

# Driver Application

P.O. Box 1309

Tuscaloosa AL 35403

(205) 464-4745 Fax (205)523-0088

Thank you for your request for an employment application for SEL Alabama, Inc.

## Our minimum requirements are:

1. **Minimum of 3 years of verifiable OTR experience in the past 5 years.**
2. **Minimum of 1 year of verifiable Flatbed experience in the past 9 years.**
3. **MUST have knowledge and experience to log correctly as per DOT Requirements**
4. **NO accidents in the past 3 years.**
5. **NO speeding violations in excess of 15mph over the posted speed limit in the past 3 years.**
6. **NO drug felony convictions**

\*Pay particular attention to:

- ✓ Read and sign the bottom of this page and circle the position you are applying for
- ✓ Page 2 – addresses for the past 3 years and ALL drivers license numbers for the past 5 years
- ✓ Page 3 and 4 – DOT requires 10 years of employment history, even if you were not driving a truck. Address and phone numbers are required
- ✓ Be sure to sign every page requesting your signature.

## **SEND A COPY OF YOUR CDL AND MEDICAL CARD IN WITH YOUR APPLICATION!**

**I understand that** the information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(a).

**I also understand that** I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-submit corrected information to the prospective employer.
- Have a rebuttal statement attached to the alleged erroneous information provided by previous employers.

**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:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Owner Operator**

# Driver Information Sheet

*To speed up processing of your application be sure that all questions are fully answered. Please DO NOT leave any spaces blank. Use N/A if something is not applicable to you*

Full Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Previous Address if above is less than 3 years: \_\_\_\_\_

How did you hear about SEL Alabama Inc? \_\_\_\_\_

Have you worked for this company before?  No  If Yes, when? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Do you have a Class A CDL?  Yes  No

Current Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Drivers License for past 5 years: State \_\_\_\_\_ Number \_\_\_\_\_

### Moving Violation in the last 3 years (if none, write none)

Truck and Car (other than parking violations)

Date	Charge	State	Penalty

### Accident Record in the last 3 years (if none, write none)

List all involvement with truck and car including property damage for past 3 years, including preventable and non-preventable

Date	Type of vehicle	Chargeable	Description	Injuries/Fatalities

In the last 5 years, do you have 3 years of verifiable OTR Experience? \_\_\_\_\_ Total years of OTR: \_\_\_\_\_

In the last 9 years, do you have 1 year of verifiable FLATBED experience? \_\_\_\_\_

Do you have experience hauling Steel Coils \_\_\_\_\_ Flat Steel \_\_\_\_\_ Pipe \_\_\_\_\_ Building Materials \_\_\_\_\_

In which states have you operated in the last 5 years: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever been denied a certification or re-certification of a DOT Physical?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been convicted of a felony?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been denied a license?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever had your driver's license revoked or suspended?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been arrested for DUI, DWI, or Reckless driving?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever failed or refused to take a DOT required drug screen?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been disqualified for violations of the Federal Motor Safety Regulations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH AND EXPLANATION**

## Work History for past 10 years

The U.S. Department of Transportation requires that all driver applications show all employment for the past three years and all driver employment for the seven years immediately proceeding this period.

### START WITH THE LAST OR CURRENT EMPLOYER AND WORK BACKWARDS

Current Employer: Name: Southeast Logistics Contact: \_\_\_\_\_

Are you currently employed: Yes No May we call your current employer:  Yes  No

Address (include city and state) 5800 21st St Tuscaloosa AL 35401 Phone #: 205-759-1818  
Street City State Zip

Cell #: \_\_\_\_\_

Position Held: Owner Operator Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject FMCSR'S? Yes No Subject to FMCSR Drug Testing: Yes No

Second Employer: Name: E&J Contact: \_\_\_\_\_

Address (include city and state) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Cell #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Hire Date: Aug-10 End Date: Feb-10

Reason for leaving: \_\_\_\_\_

Subject FMCSR'S?  Yes  No Subject to FMCSR Drug Testing:  Yes  No

Third Employer: Name: City of Tuscaloosa Contact: \_\_\_\_\_

Address (include city and state) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Cell #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Hire Date: Aug-07 End Date: Aug-08

Reason for leaving: \_\_\_\_\_

Subject FMCSR'S?  Yes  No Subject to FMCSR Drug Testing:  Yes  No

---

Fourth Employer: Name: Werner Contact: \_\_\_\_\_

Address (include city and state) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Cell #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Hire Date: Oct-06 End Date: Oct-07

Reason for leaving: \_\_\_\_\_

Subject FMCSR'S?  Yes  No

Subject to FMCSR Drug Testing:  Yes  No

---

Fifth Employer: Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address (include city and state) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Cell #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject FMCSR'S?  Yes  No

Subject to FMCSR Drug Testing:  Yes  No

---

Sixth Employer: Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address (include city and state) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Cell #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject FMCSR'S? Yes No

Subject to FMCSR Drug Testing: Yes No

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the exclusive judgment of the Company) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I understand that the information in this application will be used and that prior positions will be contacted for purposes of investigation required by 391.23 for the Motor Carrier Safety Regulation. I authorize release of any information related to my alcohol and controlled substances testing and training records, by any former employers and hold them harmless of any liability from releases of said information.

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

Date: \_\_\_\_\_ 4





# Past Employment Verification Sheet

FMCSR 391.23 requires an investigation into the driver's past employment record. Having made application to SEL Alabama and desiring that they be informed as to my past records and educational qualifications, I hereby authorize them to investigate my past records and to ascertain any and all information, whether written or not, including all related information concerning any and all drug and alcohol screening information, as provided in §382.413 of the FMCSR. I release my previous employers and all persons whomsoever from any damage or action caused by furnishing said information.

\_\_\_\_\_  
Applicants Signature

## \*\*\*\*\*DRIVERS DO NOT FILL OUT BELOW\*\*\*\*\*

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Phone Number

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

Mr/Ms \_\_\_\_\_ Social Security # \_\_\_\_\_ has applied for employment with SEL Alabama, Inc... Please complete the following information below.

Dates of employment: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Please indicate position(s) held: Company Driver \_\_\_\_\_ Owner Operator \_\_\_\_\_

Other (please indicate position) \_\_\_\_\_

Type of equipment operated: Tractor Trailer  Straight Truck  Other \_\_\_\_\_

Type of Trailer: Flatbed  Van  Tank  Reefer  Dump  Log  Other

Size of Trailer: \_\_\_\_\_

Experience: OTR  Local  Other \_\_\_\_\_

If Flatbed, type of freight hauled: \_\_\_\_\_

Number of Accidents \_\_\_\_\_ Preventable  Non-Preventable

Date	Nature of Accident	Amount of Damage

Was he/she always available for dispatch: Yes  No  If no, Why \_\_\_\_\_

Was his/ her general conduct satisfactory: Yes  No  Eligible for rehire: \_\_\_\_\_

Was separation voluntary or involuntary: Quit \_\_\_\_\_ With Notice: Yes  No

Was he/she terminated: Yes  No

Did he/she abandon the equipment: Yes  No

Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration: Yes  No

Has this person had a verified positive drug test: Yes  No

Has this person refused to be tested (including verified adulterated drug test results) Yes  No

Has this person committed other violations of DOT agency drug and alcohol test regulations Yes  No

\_\_\_\_\_  
Person Providing Information

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Declaration of Employment Status

Under the Federal Motor Carrier Safety Regulations, Section §391.23, SEL Alabama, Inc., Inc. is required to verify the employment background of all prospective drivers for the proceeding three years. **This form enables you to account for the period of your employment history, or periods when you were no employed, which cannot be verified by any other means.** In the section below, please fill in the dates and describe your activities during this time.

During the periods specified I was engaged as follows:

---

---

---

---

I also confirm that during that period, the statements I have checked below are true

- 1. I was not employed in any capacity on a full-time regular basis.
- 2. I was self employed.
- 3. I collected unemployment during this time.
- 4. I did not collect unemployment during this time.
- 5. I was not convicted of a crime or felony involving a motor vehicle or any aspect of the transportation industry.
- 6. I was not involved in a motor vehicle accident of any type.

The two persons listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information and authorize them to release that information to you.

Name, Address and Telephone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Date



# Drug and Alcohol Testing Statement

This is the company's official statement of drug and alcohol policy for its driving employees. Knowing how the use of these substances can affect the ability to operate a motor vehicle safely, we are implementing this policy to ensure that we are in compliance with the drug and alcohol testing requirements enacted by the DOT and listed in 49 CFR Parts 382 and 40. We are committed to provide a safe environment for each of our drivers and motoring public.

To outline the DOT mandate situations under which you are required to be tested, we have listed the type of drug and alcohol test that will be required of our drivers. These test will be administered when the driver is performing a safety sensitive function, generally defined as all time required to be logged as "on duty or driving" time on a drivers log. The test will either be administered while such duties are being performed, just before they are to be performed, or just after these duties have been completed. "Just before" or "just after" is defined as no longer than one (1) hour. The test will be administered and processed in accordance with the requirements of 49 CFR Part 40.

**PRE-EMPLOYMENT** (Drug only) – All driver will be expected to submit to a pre-hire/pre-use drug test, the results of which must be obtained before the driver can be utilized the first time. Drivers failing this type of drug test are not qualified to be hired by this company.

**RANDOM** (Drug and Alcohol) – Drivers will continually be subject to DOT Random testing after hire and throughout employment with this company. Testing administered will be spread thought the year and unannounced, selected by a scientifically valid method from a pool of all employed drivers. This company (or its designee) will administer enough tests to the driver pool to ensure compliance with the minimum DOT requirements.

**POST-ACCIDENT** (Drug and Alcohol) – After drivers are involved in an accident, this company reserves the right to administer a drug test to each involved employee, without regard to fault, within 32 hours of the time the crash occurred. An alcohol test may also be obtained within 8 hours of an accident, preferably in the first 2 hours.

**REASONABLE SUSPICION** (Drug and Alcohol) – At any time this companies management notices indications of the use of drugs or abuse of alcohol by one of its drivers, which are contemporaneous and able to be articulated, the employee will be required to submit for testing.

All driver who are required to possess a Commercial driver's License (CDL) under the requirement of 49 CFR Part 383, are required to be tested for the presence of drug and alcohol. Upon notification of a required test, the driver shall proceed immediately to the testing facility. Failure to do so will be considered a refusal to submit to testing which DOT treats the same as a POSITIVE test result.

There are significant consequences for submitting a test report back as "POSITIVE" for drug or alcohol, or refusing to be tested when required. Results may cause the termination of employment, referral to a substance use evaluation facility, and release of the testing information to subsequent employers requesting such by this company. Though DOT does not require termination of employment violations of Part 382, most employers choose to sever ties with the violation employee. DOT does require that employees be evaluated and receive treatment (as suggested by a substance professional) for substance problems. We are also required to release his information to your subsequent employers that request it of us in accordance with the requirements of 49 CFR Part 391.23

Records related to the drug and alcohol testing program are typically maintained for a period of up to five (5) years. If subsequent employers request your drug and alcohol testing information as an applicant to them, record for the three (3) years previous to application for employment with the other employer will be provided with proof of driver's release for such information. This is in compliance with the requirements of 49 CFR Part 382.

The use of drugs and alcohol can have a significant impact on your health as our employee and on the safety of the motoring public. As a responsible member of the public using our nation's highways, we will implement this policy as we strive to maximize the safety of our highways.

I have reviewed this copy and understand its consequences. My signature below also represents that I have been notified that the type of test, listed above, will periodically be required of me.

\_\_\_\_\_  
Drivers Name

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Date



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

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>	
<b>Company Name:</b>	<u>SEL Alabama, Inc.</u>
<b>Company Contact Name:</b>	_____
<b>Fax #:</b>	<u>205-523-0088</u>
<b>HireRight Account Code:</b>	<u>RXHCT</u>

**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, 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. 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; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/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) any 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 signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

## **Part 2 - FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

# Disclosure and authorization form-Consumer Reports

SEL Alabama, Inc. may request background information about you from a consumer reporting agency to determine your eligibility for a contract assignment. Your background information will help SEL Alabama, Inc. to determine whether you meet its background criteria necessary to perform services on their behalf. This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained by SEL Alabama, Inc. at any time after receipt of your authorization and during your assignment (in any) with them. These reports may be disclosed to SEL Alabama, Inc., and its designated representatives and agents, by the consumer reporting agency acting at the direction of SEL Alabama, Inc..

HireRight, Inc., a consumer reporting agency, will obtain the reports for SEL Alabama, Inc.. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on 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; credit reports; criminal records check; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews and sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting SEL Alabama, Inc.. A summary of your rights under the Fair Credit Reporting Act is also being provided to you

## ADDITIONAL STATE LAW NOTICES

If you are a California, New York, Maine, or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the cost of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested. You will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting the agency.

**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 unit 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 agencies copies of any such reports.

**WASHINGTON STATE:** If we request 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 us a complete and accurate disclosure of the nature and scope of the investigation we requested. 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.

## Authorization

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 the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to SEL Alabama, Inc. and its designated representatives and agents. I understand that my consent will apply, and SEL Alabama, Inc. may obtain reports throughout my assignment (if any) with them. I also consent to the disclosure of these reports to SEL Alabama, Inc. and its designated representatives and agents.

I understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, with SEL Alabama, Inc. may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

I also understand that in the even I am assigned by SEL Alabama, Inc. to perform contract services, in now way shall this Authorization and Consent form, or the resulting consumer report or investigative consumer report provided to SEL Alabama, Inc., be deemed to create any legal employment relationship between myself and SEL Alabama, Inc..

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, stat and local) motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that my be requested by or on behalf of SEL Alabama, Inc..

**California, Minnesota, or Oklahoma applicants only** – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below:

I wish to receive a free copy of the report.

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

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

# Important Notice

## Regarding Background Reports From the PSP Online Service

1. In connection with your application for employment with SEL Alabama, Inc., 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 SEL Alabama, Inc., 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.**