

BLUE FLASH EXPRESS
APPLICATION FOR EMPLOYMENT

BF-05Q01
March 2002
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Blue Flash Express
23356 Old Scenic Highway
Zachary, LA 70791

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.

Answer all questions. Please print.

Site: ☐ Louisiana ☐ Texas ☐ Georgia ☐ Mississippi ☐ South Carolina ☐ Tennessee ☐ Illinois

Position(s) applied for: Application date:

If applying for driver: ☐ Company Driver ☐ Owner-Operator ☐ Driver for Owner-Operator:

Name (Last, first, middle): Social Security #:

List your addresses of residency for the past 3 years:

| | | | | |
|---------------------|-------------------------|------|-----------|--------------------------------|
| Current address: | Street | City | State/ZIP | |
| | Phone (area code first) | | | How long? <input type="text"/> |
| Previous Addresses: | Street | City | State/ZIP | How long? <input type="text"/> |
| | Street | City | State/ZIP | How long? <input type="text"/> |
| | Street | City | State/ZIP | How long? <input type="text"/> |
| | Street | City | State/ZIP | How long? <input type="text"/> |
| | Street | City | State/ZIP | How long? <input type="text"/> |

Home Phone: Emergency Phone: Emergency contact:

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Date of birth (Required for Commercial Drivers): Can you provide proof of age? ☐ Yes ☐ No

Have you ever worked for Blue Flash before? ☐ Yes ☐ No

If yes, where? Date from: Date to:

Rate of Pay: Position:

Reason left:

Current employment:

Are you now employed? ☐ Yes ☐ No If not, how long since last employment?

Who referred you? Rate of pay expected:

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Name last school attended: City, State:

Is there any reason you might be unable to perform the function of the job for which you have applied? ☐ Yes ☐ No

If yes, explain if you wish:

| |
|--|
| |
| |
| |
| |

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Employment History

All driver applicants must provide the following information for all employers for whom applicant was an operator of a commercial motor vehicle during the preceding 10 years. Include those employers for whom the applicant operated a vehicle having GVWR of >26,001 lbs. , vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

All non-driver applicants must provide the following information on all employers during the preceding 3 years. List complete information.

Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.

| Employer | | |
|--|-----------------|--|
| Name | Date from (m/y) | To (m/y) |
| Address | Position held: | |
| City | State | Zip |
| Contact person | Phone | Salary/wage: |
| Reason left: | | |
| Were you subject to the FMCSRs while employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Employer | | |
|--|-----------------|--|
| Name | Date from (m/y) | To (m/y) |
| Address | Position held: | |
| City | State | Zip |
| Contact person | Phone | Salary/wage: |
| Reason left: | | |
| Were you subject to the FMCSRs while employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Employer | | |
|--|-----------------|--|
| Name | Date from (m/y) | To (m/y) |
| Address | Position held: | |
| City | State | Zip |
| Contact person | Phone | Salary/wage: |
| Reason left: | | |
| Were you subject to the FMCSRs while employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Employer | | |
|--|-----------------|--|
| Name | Date from (m/y) | To (m/y) |
| Address | Position held: | |
| City | State | Zip |
| Contact person | Phone | Salary/wage: |
| Reason left: | | |
| Were you subject to the FMCSRs while employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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This page to be completed only by drivers

Accident record for past 3 years or more (attach sheet if more space is needed); if none, write none

| Dates | | Nature of Accident (head-on, rear-end, upset, etc.) | Fatalities | Injuries |
|---------------|--|--|------------|----------|
| Last accident | | | | |
| Next previous | | | | |
| Next previous | | | | |

Traffic convictions and forfeitures for the past 3 years (other than parking violations) (attach sheet if more space is needed); if none, write none

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Experience and Qualifications - Driver

Driver Licenses and Permits:

| State | License No. | Type | Expiration Date |
|-------|-------------|------|-----------------|
| | | | |
| | | | |
| | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

C. Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If the answer to A, B, or C is yes, attach a statement giving details.

Driving Experience

If none, write none

| Equipment Class | Type Equipment (Van, tank, flat, etc.) | Dates | | Approx. No. of miles (Total) |
|--------------------------|---|-------|----|---------------------------------|
| | | From | To | |
| Straight truck | | | | |
| Tractor and Semi-trailer | | | | |
| Tractor and two trailers | | | | |
| Motorcoach/school bus | | | | |
| Other: | | | | |

List states operated in for last five years:

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

What safe driving awards do you hold and from whom?

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Other Experience and Qualifications
(Completed by all applicants)

List any trucking, transportation or other experience that may help in your work for Blue Flash: _____

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

List special equipment or technical materials you can work with (other than those already shown): _____

To be Read and Signed by Applicant

- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
- I authorize you to make such investigations and inquiries 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 Blue Flash Express.

Date: _____ Applicant's Signature: _____

Process Record

(To be completed by Blue Flash Express.)

Applicant hired ☐ Applicant rejected ☐ (If rejected, summary should be filed.) Date Employed: _____
Point Employed: _____ Department: _____ Classification: _____

| | Superior | Good | Fair | Below Average | Poor | Not Applicable | Written Record on file |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Interview | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Past Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Written exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Road Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal and Traffic Convictions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Interviewing Officer: _____ Date Reviewed: _____

Blue Flash Express

I, _____ hereby
certify that all of the jobs listed on my drivers application are all the driving
jobs that I have held in the past 10 (ten) years. Also, the dates for the
places of employment are also the dates that I can recall to the best of my
knowledge.

Sign _____

Date _____

BLUE FLASH EXPRESS, INC.
PRE-EMPLOYMENT URINALYSIS NOTIFICATION

BF-05Q02
October 2000

The Federal Motor Carrier Safety Regulations, Section 391.103—pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (type or print):

Applicant's Signature:

Date:

Witnessed by:

Blue Flash Signature:

Date:

BLUE FLASH EXPRESS, INC.
CERTIFICATE OF COMPLIANCE

BF-05Q05
October 2000

MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier Instructions

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements

Parts 383 and 391 of the Federal Motor Carrier safety Regulations contain some requirements with which you as a driver must comply. These requirements are in effect as of July 1, 1987, and are as follows:

1. **Possess only one license:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does **not** close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **Notification of License suspension, revocation or cancellation:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **next** business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it **in writing** within 30 days to:
 - Your employing motor carrier
 - The state that issued your license (if the violation occurred in a state other than the one which issued your license)

The following license is the only one I will possess:

Driver's License #:

State:

Exp. Date:

Driver's Certification: I certify that I have read and understood the above requirements.

Driver's Name (printed):

Driver's Signature:

Date:

Notes:

BLUE FLASH EXPRESS, INC.
CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF
DRIVING RECORD

BF-05Q07
October 2000

Motor Carrier Instructions: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Federal Motor Carrier Safety Regulations §391.27). Drivers who have provided information required by §383.31 need not repeat that information on this form.

Driver Requirements: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (§391.27).

Completed by Driver - Certification of Violations

| | | | | | |
|----------------------|------------|--------------------|-------|---------------------|--|
| Driver Name (print): | | Social Security #: | | Date of Employment: | |
| Home | City State | Driver's | State | Expiration | |
| Terminal: | | License #: | | Date: | |

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box: ☐None.)

| Date | Offense | Location | Type of Vehicle Operated |
|------|---------|----------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

| | | | |
|---------------------|--|---------------------|--|
| Driver's Signature: | | Certification Date: | |
|---------------------|--|---------------------|--|

Completed by Motor Carrier - Annual Review of Driving Record

Motor Carrier Instructions: Review the Certification of Violations listed above and other information described in §391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with §391.25 and find that he/she (check one):

| | | |
|--|---|---|
| <input type="checkbox"/> Meets minimum requirements for safe driving | <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to §391.15 | <input type="checkbox"/> Does not adequately meet satisfactory safe driving performance |
|--|---|---|

Action taken with driver: _____

| | |
|---------------------------|---------|
| Reviewed by: (Print Name) | (Title) |
|---------------------------|---------|

| | |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

Blue Flash Express, Inc.
23356 Old Scenic Highway
Zachary, LA 70791

Terminal: ☐Louisiana
☐Texas
☐Georgia
☐Mississippi

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October 2000
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Date:

BLUE FLASH EXPRESS, INC.
PREVIOUS EMPLOYER REQUEST

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October 2000
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7 Confidential Report of Personal Reference

Please indicate your opinion by checking the appropriate column:

| Characteristic | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Disposition, Tact, Ability to get along with others | | | | |
| Initiative, resourcefulness | | | | |
| Safety habits | | | | |
| Driving skill | | | | |
| Attitude | | | | |
| Loyalty | | | | |

Other remarks: _____

Signature: _____
Title: _____
Date: _____

RELEASE AND DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYER:

Date of driver's employment application: _____

PART 1 – TO BE COMPLETED BY DRIVER/APPLICANT:

I, _____, hereby authorize _____

To release to BLUE FLASH EXPRESS, LLC results of any positive controlled substance test, alcohol test with a result of .04 or greater, evidence of refusal to be tested; and information on any required substance abuse professional {SAP} evaluation, determination of need for assistance, compliance with SAP recommendations for the preceding three years. I request such records to be released immediately.

This authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____, 20____.

Name of driver: _____

Signature of driver: _____

SS# _____ Witness Signature _____

PART 2- TO BE COMPLETED BY PREVIOUS EMPLOYER: YES NO

Has this person ever been tested positive for controlled substances in the past three years during their employment with your company?

Has this person ever had a breath alcohol test with a result of .04 or greater in the past three years during their employment with your company?

Has this person ever refused a required test for drugs or alcohol in the past three years during their employment with your company?

If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance and give SAP'S name, address and phone numbers for further reference.

SAP NAME _____ Phone _____

SAP Address _____

City _____ State _____ Zip _____

Name of Person releasing information _____

Signature of Person releasing information _____

Date _____

TRUCKING INDUSTRY:**DOT D/A Disclosure and Authorization**

Send fax to (800) 257-8069

HireRight Customer:

Company Name: _____

Company Contact Name: _____

Fax #: (_____) _____ - _____

HireRight Customer #: _____ Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above ("Customer"). I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

| Previous DOT-Regulated Employer | City | State | Phone Number |
|---------------------------------|-------|-------|-----------------------|
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |
| _____ | _____ | _____ | (_____) _____ - _____ |

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Customer.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

The Company may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight Solutions, Inc. (“HireRight”), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight Solutions, Inc. is located and can be contacted by mail at 14002 E 21st Street, Suite 1200, Tulsa, OK 74134, and can be contacted by phone at (800) 381-0645. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are provided below.

ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) 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 the consumer reporting agency’s offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. “Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If you cannot identify

yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

MASSACHUSETTS: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

NEW YORK: You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight Solutions, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written

consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

| TYPE OF BUSINESS: | CONTACT: |
|--|---|
| 1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. | a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |
| 2. To the extent not included in item 1 above: | |
| a. National banks, federal savings associations and federal branches and federal agencies of foreign banks | a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations | c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 |
| d. Federal Credit Unions | d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation |

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|---|--|
| | 1200 New Jersey Avenue, S.E. Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area Supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357 |

(CALIFORNIA APPLICANTS ONLY)
A SUMMARY OF YOUR RIGHTS UNDER CALIFORNIA CIVIL CODE SECTION 1786.22

- (a)** An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b)** Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
- (1)** In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
- (2)** By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
- (3)** A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c)** The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d)** The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e)** The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f)** The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

(NEW JERSEY APPLICANTS ONLY)
A Summary of Your Rights
Under New Jersey's Fair Credit Reporting Act

Under the New Jersey Fair Credit Reporting Act (NJFCRA or the "Act"), an employer, before taking adverse employment action, is required to provide the applicant or employee with a summary of their rights under the Act with respect to consumer reports or investigative consumer reports obtained for employment purposes from a consumer reporting agency (CRA). This Summary is intended to serve that purpose.

You can find the complete text of the NJCRA, N.J. Stat. §§56:11-29 – 56:11-41, at the New Jersey State Legislature's web site (<http://www.njleg.state.nj.us/>). You may have additional rights under the federal Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, which is available on the Internet at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must consent to the procurement for employment purposes of a report about you.** Before an employer can obtain a report about you from a CRA, the employer must provide you with notice that it will request the report and obtain your consent to that request. A CRA may not give out information about you to your employer, or prospective employer, without your written consent.
- **You must be told if information in your file has been used against you for employment purposes.** An employer who uses information from a consumer or investigative consumer report to take action against you – such as denying an application for employment or terminating employment – must tell you that its decision is based in whole or in part on the report. The employer also must provide you with a description of your rights under the NJCRA and a reasonable opportunity to dispute with the CRA any information on which the employer relied.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has recently requested your file. These disclosures may be made in person, over the telephone or by any other reasonable method available to the CRA.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the disputed items, free of charge, within 30 days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of the investigation. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files within 30 days after you dispute it. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the business name and address.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data violates the NJFCRA, you may sue them in state court.

(NEW YORK APPLICANTS ONLY)
NEW YORK CORRECTION LAW
ARTICLE 23-A

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

(WASHINGTON APPLICANTS ONLY)
A Summary of Your Rights
Under Washington's Fair Credit Reporting Act

Under the Washington state Fair Credit Reporting Act (WFCRA or the "Act"), an employer, before taking adverse employment action, is required to provide the applicant or employee with a summary of their rights under the Act with respect to consumer reports or investigative consumer reports obtained for employment purposes from a consumer reporting agency (CRA). This Summary is intended to serve that purpose.

You can find the complete text of the WFCRA, Wash. Rev. Code §§19.182.005—19.182.902, at the Washington State Legislature's web site (<http://www.leg.wa.gov>). You may have additional rights under the federal Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, which is available on the Internet at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must consent to the procurement for employment purposes of a report about you.** Before an employer can obtain a report about you from a CRA, the employer must provide you with notice that it will request the report and obtain your consent to that request. A CRA may not give out information about you to your employer, or prospective employer, without your written consent.
- **You must be told if information in your file has been used against you for employment purposes.** An employer who uses information from a consumer or investigative consumer report to take action against you – such as denying an application for employment or terminating employment – must tell you that its decision is based in whole or in part on the report and give you the name, address and phone number of the CRA that provided the report. The employer also must provide you with a description of your rights under the WFCRA and a reasonable opportunity to dispute with the CRA any information on which the employer relied.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file (except that medical information may be withheld), and a list of everyone who has recently requested your file. These disclosures may be made in person, over the telephone or by any other reasonable method available to the CRA. At your request, any medical information contained in your file will be disclosed to the healthcare provider of your choice.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the disputed items, free of charge, within 30 business days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of the investigation. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files within 30 business days after you dispute it. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the business name and address.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data violates the WFCRA, you may sue them in state court.

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

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

1. In connection with your application for employment with _____ ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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

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

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

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

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**