



Driver Employment Checklist

Name: _____ Social Security #: _____

- Application (10 year work history must be noted, check for signature)
- MVR Consent Form
- Current MVR (Must be within last 30 days before hire, done by HR)
- Previous Employment Check Form
- Previous Employment Check (Past 3 years, done by HR)
- Pre-Employment Urinalysis Form
- Split Sample Form
- Pre-Employment Drug Screen Results
- I-9 Form
- Copy of CDL (Class A, endorsement) (MUST BE LEGIBLE)
- Copy of SS Card (MUST BE LEGIBLE)
- Copy of current DOT Physical card (MUST BE LEGIBLE)
- Road Test
- Road Test Certificate
- Certificate of Violations/Annual Review
- Hours of Service certification
- Receipt Sheet from Substance Abuse Policy
- Post-Accident Drug Screen Release
- Rights Page
- PSP & Drug and Alcohol Clearinghouse Release Forms
- National Registry Verification Form

Personnel File Forms

- Federal W-4
- State Tax Form (not required in SC, TN or FL)
- Direct deposit form with voided check/deposit slip
- Receipt for copy of DOT Regulations
- Job Description
- Receipt for copy of Personnel/Procedures Manuals or Copy of FMCSR's
- Vacation Pay Status Form

Employee No.: _____

Terminal No.: _____

Hire Date: _____

Driver's Application for Employment

S & S TRANSPORTERS, INC.
155 Red Hollow Road
Max Meadows VA, 24360
276-637-0191

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 non-job related disability.

Date of Application: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number _____ Alternate Phone Number _____

Date of Birth _____

List your residency for the past 3 years:

Previous Address: _____

How Long: _____

Previous Address: _____

How Long: _____

Have you worked for this company before? _____ Where? _____

Dates From: _____ To _____ Position _____

Reason for leaving _____

Who Referred you? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

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

If yes, explain _____

Employment History

List employment for last 10 Years, applicants to drive commercial motor vehicles in intrastate or interstate commerce must provide 10-year information on previous employers.

(Attach a Separate Sheet if More Space is Needed)

Last Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Second Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR[□] while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Third Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Fourth Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Fifth Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Sixth Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Seventh Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

Eighth Employer Name: _____

Address _____ Phone _____

Position Held _____ From: _____ To: _____

Reason for Leaving: _____

Were you subject to FMCSR* while employed? ___Yes ___No Were you subject to drug/alcohol testing? ___Yes ___No

[□] Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle that is over 10,000 lbs, is designed to transport 9 or more passengers OR is any size used to transport hazardous materials requiring placarding.

Accident Record for Past 3 Years: If None, write None.

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

If None, write None.

Dates	Nature of Convictions/Forfeitures	Fatalities	Injuries

Driver's License(s) Information (ALL states in past 3 years)

State	Driver's License #	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Tank, Van, Flat)	Date From:	Date To:	Approximate Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor w/Doubles or Triples				
Other				

Education

Highest grade completed (1 2 3 4 5 6 7 8) _____ High School (1 2 3 4) _____ College (1 2 3 4) _____

Experience and Qualifications

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle? **Yes** _____ **No** _____

B. Do you have a pending charge or past conviction for driving while intoxicated? **Yes** _____ **No** _____

C. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** _____ **NO** _____

2. Did the employee have verified positive drug tests? **YES** _____ **NO** _____

3. Did the employee refuse to be tested? **YES** _____ **NO** _____

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** _____ **NO** _____

5. Did a previous employer report a drug and alcohol rule violation to you? **YES** _____ **NO** _____

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** _____ **YES** _____ **NO** _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?

Yes _____ **No** _____

Signature

Date

To Be Read and Signed by Applicant

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e).

I understand that I have the right to:

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

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.

Applicants Signature

Date

MVR CONSENT FORM

S&S TRANSPORTERS, INC.
155 Red Hollow Road
Max Meadows VA, 24360
276-637-0191

Please Include All Information

Driver's Name as it appears on current license

Driver's License Number _____

State Issued _____

Driver's SSN _____

Driver's Date of Birth _____

Dear Sirs:

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

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding 3 years of every state in which an applicant/driver has held a motor vehicle operator's license or permit during those 3 years. Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

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

Respectfully yours,

Signature of individual making inquiry

Signature of driver

Date

S & S TRANSPORTERS, INC.
 155 Red Hollow Road
 Max Meadows VA, 24360
 276-637-0191

PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE

Fax 276-637-0199

To (Previous Employer): _____ **Date** _____

Applicant Name: _____ **SS#** _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer.
Please complete the following items and return to us as soon as possible.

Carrier Representative: Alex Frye Title: DER

Dates of Employment: From _____ To _____ **Position:** _____

Three-Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

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

Would you rehire this person? Yes _____ No _____

Please explain:

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:

In the past three years, has the individual listed below ever: YES NO

Had a verified positive drug test result? _____

Had an alcohol test result with a breath alcohol concentration of .04 or greater? _____

Refused to submit to an alcohol or drug test? _____

Had any other violations of DOT agency drug and alcohol testing regulations? _____

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

_____	_____	_____
Substance Abuse Professional	Telephone	Date Referred
_____	_____	_____
Address	City	State
_____	_____	Zip
_____	_____	_____

Signature of person supplying information **Title/Date**

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above-named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

 Applicant Signature / Date _____
 Witness Signature / Date

FAX _____ PHONE _____ MAIL _____ EMAIL _____

Pre-Employment Urinalysis
Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver\applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature of Driver

Print Name

Date

Notice to Drivers:
DOT Required Split Sample Testing

As of August 15, 1994, Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost **\$275.00**.

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Signature of Driver

Print Name

Date

Driver's Road Test Examination

Driver's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test

Rating of Performance.

_____ The pre-trip inspection (as required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.

_____ Placing the equipment in operation.

_____ Use of vehicles controls and emergency equipment.

_____ Operating the vehicle in traffic and while passing other vehicles.

_____ Turning the vehicle.

_____ Braking, and slowing the vehicle by means other than braking.

_____ Backing, and parking the vehicle.

_____ Other, Explain: _____

Type of equipment used in giving the test: _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: _____

Date: _____ Examiners' Signature: _____

Certificate of Driver's Road Test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original copy of the certificate in the employing motor carrier driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e)(f)(g).

Certificate of Road Test

Driver's Name: _____

Social Security Number: _____

Operator's License Number: _____

State: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If passenger carrier, type of bus: _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____ consisting of
approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate safely
the type of commercial motor vehicle listed above.

Signature of Examiner _____

Title _____

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155 Red Hollow Road Max Meadows VA, 24360
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Driver's Certification of Violations Annual Review of Driving Record

Date	Offense	Location	Type of Vehicle Operated

I certify that the above 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 12 months.

Driver's Name: _____

Driver's Signature: _____

Date of Certification: _____

Annual Review

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs that indicate that the driver has exhibited a disregard for safety of the public. Having done the above, I find that:

_____ the driver meets the minimum requirements for safe driving, or

_____ the driver is disqualified to drive a motor vehicle pursuant to 391.15

S & S TRANSPORTERS, INC.
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Date of Review: _____

Reviewed By: _____

Signature & Title

**Hours-of-Service Record for First Time
or Intermittent Drivers**

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: _____

Day	Total Time On Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

Total: _____

I hereby certify that the information contained heron is true to the best of my knowledge and belief,
and that my last period of release from duty was from:

_____ to _____
Hour/Date **Hour/Date**

Signature _____ **Date** _____

Driver Authorization for
Release of Post-Accident Documents

By reason on my inability to provide a urine sample after a reportable accident as defined by FHWA for which I received a citation for a moving violation, I

Driver's Name

Do hereby authorize the release to

S & S TRANSPORTERS, INC.
155 Red Hollow Road
Max Meadows VA, 24360
276-637-0191

Of all hospital records and other documents that would indicate whether there were any controlled substances in my system following a motor vehicle accident I was involved in on.

Date: _____, in or near

City, State

Signature of Driver

Witness

***** This authorization is valid until withdrawn in writing by driver *****

S & S TRANSPORTERS, INC.

Receipt

I hereby acknowledge receipt of the

“Substance Abuse Policy - Drivers Information Packet”

This package contains educational material and policy concerning the use of alcohol and drugs.
Department of Transportation Regulation § 382.601 (d)

Signature

Print Name

Date

*** To be maintained in the Driver Qualification File ***

Rights

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

1. The right to review information provided by previous employers
2. 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.
3. 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.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Print Name

Date

Pre-Qualification Requirements

Dear Applicant:

Thank you for your interest in wanting to be a member of the S & S TRANSPORTERS, INC., team. Our commitment to quality, on-time service, safety, attention to detail and high standards make S & S TRANSPORTERS, INC. one of the best in the transportation industry. Above all, safety is our most important objective and concern. You will find us to be an employer that puts our people first, with a benefit and compensation package that is second to none in the transportation industry. While we give a tremendous amount to our team members, we expect a lot in terms of a positive attitude and high-performance standards. Please take a few minutes to read several firm rules and policies of S & S TRANSPORTERS, INC. After you have read the rules and feel that you can perform at this level of quality and service every day, sign the proper places, indicating that you desire to become a part of the winning team at S & S TRANSPORTERS, INC.

1. The nature of transportation is very time SENSITIVE. Our customers expect on-time service, as well as service “at-a-moments” notice (ex: stations out of product, price changes, etc.) Therefore, it is imperative that we can reach you. When needed, you will be expected to work, if the run can be completed within the DOT hours of service requirements. This may include working any shift, weekday, or weekend, driving any piece of equipment, and running any run, long haul or short haul. Long haul runs will require an overnight stay. Work at other S & S TRANSPORTERS, INC. terminals may be required as necessary.
2. The applicant cannot have more than three moving violations in the past 3 years. The applicant cannot have either a ‘DUI’ or ‘DWI’ or a reckless driving violation in the past seven years.
3. The applicant must have two years verifiable driving experience and possess a CDL with proper endorsements. Experience can be over the road or local. Must be 25 years of age. Must demonstrate sound/safe judgment in operation of vehicle.
4. All applications must be filled out completely. Please be sure to include complete addresses for previous employers, as well as correct dates, license numbers, etc. Please follow instructions for the amount of information required.
5. All applicants must have knowledge of shipping documents, logs, and Federal Motor Carriers Safety Regulations. These documents must be filled out correctly, neatly, and on time. It is important that logs are completely and accurately completed, as well as other company paperwork.
6. The applicant must display good verbal skills for communication with our customers and loading terminal employees, as well as fellow employees and always act professionally.
7. The employee will have a probationary period that will last until the first of the month after sixty days of employment. The employee will receive no benefits until the probationary period is completed.
8. All drivers will be subject to “ride alongs” and spot checks by the Safety Department. No notice will be given for “ride alongs.”
9. All drivers must pay special attention while loading and unloading product to avoid possible spills. Spills must be avoided. NEVER leave the truck unattended while loading or unloading. ALWAYS check to see if the product will fit in the tank before loading.
10. If employed, the driver will be required to attend all scheduled safety, driver, and management meetings. Failure to do so can be grounds for termination.

Attached to this pre-qualification form you will find a detailed job description, an application, and a pre-employment urinalysis consent form. Please read the job description and complete both forms.

Applicant Signature: _____

JOB DESCRIPTION

Essential Functions:

1. Receive and follow dispatch orders.
2. Hook up to correct trailer as per dispatch.
3. Pre-Trip unit as required in DOT/S & S TRANSPORTERS, INC. regulations.
4. Drive vehicle on specified route in a safe manner observing all DOT/S & S TRANSPORTERS, INC. regulations.
5. Communicate with dispatch as directed.
6. Properly handle loading equipment at terminals without causing incident.
7. Deliver customer product following S & S TRANSPORTERS, INC. procedures to avoid injury.
8. Communicate with dispatch for direction on breakdowns or problems.
9. Fuel vehicle only at approved locations.
10. Post trip vehicle and complete DOT inspection forms.
11. Prepare delivery reports, trip records, as well as DOT logs, daily and correctly.
12. Participate in Safety Meetings, Management Meetings, Training Programs and other quality improvement activities.
13. Other duties as assigned.

Basic Requirements:

1. All requirements stated on pre-qualification form.
2. Work 65-70 hours per week, within Federal Guidelines, including weekends and nights.
3. Pull, twist, bend, and lift 100 pounds to shoulder height in loading/unloading process.
4. Sit for up to 10 hours per day.
5. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
6. Communicate, read, understand, and write as required to perform essential functions.
7. Present neat clean appearance. Always use proper business etiquette.

I have read and understand the above qualifications and state that I meet all qualifications. I further agree to abide by all company policies and DOT regulations. I understand that any falsification or misrepresentations on this application will result in immediate termination.

Date: _____

Signature: _____

Company Rep: _____

National Registry Verification Form

<https://NationalRegistry.fmcsa.dot.gov>

The National Registry of Certified Medical Examiners (National Registry) is a Federal Motor Carrier Safety Administration (FMCSA) program. All commercial drivers whose current medical certificate expires on or after May 21, 2014, at expiration of that certificate must be examined by a medical professional listed on the National Registry of Certified Medical Examiners. Only medical examiners that have completed training and successfully passed a test on FMCSA's physical qualification standards will be listed on the National Registry.

On _____, verification of certification by the National Registry was performed for the following:

Medical Examiner: _____

Registry Number: _____

Name of person verifying: _____

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 S & S TRANSPORTERS, INC. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three 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.

Initial _____

AUTHORIZATION

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

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

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I 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.

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, (_____), hereby provide consent to (**S & S Transporters, Inc.**) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. [Employers and employees may also wish to include the terms of the consent. For example, is the driver consenting to a single limited query or multiple limited queries? If the driver consents to multiple limited queries, will those queries be conducted over a fixed period of time or for the duration of employment? Is the number of limited queries specific or unlimited? The scope of this consent would be determined by the employer and the employee.].

I understand that if the limited query conducted by (S & S Transporters, Inc.) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to (S & S Transporters, Inc.) without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for (S & S Transporters, Inc.) to conduct a limited query of the Clearinghouse, (S & S Transporters, Inc.) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

NOTE: This form must be filled out in Acrobat to use the submit Form Button

If you have filled this out in a web browser, please SAVE and email to office@sandstransporters.com