

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

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

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

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

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

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

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

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

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

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

**ANTLER TRANSPORT, LLC.**  
**Past Employment Verification / Substance Abuse / Alcohol Testing**  
**Information Release Authorization**

I authorize you to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records (MVR), CDLIS Records, Drug Screening, Employment Verification, and Criminal Background Checks. I hereby authorize you, or those service providers working on your behalf, to make a thorough investigation of all information given by me and release any and all persons and/or institutions from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my hire:

- I understand that any false or misleading information I provide may result in discharge.
- I understand that the information I provide regarding my current and/or prior employers will be used to contact those employers for the purpose of investigating my safety performance history and authorize you to generate forms for each such employer to provide that information along with the following release using my electronic signature (if applicable) and dated as of my start date:

*"In accordance with 49 CFR 391.23, 49 CFR 382.413, and/or 49 CFR 40.25 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification, including the release of information from my Department of Transportation regulated drug and alcohol testing records, by my previous employers to the employer identified above and persons acting on behalf of this employer."*

- I authorize you to investigate my driving record at any time by obtaining my MVR as required by 49 CFR 391.25.
- I authorize you to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) at any time to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to you under a full query of the Clearinghouse without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent to conduct a query of the Clearinghouse, you must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.
- I acknowledge that my employment history with you will be supplied to third party providers and/or other companies which may seek such information to qualify me in the future.

I understand that I have the right, upon written request made within 30-days of my start date or being notified of denial of employment, to request whether a consumer report has been run about me. Upon request, you or your service provider will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. I understand that I have the right to:

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

A copy of this form is as valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ANTLER TRANSPORT, LLC.**  
**950 Houston Northcutt Blvd., Suite 100**  
**Mt. Pleasant, SC 29464**

**APPLICATION FOR QUALIFICATION**

(ANSWER ALL QUESTIONS - PLEASE PRINT)

In Compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard for race, color, religion, sex, national origin, marital status, age, or non-job related disability.

Date \_\_\_\_\_

Position applied for \_\_\_\_\_

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

Yes     No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ SS # \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_

How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?     Yes     No    Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age?     Yes     No

(Required for driving position only)

CDL # \_\_\_\_\_ State \_\_\_\_\_ Endorsements \_\_\_\_\_

Who referred you to ANTLER TRANSPORT, LLC.? \_\_\_\_\_

**EDUCATION**

(Check the highest year completed)

Primary School

College

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4

Diploma? \_\_\_\_\_

Degree? \_\_\_\_\_

**ADDITIONAL TRAINING**

List below any training you have received that will aid you in the performance of the applied for position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, during the past (3) years tested positive, or refused a pre-employment drug or alcohol test for an employer where you applied for but did not obtain, safety sensitive transportation work covered by DOT drug and alcohol testing rules?

Yes  No

Have you ever been convicted of a felony?  Yes  No Date \_\_\_\_\_

Are you currently on parole or probation?  Yes  No Until \_\_\_\_\_

Have you been denied a license to operate a motor vehicle in the past 7 years?  Yes  No Date \_\_\_\_\_

Has your license been suspended during the past 7 years?  Yes  No Date \_\_\_\_\_

Have you ever been convicted, or are charges pending for driving under the influence of a narcotic drug, amphetamine, or a derivative thereof?  Yes  No Date \_\_\_\_\_

Have you been convicted or are charges pending for driving under the influence of alcohol in the past (7) years?  Yes  No Date \_\_\_\_\_

If you answered yes to any of the above questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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### MINIMUM QUALIFICATIONS

- Must present a clean well groomed appearance
- Must be (24) years of age
- Must possess only (1) driver's license issued by your state of residence
- Must have acceptable references from previous employers
- Must not falsify application
- Must never have been convicted of DWI in a commercial vehicle
- Must not have been convicted of a DWI in a personal vehicle in the past (7) years
- Must not have been convicted of reckless or careless driving in the past (7) years
- No license suspensions or revocations for driving conduct in the past (7) years
- No convictions for drug related conduct
- No more than (3) convictions for moving violations within the past (3) years
- No major accidents within the past (3) years
- Must possess valid driver's license, SS card, and immigration document as may be required
- Must provide verifiable DOT long-form physical and medical certification with at least (6) months remaining
- A minimum of (2) years verifiable recent driving experience
- Must read and write the English language well enough to fulfill the requirements of the position applied for, per 391.11 (b) 2.
- No more than (1) serious violation in the past year as defined by part 383.51(c)
- No truck, trailer or load abandonment
- No felony convictions
- No rear end accidents in the past (5) years. No more than (1) DOT recordable accident in the past (5) years



ACCIDENT RECORD FOR THE PAST (5) YEARS

(If none ... write "None")

Accident Date \_\_\_\_\_ Type of Accident \_\_\_\_\_

Citation Received? \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Describe Accident \_\_\_\_\_

Accident Date \_\_\_\_\_ Type of Accident \_\_\_\_\_

Citation Received? \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Describe Accident \_\_\_\_\_

MOVING VIOLATIONS RECORD FOR THE PAST (5) YEARS

Please list all moving violations for the past (5) years. Write "none" if there are none.

Date Violation Type Vehicle Type

Table with 3 columns: Date, Violation Type, Vehicle Type. Three empty rows for data entry.

DRIVERS LICENSE INFORMATION

List ALL LICENSES HELD for at least the past (3) years

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Table with 4 columns: Type of license, State, License #, Expires. Three empty rows for data entry.

Have you had any license suspended or revoked in the past (7) years for a moving violation?  Yes  No

If yes, please explain \_\_\_\_\_

I hereby authorize ANTLER TRANSPORT, LLC. to obtain an MVR (driving record) from the State/States where I held or hold a driver's license. Per FMCSR 391.23 this inquiry is to be made regarding all licenses I have held during the past (3) years. The information from my driving record is to be used solely to determine my qualifications or continued eligibility. Any information received will be used only for "permissible purposes" as defined by the Fair Credit Reporting Act, Public Law # 91-508

Applicant/Employee **X** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVING EXPERIENCE

Tractor trailer \_\_\_\_\_ (years) Approximate miles \_\_\_\_\_

Container \_\_\_\_\_ (years) Approximate miles \_\_\_\_\_

States operated in \_\_\_\_\_

**EMPLOYMENT HISTORY**  
Must list (10) years prior employment

Current/Previous Job \_\_\_\_\_

\*\*\* If this is your current employer, is it OK to contact them? \*\*\*  Yes  No

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



EMPLOYMENT HISTORY

(continued)

Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No



Previous Job \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Phone # \_\_\_\_\_

Was this job subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49CFR part 40?  Yes  No

P. O. Box 1510  
Mt. Pleasant, SC 29465

PHONE: 843/849-0451 FAX: 843/881-5702 (Interviewer: \_\_\_\_\_ Ext. \_\_\_\_\_)

## INQUIRY TO PAST EMPLOYERS

Person for Whom Information Is Required (*Driver to Complete & Sign This First Section Only*)

Name of Applicant \_\_\_\_\_

Social Security #: \_\_\_\_\_ Job Applied For: \_\_\_\_\_

Have you refused or tested positive on a drug test at any company (whether or not you were actually employed or offered employment by them) in the past three years?  Yes  No If yes, Company Name: \_\_\_\_\_

If yes, did you complete the DOT return-to-duty drug testing requirements?  Yes  No

*I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. This authorization includes but is not limited to all inquiries required by CFR Part 391 and CFR Part 382 of the Federal Regulations pertaining to general background and drug and alcohol testing results. I hereby release you from any and all liability of any type as a result of providing the information below to the company shown above.*

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note stated above, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Thank you for your cooperation.*

TO (Previous Employer): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. This applicant lists dates of employment with your firm From: \_\_\_\_\_ To: \_\_\_\_\_

Is this correct?  Yes  No If no, please explain: \_\_\_\_\_

2. Was he a driver?  Yes  No If no, position: \_\_\_\_\_

If employed as a driver, please indicate type of equipment driven:  Tractor Trailer  Doubles

Straight Truck  Containers  Flatbeds  Other \_\_\_\_\_

3. Any accidents (dates & details): \_\_\_\_\_

4. Reason for leaving:  Resigned  Discharged  Laid Off

Would you re-employ this person?  Yes  No If no, please explain: \_\_\_\_\_

5. Remarks: \_\_\_\_\_

### ALCOHOL & CONTROLLED SUBSTANCE TESTING REPORT OF TEST RESULTS (Please provide information requested below)

Was driver subject to the Federal Drug & Alcohol Testing requirements?  Yes  No

To your knowledge, has this individual tested positive for a controlled substance or registered a blood alcohol content of .04 or higher during the past 3 years?  Yes  No

Did this individual ever refuse an alcohol or controlled substance test or violate any other DOT drug and alcohol testing rules?  Yes  No

Signature & title of person supplying information: \_\_\_\_\_ Date: \_\_\_\_\_

Mail  Phone  Faxed  Personal Interview Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_