

**REYNOLDS NATIONWIDE
A DIVISION OF UNIQUE LEASING, INC.
8755 HWY. 87 EAST
SAN ANTONIO, TX 78263
(888) 648-3604 Fax (210) 648-1342**

TO ALL DRIVERS:

REYNOLDS NATIONWIDE, A DIVISION OF UNIQUE LEASING INC., is a Common Interstate Motor Carrier with freight responsibilities in several states including Texas, New Mexico, Ohio, Penn, Illinois, Nevada, and other states. Driver employees of Reynolds Companies are subject to travel in any or all of the continuous 48 states in order to deliver freight as required by our customers, shippers and receivers.

By execution of this document, I recognize that I may be subject to travel in any or all of the 48 states during my employment with Reynolds Transportation Inc. Reynolds Nationwide, and or Unique Leasing, Inc.

COMPLETE DRIVERS INFORMATION FORM:

(List last ten years of employment) Account for all employment or dates between employment. Failure to list all employment within the ten (10) year period or falsification of work record will be subject to employee not being considered for the job. Dates, phone numbers and complete addresses are required on all applications or application will not be processed.

NOTICE

**IF ALL QUESTIONS ARE NOT ANSWERED COMPLETELY
THE APPLICATION WILL NOT BE PROCESSED!**

NOTICE

DRIVER APPLICATION
CAN NOT BE PROCESSED
UNLESS THE FOLLOWING
IS COMPLETE

- 1) COMPLETE EMPLOYMENT DATES
FOR THE PAST TEN YEARS WITH
NO GAPS! NO GAPS! NO GAPS!
- 2) COMPLETE COMPANY
ADDRESSES
- 3) COMPLETE COMPANY PHONE
NUMBERS

DRIVER INFORMATION FORM

NAME: _____ DATE: _____
(Last) (First) (Middle)
ADDRESS: _____ PHONE: _____
(Number/Street) (City) (State) (Zip Code)
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MM/DD/YY) (Age) (City/State/Country)
SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE: _____

ALL DRIVER'S EMPLOYMENT HISTORY FOR THE PAST TEN YEARS

Begin with present experience and work backward in order. Listing all of your employers, driving school and other training programs, periods of military service, self employment, and periods of unemployment for at least 10 years. All time must be accounted for. Fill in all blanks. Use supplementary sheet if necessary. All information is subject to verification.

DATES: From month/year _____ to present _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

**RECORD ALL EMPLOYMENT FOR THE PAST TEN YEARS!!!
USE ANOTHER SHEET IF NECESSARY**

DRIVER INFORMATION FORM

NAME: _____ DATE: _____
(Last) (First) (Middle)
ADDRESS: _____ PHONE: _____
(Number/Street) (City) (State) (Zip Code)
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MM/DD/YY) (Age) (City/State/Country)
SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE: _____

ALL DRIVER'S EMPLOYMENT HISTORY FOR THE PAST TEN YEARS

Begin with present experience and work backward in order. Listing all of your employers, driving school and other training programs, periods of military service, self employment, and periods of unemployment for at least 10 years. All time must be accounted for. Fill in all blanks. Use supplementary sheet if necessary. All information is subject to verification.

DATES: From month/year _____ to present _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____

Company: _____ Type of Trailer Pulled: _____

Address: _____ Type of Equip. Driven: _____

City: _____ State: _____ Zip: _____ Number of Accidents: _____

Contact Person: _____

Telephone: () _____ Position Held: _____ Compensation/Pay: _____

Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

**RECORD ALL EMPLOYMENT FOR THE PAST TEN YEARS!!!
USE ANOTHER SHEET IF NECESSARY**

DRIVER INFORMATION FORM

NAME: _____ DATE: _____
(Last) (First) (Middle)
ADDRESS: _____ PHONE: _____
(Number/Street) (City) (State) (Zip Code)
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MM/DD/YY) (Age) (City/State/Country)
SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE: _____

ALL DRIVER'S EMPLOYMENT HISTORY FOR THE PAST TEN YEARS

Begin with present experience and work backward in order. Listing all of your employers, driving school and other training programs, periods of military service, self employment, and periods of unemployment for at least 10 years. All time must be accounted for. Fill in all blanks. Use supplementary sheet if necessary. All information is subject to verification.

DATES: From month/year _____ to present _____
Company: _____ Type of Trailer Pulled: _____
Address: _____ Type of Equip. Driven: _____
City: _____ State: _____ Zip: _____ Number of Accidents: _____
Contact Person: _____
Telephone: () _____ Position Held: _____ Compensation/Pay: _____
Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____
Company: _____ Type of Trailer Pulled: _____
Address: _____ Type of Equip. Driven: _____
City: _____ State: _____ Zip: _____ Number of Accidents: _____
Contact Person: _____
Telephone: () _____ Position Held: _____ Compensation/Pay: _____
Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____
Company: _____ Type of Trailer Pulled: _____
Address: _____ Type of Equip. Driven: _____
City: _____ State: _____ Zip: _____ Number of Accidents: _____
Contact Person: _____
Telephone: () _____ Position Held: _____ Compensation/Pay: _____
Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

DATES: From month/year _____ to _____
Company: _____ Type of Trailer Pulled: _____
Address: _____ Type of Equip. Driven: _____
City: _____ State: _____ Zip: _____ Number of Accidents: _____
Contact Person: _____
Telephone: () _____ Position Held: _____ Compensation/Pay: _____
Full or Part Time: _____ Hours or Miles/Week: _____ Reason For Leaving: _____

**RECORD ALL EMPLOYMENT FOR THE PAST TEN YEARS!!!
USE ANOTHER SHEET IF NECESSARY**

APPLICATION FOR EMPLOYMENT

REYNOLDS TRANSPORTATION, INC.

P.O. BOX 201720 SAN ANTONIO, TEXAS 78220-8720 (210) 648-7770 (210) 648-5527 Fax

Federal law obligates us to reasonably accommodate the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation in order to complete the application process or an essential element of the position sought.

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I understand that the information in this application will be used and that prior employers will be contacted for purpose of investigation as required by 391.23 of the Motor Carrier Safety Regulations. I also understand that I will be required to take a D.O.T. Physical exam and drug screen.

X

Signature of Applicant

Date

ALL QUESTIONS MUST BE ANSWERED

Name _____ Social Security No. _____
first middle last

Phone() _____ Date of Birth (not discriminated against due to age) _____

Present Address _____ How long? _____
Address City State Zip

Previous Address _____ How long? _____
Address City State Zip

IN CASE OF EMERGENCY NOTIFY (1) _____ () _____
Name Address Phone

(2) _____ () _____
Name Address Phone

Who Referred You? _____ If Newspaper, Name of Newspaper _____

Have you ever worked for this Company Before? _____ If yes, When? _____

How Many Years of Tractor Semitrailer Experience Can You Prove? _____ Years

ANSWER THE FOLLOWING QUESTIONS WITH "YES" OR "NO"

Are you Physically Capable of Heavy Manual Work? _____ Have you ever been Convicted of a Felony? _____ If yes, When? _____

Are you Familiar with the Motor Carrier Safety Regulations? _____ Have you ever been Arrested for Driving while Intoxicated? _____ If yes, When? _____

Do you Have Hazardous Materials Endorsement? _____ Have you ever tested Positive for Drugs or Alcohol? _____ If yes, When? _____

Have you Prepared and Turned in Logs in the Past 12 months? _____ Have you ever had your Drivers License Suspended or Revoked? _____ If yes, When? _____

Do you take any Drugs of Medication That Might affect Your Driving? _____

LIST ALL STATES OPERATED IN FOR THE LAST FIVE YEARS: USE "X" TO INDICATE.

Wash	Mont	Minn	Ohio	N.Y.	Fla	Miss
Oreg	Wyo	Ia	Penn	Mass	Ga	Ark
Ida	Colo	Mo	N.J.	Conn	S.C.	La
Cal	Kan	Wis	Del	R.I.	N.C.	Tex
Nev	Neb	Ill	Va	N.H.	Kent	Ok
Utah	S.D.	Mich	W.Va	Vt	Tenn	N.M.
Arz	N.D.	Ind	Md	Ma	Ala	

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				

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

CURRENT DRIVERS LICENSE:

State _____ Date Issued _____ Expiration Date _____ Licence No. _____

Do You Currently Hold A Drivers License In Addition To That Listed Above? (State) _____

List States And Years Of All Driver Licenses Hold In Past 10 Years

State _____ Date _____ To _____ License No. _____

State _____ Date _____ To _____ License No. _____

State _____ Date _____ To _____ License No. _____

Have You Ever Been Denied A Driver's License? Yes _____ No _____ If Yes, Why? _____

Have You Ever Been Disqualified Subject to Parts 383 or 391 Of The Federal Motor Carrier Safety Regulations? _____

Have You Worked Under Any Other Name? Yes _____ No _____ If Yes, Explain _____

LIST ALL ACCIDENTS FOR PAST 3 YEARS OR MORE (ADDITIONAL SPACE BELOW IF NEEDED)

	DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	EXTENT OF DAMAGE - \$
Last Accident					
Next Previous					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS (TICKETS) AND FORFEITURES FOR THE PAST 3 YEARS (Other Than Parking Tickets) (Additional Space Below if Needed)

	LOCATION	DATE	CHARGE	PENALTY
1.				
2.				
3.				
4.				
5.				
6.				

MILITARY STATUS

Have You Served in the U.S. Armed Forces? _____ Branch _____ Dates: From _____ To _____

Rank At Discharge _____ Date Of Discharge _____

Draft Status _____ Reserve Status _____

EDUCATION

Circle Highest Grade Completed. 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended _____
Name City State

DATE YOU ARE AVAILABLE FOR WORK _____

Do you have responsibilities or commitments that would prevent you from performing the duties and meeting the schedules of an O.T.R. truck driver? _____

PHYSICAL HISTORY

Date Of Last Physical Examination _____ Doctor's Name And Address _____

Family Doctor's Name And Address _____

Are you physically qualified to operate a motor vehicle as outlined in section 391.41 of the Federal Motor Carrier Safety Regulations? _____

**APPLICANT'S STATEMENT
TO BE READ AND SIGNED BY APPLICANT**

To Applicant: READ THIS INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age and disability with respect to certain individuals. The Law of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

This certifies that this application was completed by me, and that these answers are true and complete to the best of my knowledge. The Company may investigate all the statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment is conditioned upon a health evaluation be a doctor selected by the Company, to determine whether I can perform the job duties. I specifically authorize, as part of the physical examination, a test for drugs and alcohol. Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with and interest that the Company deems appropriate.

X

Signature of Applicant

Date

Date of Interview: _____

Comments: _____

Interview By: _____

Company Name REYNOLDS TRANSPORTATION INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

REYNOLDS TRANSPORTATION, INC.

NOTIFICATION OF PROCUREMENT OF CONSUMER REPORT

Through this document, Reynolds Transportation, Inc. is putting you on notice and disclosing to you that the Company and/or DAC Services (acting on behalf of Reynolds Transportation, Inc.) May obtain a consumer report, which may include an investigative consumer report, for employment purposes as part of the pre employment background investigation. In addition such a consumer report may be obtained at any time during your employment.

An investigative consumer report includes information as to your character, general reputation, personal characteristics and/or mode of living. Upon your written request received by us within a reasonable time, we will make a complete and accurate disclosure of the nature and scope of the investigative consumer report.

Please sign below to signify your receipt and understanding of the above disclosure.

Date: _____

Applicant or Employee Signature

Social Security Number

Applicant or Employee Name (PRINT)

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to REYNOLDS TRANSPORTATION
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

REYNOLDS TRANSPORTATION

(Name of Company)

(Typed Name)

8755 HWY 87 EAST

(Address)

(Title)

SAN ANTONIO, TX 78263

(City)

(State)

(Signature)

REYNOLDS TRANSPORTATION**FORMER EMPLOYER VERIFICATION Form D-3**

8755 HWY 87 EAST

SAN ANTONIO, TEXAS 78220

210-648-7770 • 888-648-7770 • 210-648-1342 FAX

Please complete and fax to:

Fax: _____

Phone: _____

Contact Person: _____

Sent to Attn. of: _____

Phone #: _____

Fax #: _____

1st attempt _____ 2nd attempt _____ 3rd attempt _____4th attempt Certified Letter/DOT Notified _____**SECTION 1: PREVIOUS EMPLOYEE INFORMATION AND RELEASE**

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____

(Please print full name)

I hereby authorize _____ to release the below requested information to
(name of company)

REYNOLDS TRANSPORTATION for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including pre-employment drug test results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382 & 391 to furnish this information. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature: _____ Date: _____

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORYDates of Employment From: _____ / _____ to _____ / _____ Job Duties: _____
(month) (year) (month) (year)Did employee drive a motor vehicle..... Yes ☐ No ☐Types of Equipment Operated: ☐ Tractor/Trailer ☐ Straight Truck ☐ Other, list _____

Please list any special equipment operated: _____

SECTION 3: SAFETY PERFORMANCE HISTORY PER 49 C.F.R. 391.23(2)Was this employee a safe and efficient driver?..... Yes ☐ No ☐Was this employee involved in any accidents in the last three years?..... Yes ☐ No ☐If yes, were any accidents preventable?..... Yes ☐ No ☐

If yes, please provide details, including dates: _____

Reason for leaving: ☐ Discharged ☐ Resigned ☐ Laid Off ☐ Other, list: _____**SECTION 4: PREVIOUS DRUG AND ALCOHOL RESULTS PER 49 C.F.R 40.25**Was this applicant in a DOT controlled substance testing program with your company?..... Yes ☐ No ☐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 test?..... 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 any previous employers report any drug or alcohol rule violations to you?..... Yes ☐ No ☐

Name of person completing form: _____ Title: _____

Phone #: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

To: Drug Records Dept / 800-322-5298

From: _____
(Company Contact Name)



(Company Name)

Use Fax # 800-267-4093 (Manual Service)

Fax #: (_____) _____ - _____

Use Fax # 800-257-8069 (If Database Retrieval)

USIS Customer #: _____ USIS Sub-account: _____

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ Applicant Signature: _____

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. ☐ (California applicants only)