



SPECIAL SERVICE TRANSPORTATION INC.

Established 1946

1529 SUBSTATION ROAD, BRUNSWICK OHIO 44212 330-273-0755

APPLICATION FOR EMPLOYMENT

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

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.

Please fill in return-address space.
When inserting this application into envelope be sure address shows in window.

fold fold



PLEASE PRINT IN YOUR OWN HANDWRITING & ANSWER ALL QUESTIONS

Social Security No. _____	Date of Application _____
Position(s) Applied for _____	
Name _____	Phone _____
Address _____	
State _____	

Address _____
for Past _____
Three _____
Years _____
Date of Birth (not discriminated against due to age) _____
Person to contact in emergency _____

Have you ever worked for this company before? _____ Where? _____
Dates: From _____ To _____ Position _____
Reason for leaving _____
Names of friends or relatives in our employ _____
Are you now employed? _____ If not, how long since leaving last employment? _____ May we contact your present employer? _____
Who referred you? _____ Rate of pay expected _____
Do you agree to take a physical examination including a drug screen? _____
When are you available to go to work _____

When you have completed all of these pages, please insert this application in the enclosed supplied envelope and return as soon as possible.

FORMER EMPLOYMENT

SHOW ALL EMPLOYMENT FOR PREVIOUS 10 YEARS. ALSO SHOW DATES FOR ANY PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT. (DO NOT LEAVE ANY TIME UNACCOUNTED FOR. (Attach sheet if more space if needed.)

Name and Address of Employers (Start with most recent)	Month and Year	Your Position and Location	Name & Address of Persons You Worked for	Your Reason for Leaving
1. _____ _____ Phone _____	From: _____ To: _____	_____	_____	_____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job subject to FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. _____ _____ Phone _____	From: _____ To: _____	_____	_____	_____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job subject to FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. _____ _____ Phone _____	From: _____ To: _____	_____	_____	_____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job subject to FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. _____ _____ Phone _____	From: _____ To: _____	_____	_____	_____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job subject to FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. _____ _____ Phone _____	From: _____ To: _____	_____	_____	_____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job subject to FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. _____ _____ Phone _____	From: _____ To: _____	_____	_____	_____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this job subject to FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				



GENERAL

Do you read, write, and speak the English language? ___ ___ How many years have you driven a commercial vehicle? ___

Have you ever been convicted of a crime or felony? _____

Have you ever been known by any name other than the one on this application? If so, what name? _____

The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

** Any gaps in employment and/or unemployment must be explained.

1. DRIVERS LICENSE (Interviewer Will Physically Verify the Below Information)

Do you presently hold a valid commercial or chauffeur's license issued by the state in which you are seeking employment? Yes _____ No _____
 (if yes) Specify: State _____ License No. _____ Date issued _____ Expiration Date _____
 Any Restrictions? _____

Has your license ever been suspended or revoked? Yes _____ No _____ If yes, explain _____

List all other licenses, valid or expired that have been issued to you:

State _____ License No. _____ Date issued _____ Expiration Date _____

State _____ License No. _____ Date issued _____ Expiration Date _____

State _____ License No. _____ Date issued _____ Expiration Date _____

2. DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES	APROX. NO OF MILES
Straight Truck _____			
Tractor & Semi-Trailer _____			
Tractor - Two Trailers _____			

List states operated in for last three years: _____

Show special courses or training that will help you as a driver? _____

Which safe driving awards do you hold and from whom? _____

3. ACCIDENT RECORD FOR PAST 3 YEARS OR MORE — Regardless Whether Preventable or Non-Preventable

(Omissions in this section will be considered as falsification and will result in disqualification)

DATE	NATURE OF ACCIDENT	FATALITIES?	INJURIES	TYPE VEHICLE	PREVENTABLE OR NON-PREVENTABLE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other Than Parking Violations)

(Omissions in this section will be considered as falsification and will result in disqualification)

DATE	LOCATION	CHARGE	PENALTY	TYPE VEHICLE

4. PHYSICAL HISTORY List any physical limitations (such as eyesight, hearing, limb impairment, color blindness, diabetes, hemorrhoids, high blood pressure) that would prevent you from substantially performing the job without significant hazard

Are you physically capable of heavy manual work? _____

Date of last physical examination: _____ Doctor's name and address: _____

Ever injured on the job? _____ Give nature & degree of such injuries: _____

How much time lost from work in the past three years for illness? _____ Have you rec'd Workers Comp? _____ When? _____

Do you take any prescription drugs on a continuing basis? _____ If so, please list the names of medication: _____

<input type="checkbox"/> CHECK IF YOU HAVE HAD	<input type="checkbox"/> epilepsy	<input type="checkbox"/> heart trouble	<input type="checkbox"/> fainting spells	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> other (indicate)
<input type="checkbox"/> diabetes	<input type="checkbox"/> hernia	<input type="checkbox"/> kidney trouble	<input type="checkbox"/> rupture	<input type="checkbox"/> frequent headaches	
<input type="checkbox"/> nervous breakdown	<input type="checkbox"/> tuberculosis	<input type="checkbox"/> back trouble	<input type="checkbox"/> dizziness	<input type="checkbox"/> wear glasses	



MILITARY STATUS

Have you served in the US Armed Forces: _____ Branch _____ Dates from _____ to _____
Rank at discharge _____ Date of discharge _____
(In N.J. do not fill in this line unless hired) 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)

YOU MUST ANSWER THE QUESTIONS BELOW — IF ANSWER IS YES, PLEASE EXPLAIN BELOW

Have you ever been arrested or convicted for D.U.I. or reckless operation: _____
Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol: _____
Do you have an accident now under investigation or a civil or criminal suite against you now pending: _____
Are you know or have you ever been addicted to the use of alcohol or drugs? _____

— This space may be used for any necessary statements —

TO BE READ AND SIGNED BY APPLICANT

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of furnishing such information.
- The applicant agrees to furnish such additional information and complete such examinations as may be to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, this application has been completed by the undersigned applicant.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from DAC, and agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC's services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE, DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President has any authority to enter into any agreement for any specified period of time.

DATE _____

SIGNATURE OF APPLICANT _____



1529 Substation Road

Brunswick, Ohio 44212

Quality Service Since 1946

New Hire Driver Information

Qualifications

- No Serious Moving Violations + 20 MPH Speed, Running Stop Signs
- No More than Three Moving Violations
- No DUI, Felony Convictions
- Current DOT Medical Card
- Good knowledge of current DOT regulations
- Desire to work and be a team player.

Basic Operations and Pay Information

- Average Miles Per Week :2500 -3000
- Out on Sunday In Friday or Saturday
- Operating Area: Ohio to States East of Mississippi – No NY
- Starting Rate / Mile: .35
- Paid Weekly Via Direct Deposit – 2 Week Hold
- *SummaCare* Health Insurance Effective After 90 Days
 - 50/50 Contribution for Employee and dependents
 - \$2000 annual deductible - \$4000 per family
 - 90/10 Co Insurance!
 - \$20 Office Visit / \$50 Urgicare
 - 12/30/50 Prescription Card
- Dental Effective After 90 Days
 - 50/50 For Employee Only

- 100% for dependents
- Fuel and Road Expense Via EFS Cards and Checks
- Assigned Trucks
- Road Expense Advance \$100 then reimburse thereafter

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) 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.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information 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 (5) 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 receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) 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.

391.23(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(j)(2) After October 29, 2004, 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.

391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

**Please Sign
& Date!**

Driver's Signature

Date

DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

Section 40.25 (j) of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the questions below.

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:

Circle One: Yes No

2. If you answered yes, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone Number: _____

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone Number: _____

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

Signature of Applicant

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (print name) _____
First, M, Last Social Security Number _____

hereby authorize:

Previous Employer: _____ Date Of Birth _____
 Street: _____ Email _____
 City, State, Zip: _____ Telephone: _____
Fax No: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To
 Prospective Employer: _____
 Attention: _____ Phone: _____
 Street: _____
 City, State, Zip: _____

In compliance with § 40.25(g) and § 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential Fax number _____
 Prospective employer's confidential eMail Address _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with § 40.25 and § 391.23

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us: Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? Yes No If yes what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your company: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here, sign below and return.

Accidents: Complete the following for any accidents included on your accident register § 390.15(b) that involved the applicant in the last 3 years prior to the application date shown above, or check here if there is no register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to the government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

This information is being requested in compliance with § 40.25 and § 391.23

Section 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment _____ to _____, complete bottom of section 3, sign, and return. Driver was subject to Department of Transportation testing requirements from (M/Y) _____ to (M/Y) _____.	
	YES NO
1. Has this person had an alcohol test with a result of 0.02 or higher alcohol concentration?	<input type="checkbox"/> <input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> <input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/> <input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/> <input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/> <input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ did this driver subsequently have an alcohol test result of 0.02 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/> <input type="checkbox"/>
In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on side 1. Name: _____ Company: _____ Street: _____ City, State, Zip: _____ Telephone: _____ Section 3 Completed by (Signature): _____ Date: _____	

C	This form was (check one) <input type="checkbox"/> Faxed to previous employer. <input type="checkbox"/> Mailed. <input type="checkbox"/> Emailed. <input type="checkbox"/> Other _____ By: _____ Date: _____
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Section 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
Complete below when information is obtained. Information received from: _____ Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____ Date: _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the Information
- Send a copy to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- Complete **SIDE 2 SECTION 3**

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record Receipt of the information
- Retain Copy

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

In connection with your application for employment with Special Service Transporta ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Special Service T ("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 organizations 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 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 arising 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.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.