance history information provided by your previous employers.

The Right to Review Safety Performance Records: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective company no later than thirty (30) days after leasing on to Packard Transport. You will be provided with the records within five (5) business days of the receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick-up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____



The Right to Have Erroneous Information Corrected: If you believe there is an error in the records, you have the rights to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requested for this information are received. **The Right to Rebut Disputed Information:** If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request correction. **The Right to Report Failures To Correct Erroneous Information:** You may report failures to a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

All of the information I have supplied or will supply in this application and associated documents to Packard Transport, Inc. is a full and complete statement of facts, and it is understood that if any falsification is discovered, it will constitute grounds for dismissal from employment upon discovery thereof. I also understand that this application is not contract of employment. I understand that if employed, I will be considered an at-will employee and I may voluntarily leave my employment at any time, or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to/or relied upon by me regarding the length of my employment or the reasons for which my employment can be terminated.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

In consideration of this application to lease with Packard Transport, INC and during any future lease agreement with this company, I hereby authorize any physician, dentist, hospital, clinic, pharmacy, medical provider, insurance company, or other entity to provide to this company or any representative or agent thereof any and all information which may be requested regarding my physical and/or mental condition. If requested, I authorize same to provide this company or its representative or agent with a photocopy of any and all medical records, bills and other documentation or materials in their possession pertaining to examination, evaluation, treatment, therapy or rehabilitation rendered by them and to allow this company or any representative or agent thereof or any physician appointed by them to examine any and all records, reports, slides, radiographs, test results or other materials in their possession. I agree that a photocopy of this authorization is as valid as the original.

I certify that is application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

Consent to Consumer Background Investigation

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.

CONSUMER REPORT DISCLOSURE AND RELEASE

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23. In order to enable Packard Transport, Inc. to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Packard Transport, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Packard Transport, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Packard Transport, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____



**IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE
PSP ONLINE SERVICE**

PSP Release

1. In connection with your application for employment with Packard Transport, Inc. ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Packard Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to 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.

Date: ____/____/____ **APPLICANT SIGN HERE:** _____



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

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

I authorize Packard Transport ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organization or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents

Date: ____/____/____ **APPLICANT SIGN HERE:** _____



in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents rising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents and affiliates to obtain the information authorized above.

Drug and Alcohol Release Authorization

In accordance with DOT Regulation 49 CFR part 39.123, I hereby authorize release of my DOT regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below.

DOT DRUG AND ALCOHOL RELEASE

As a Commercial Motor Vehicle driver, I understand that according to the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, within the past three (3) years, from the date shown above. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in FMCSR Part 391.23. In order to enable Packard Transport, Inc. (5110) to comply with the requirements of 49 C.F.R. 382.413, Parts 390, 40, 40.321 (b) & 382, I hereby consent to Packard Transport, Inc. to obtain from my prior employers the information pertaining to me, including alcohol test, position controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I also authorize you to release and receive information regarding my criminal background and credit history. I hereby authorize and direct my prior employers to release such information to Packard Transport, Inc. in personal interviews, letters, or any other method that insures confidentiality. I hereby authorize Packard Transport, Inc. to release such information to any or its personnel whose duties require them assess this application or to make any recommendations or decisions with respect to it. I hereby release all previous employers from any and all liability which may result from furnishing such information.

Date: ____ / ____ / ____ **APPLICANT SIGN HERE:** _____

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.

LAST UPDATED 12/22/2015