

# Truck Driver Application for Employment

Astro Transport & Logistics LLC.  
Phone: (205) 200-9062



In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date of Application MM/DD/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

CDL Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Medical Exam: Date of Issue \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

List current address and all addresses at which you have resided during the past 10 years:

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Truck Driving Position Applying for: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you worked for Landes Trucking before? \_\_\_\_\_ What Position? \_\_\_\_\_

If Yes, please provide the dates of previous employment: From \_\_\_\_\_ To \_\_\_\_\_

## Education

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

College/Trade School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

Driving School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

Have you ever been convicted of a felony? (*applicant is not required to disclose sealed and expunged records*) \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

## Employment Record

Please start with the most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

**Employment Record Continued**

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO  
.....

**Employment Record Continued**

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

## Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

| State | License Number | Type | Endorsements | Expiration Date |
|-------|----------------|------|--------------|-----------------|
|       |                |      |              |                 |
|       |                |      |              |                 |
|       |                |      |              |                 |
|       |                |      |              |                 |

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_ No \_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to any of the above, please give details. \_\_\_\_\_

List each type of commercial motor vehicle you have operated and for how long.

| Class of Equipment     | Types of Equip.<br>(Van, Flatbed,<br>Tanker, etc) | From | To | Approximate Miles |
|------------------------|---|------|----|-------------------|
| Straight Truck         |   |      |    |                   |
| Tractor & Semi Trailer |   |      |    |                   |
| Tractor 2- Trailers    |   |      |    |                   |
| Other                  |   |      |    |                   |

List states operated in during the last 5 years \_\_\_\_\_

List special courses or training completed: \_\_\_\_\_

List safe driving awards and who presented the awards \_\_\_\_\_

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

| Dates of Accident<br>and Type of Vehicle | Nature of Accident<br>(Head-On, Rear-End, Upset, etc.) | Location of<br>Accident | # of Fatalities | # of Injuries |
|--|--|-------------------------|-----------------|---------------|
|  |  |                         |                 |               |
|  |  |                         |                 |               |
|  |  |                         |                 |               |
|  |  |                         |                 |               |
|  |  |                         |                 |               |

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

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

ACKNOWLEDGEMENT OF NOTICE OF  
LANDES TRUCKING, INC.  
DRUG ABUSE POLICY AND PROCEDURES  
AND  
CONSENT TO DRUG TESTING

I, \_\_\_\_\_, acknowledge receiving written notice of the existence of the Landes Trucking, Inc. Drug Abuse Policy (the "Policy").

As a condition of employment with Landes Trucking, Inc., all Driver Applicants must submit to a pre-employment controlled substances test as required by the FMCSR Section 382.301. A motor carrier must receive verified negative test results for the applicant to be eligible for employment. I understand and agree that I must not use, buy, sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job. I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of the Company, I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion 382.307, following a reportable accident or an on-the-job accident 382.303, when returning from a leave of absence 382.309, and on a random basis 382.305.

I further understand and agree if I become an employee of the Company, and in the event that any test result is Positive, I will have an opportunity to discuss with the Company's Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all matters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will be considered a positive result, and will result in discipline up to and including termination.

I understand and agree that if I become an employee of Landes Trucking, Inc., and in the event that any test result is confirmed positive (controlled substance(s) and/or alcohol test), I will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR and will result in disciplinary action up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or Company representative, the information necessary to comply with this Policy.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_

## 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 question below.

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

Social Security # \_\_\_\_\_

During the past three (3) years, have you, the applicant, 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?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Name of SAP  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

**NOTE: Please read the following statement carefully before signing.**

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any material false statements or omissions will lead to immediate dismissal, and I agree that the company shall not be held liable in any respect if my employment is terminated for that reason. I understand that this Application for Employment and other Company documents are *not* contracts of employment.

You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history and/or credit and financial records, employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act. I understand that within a reasonable period, I may make a written request for detailed information concerning such investigation. I authorize the companies, schools, and persons named within to give any information requested regarding my employment, character, and qualifications, and release and hold harmless Landes Trucking, Inc., the companies, schools and/or persons from any liability. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's President. I further understand that any offer of employment may be conditioned upon the results of a physical examination.

Note to Applicant: Please note that this application is considered current for thirty (30) days. If you want to be considered for employment after this time, you must complete another Application for Employment.

\_\_\_\_\_  
[Applicant's Signature]

\_\_\_\_\_  
[Date Signed]





### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **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 requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. 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, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** 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 name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Must Be Read and Signed by Applicant:

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (c). I also understand that I have the right to: 1) review information provided by previous employers; 2) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 3) 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.

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights. I hereby certify that this application was completed by me and that the information provided is correct, complete and a true representation of the facts as known to me the applicant.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

## To Be Read and Signed by Applicant: Driver's Rights Under FMCSR 391.23

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section: (i)(1)(i) The right to review information provided by previous employers; (i)(1)(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; (i)(1)(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.

(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.

(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.

(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.

(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.

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

(j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(j)(4)(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.

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

(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 §386.12.

(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.

(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.

(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-

(l)(1)(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,

(l)(1)(ii) A person who has provided such information; or

(l)(1)(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.

(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.

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty. I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives seeking such information and all other persons, corporations or organizations for furnishing such information. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me. It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period during which I may be disqualified without recourse. 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.

**RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:** The information provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49CFR Sec.391.23 (i)(1) applicant has the following rights with regards to the safety performance history information provided by previous employers.

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS:** Applicant has the right to review the records provided by your previous employers. Applicant must make a request to review in writing and submit it to the prospective employer no later than thirty(30) days after employment begins or notification of employment is made. Applicant will be provided with the records within five (5) business days of receipt of the written request. If the prospective employer has not received the records at the time of request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If applicant fails to arrange pick up or receive the requested records within thirty (30) days of when they are first made available, then applicants right to review is considered waived.

**THE RIGHT TO HAVE ERRONEUS INFORMATION CORRECTED:** If applicant believes there is an error in the records, applicant has the right to have previous employer correct the error. Send any requests for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify applicant within fifteen (15) days of receiving request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of applicant's safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION:** If the previous employer does not agree that information in the records provided is in error, applicant may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in applicants safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must: forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response from any subsequent investigating prospective employers for the duration of the three year data retention requirement period. Applicant may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION:** Applicant may report failure of a previous employer to correct information or include rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights. I hereby certify that this application was completed by me and that the information provided is correct, complete and a true representation of the facts as known to me the applicant.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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

In connection with your application for employment with Landes Trucking, Inc. ("Prospective Employer"), Landes Trucking, Inc. may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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, Landes Trucking, Inc. 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, Landes Trucking, Inc. will notify you that the action has been taken and that the action was based in part or in whole on this report. Landes Trucking, Inc. cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Landes Trucking, Inc. may obtain such background reports, please read the following and sign below:

I authorize Landes Trucking, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am 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 Landes Trucking, Inc. to make a determination regarding my suitability as an employee.

I further understand that neither Landes Trucking, Inc. 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.

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

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

Name (Please Print) \_\_\_\_\_