

## Rt. 80 Express

P. O. Box 269

Barberton, Ohio 44203

Today's Date: \_\_\_\_\_

Position: \_\_\_\_\_

How were you referred here? \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Names or Aliases: \_\_\_\_\_

Address for last 3 years: \_\_\_\_\_ How long: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever tested positive, or refused to test, on any pre-employment or other drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work or that you were employed by who was covered by DOT agency drug and alcohol testing rules. Yes \_\_\_\_\_ No \_\_\_\_\_

### MINIMUM QUALIFICATIONS:

- \* CDL Class "A" and be 23 years old or older
- \* 2 year verifiable over the road tractor trailer experience.
- \* Current DOT physical
- \* Be able to successfully complete drug and alcohol screen
- \* Be able to successfully pass road test
- \* Must possess a good track record of on-time deliveries and reliability
- \* Must have a steady work history averaging 1 year or more at jobs in the last 4 years
- \* No DUI, DWI, reckless driving, or other major moving violations.
- \* No more than 2 instances in any 12 month period
- \* No more than 3 instances in any 36 month period (An instance is a moving violation or preventable accident)
- \* No more than 1 preventable accident in any 36 month period.

### ***Employment History***

**List All Employers for the Last Three Years and Any Employment as a Commercial Vehicle Operator for the Last Ten Years. Do Not Leave Any Gaps.**

Dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Current Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
 Equipment Pulled: \_\_\_\_\_ # Accidents: \_\_\_\_\_  
 Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May We Contact Your Present Employer? \_\_\_\_\_ Y \_\_\_\_\_ N Contact: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_ Y \_\_\_\_ N  
 Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_ Y \_\_\_\_ N

Dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Equipment Pulled: \_\_\_\_\_ # Accidents: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_Y \_\_\_\_N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_Y \_\_\_\_N

Dates: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
 Equipment Pulled: \_\_\_\_\_ # Accidents: \_\_\_\_\_  
 Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_Y \_\_\_\_N  
 Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_Y \_\_\_\_N

Dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
 Equipment Pulled: \_\_\_\_\_ # Accidents: \_\_\_\_\_  
 Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_Y \_\_\_\_N  
 Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_Y \_\_\_\_N

Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Equipment Pulled: \_\_\_\_\_ # Accidents: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_Y \_\_\_\_N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_Y \_\_\_\_N

Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Equipment Pulled: \_\_\_\_\_ # Accidents: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_Y \_\_\_\_N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_Y \_\_\_\_N

### **Experience**

#### **Total Number of years driving experience:**

List All Your Experience in the Operation of Motor Vehicles  
(Reefer, Flatbed, 20', 40', 45', Straight Truck, etc.)

<u>Type of Equipment</u>	<u># Years</u>	<u># Miles</u>
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### **Accidents**

List ALL accidents involving a motor vehicle in the past three years. If None, write "NONE".

<u>Date</u>	<u>Vehicle Type</u>	<u>Accident Type</u>	<u>Chargeable?</u>	<u># Injuries/fatal</u>
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### **Traffic Convictions**

List all convictions for moving violations in the past three years. If None, write "NONE".

Date                      Charge                      Town/State                      Vehicle Type

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### **Professional Information**

**Important Note: List All Licenses Held in the Last Three Years**

License #: \_\_\_\_\_ State: \_\_\_\_\_ S.S.# \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Turned In? \_\_\_\_\_

1. Are you currently qualified to drive a commercial motor vehicle?    ☐ Yes    ☐ No
2. Within the previous 3 years have you violated the alcohol and  
controlled substance prohibitions under subpart B of 382  
FMCSR or 49 CFR part 40?                      ☐ Yes    ☐ No
3. Have you ever been convicted of a crime or narcotic offense?    ☐ Yes    ☐ No
4. Has your license been suspended or revoked in the last five years?    ☐ Yes    ☐ No
5. Have you ever been discharged for equipment abandonment?    ☐ Yes    ☐ No
6. Have you ever left the scene of an accident?    ☐ Yes    ☐ No

If "Yes" to questions 2 - 6, please explain: \_\_\_\_\_

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It is agreed and understood that Rt. 80 Express, Inc (Rt. 80), Rt. 80's insurance company and/or Rt. 80's insurance agent may investigate the applicant's background in accordance with Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508 as amended by the Consumer Credit Reporting Act of 1996(Title II, Subtitle D Chapter I of Public Law 104-208) , the Pre Employment Screening Program of the Federal Motor Carrier Administration, and any other source necessary to obtain required background information.

You are being informed that reports verifying your previous employment, previous drug and alcohol test results, roadside inspection results and your driving record will be obtained on you for employment purposes, for use in rating and/or underwriting insurance for which Rt. 80 may apply, and any renewal thereof. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. Rt. 80 will investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not and applicant releases Rt. 80 and agencies supplying this information from any and all liabilities on account of furnishing such information. The applicant agrees to furnish such additional information and complete such examination as necessary to complete required files. It is agreed and understood that this application in no way obligates Rt. 80 to employ/lease the applicant and it is understood that if employed/leased such employment/ lease is terminable at will. No company policy or procedure shall be deemed to vest any right with any person to create or guarantee employment/lease for any period of time or to create or contribute in any way toward a legal cause of action against Rt. 80. In the case of an independent contractor, nothing in the application or agreement shall be used to establish an employee/employer relationship.

I certify that this application was completed by me (applicant) and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that intentional falsification of information on this application will be grounds for immediate termination. I certify that I have read and understand the release printed above. I also understand that by signing this application I agree to comply with the hiring criteria printed on the first page of this application. I understand that failure to comply with these criteria will be considered a violation of company work rules and could be grounds for termination of employment/lease.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Inquiry to Past Employer

Company: RT 80 Express, Inc.  
Address: PO Box 269 Baberton, Ohio 44203  
E-mail:

**Fax # 330-706-1111**  
**Phone # 330-706-0900**

Applicant's Name: \_\_\_\_\_

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

You are hereby authorized to give to Rt. 80 Express, Inc (Rt 80) all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable Rt 80 to comply with the requirements of 49 CFR, 382.413 & 391.23, I hereby consent to Rt 80 obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the three (3) years preceding the date of this application and 49 CFR 391.23(a)2 & (d) investigation of my past employment record. I hereby authorize and direct my prior employers to release such information to Rt 80 in personal interviews, telephone interviews, letters or any other method that insures confidentiality. I hereby authorize Rt 80 to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone #: ( \_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_

Driver: Yes \_\_\_\_ No \_\_\_\_ Part-time \_\_\_\_ Full-time \_\_\_\_

Company driver \_\_\_\_ Owner Operator \_\_\_\_ Driver for Owner Operator \_\_\_\_

Equipment: Van \_\_\_\_ Tank \_\_\_\_ Flatbed \_\_\_\_ Tractor \_\_\_\_ Straight Truck \_\_\_\_ Other \_\_\_\_

List areas in which applicant drove regularly: \_\_\_\_\_

Logs: Did applicant violate hours of service regulations? Yes \_\_\_\_ No \_\_\_\_

Accidents: Total number \_\_\_\_ Preventable \_\_\_\_ Non-Preventable \_\_\_\_

D.O.T. Reportable Accidents: \_\_\_\_\_

Tickets: Yes \_\_\_\_ No \_\_\_\_ Describe \_\_\_\_\_

What license did applicant have? Class \_\_\_\_ State of issue \_\_\_\_

Why did applicant leave your employ? \_\_\_\_\_

Is applicant eligible for rehire? Yes \_\_\_\_ No \_\_\_\_ If no, why? \_\_\_\_\_

Was applicant's license ever suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

In accordance with part 382.405, 382.413, and 40.25 :	Yes	No
Has this person ever tested positive for a controlled substance in the past three years?	____	____
Has this person ever had an alcohol test concentration of 0.04 or greater in the past three years?	____	____
Has this person ever refused a required test for drugs or alcohol in the past three years?	____	____
Has this person violated any other DOT agency drug and alcohol testing regulations?	____	____

Additional comments: \_\_\_\_\_

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

1st Attempt	2nd Attempt	3 <sup>rd</sup> Attempt	4 <sup>th</sup> Attempt
Date _____	Date _____	Date _____	Date _____
Time _____	Time _____	Time _____	Time _____
Method _____	Method _____	Method _____	Method _____
Contact _____	Contact _____	Contact _____	Contact _____

**\*\* After four attempts to acquire the above information, we have satisfied the DOT requirement to put forth a good faith effort to obtain background information.**

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employer(s) 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 (e). 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 re-send 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.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**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 RT 80 EXPRESS INC ("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 RT 80 EXPRESS 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 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*



## **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.

**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS**  
**REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Disclosures**

**Investigative Consumer Report:**

RT 80 Express Inc (the "Company") may request an investigative consumer report about you from HireRight, LLC ("HireRight"), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

**Ongoing Authorization:**

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

**Additional State Law Notices:**

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

**Summary of Rights under the Fair Credit Reporting Act:**

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

**San Francisco Fair Chance Ordinance Official Notice:**

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

**HireRight Privacy Policy:**

Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

**Acknowledgments & Authorization**

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

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

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

### **Additional State Law Notices**

Please also note the following:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in

your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

Additional California-specific information is set out below.

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

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

**NEW JERSEY:** You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

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

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

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

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

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND  
INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Disclosure**

RT 80 Express Inc (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

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

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



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

Send to Fax# (800) 257-8069

**HireRight Customer:**  
**Company Name:** RT 80 Express Inc  
**Company Contact Name:** Christine Chrusic  
**Fax #:** ( 330 ) 706 - 1111  
**HireRight Account Code:** RTE

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

**RT. 80 EXPRESS, INC. – PO BOX 269 – NORTON, OHIO 44203**

**PRE-DRIVING URINALYSIS NOTIFICATION**

Driver-applicants to this company must comply with the Federal Motor Carriers Safety Regulations, Section 382.301.

The following are requirements specified in section 382.301

1. A motor carrier shall require a driver-applicant who the motor carrier intends to use, to be tested for the use of controlled substances as a pre-qualification condition.
2. A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
3. Prior to a urine sample under Section 382.301, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

**The Driver Statement:**

I have read and understood the above conditions for the Pre-Driving Urinalysis Notification.

I agree to the urine sample collection and controlled substance testing as a condition for me to drive for Rt. 80 Express, Inc.

I also understand that a positive test will medically disqualify me from the operation of a commercial motor vehicle with Rt. 80 Express, Inc.

The Medical Review Officer will maintain the results of the Urinalysis Test in strict confidence, only reporting the results to Rt. 80 Express, Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (please print)

\_\_\_\_\_  
Company Rep. Signature



## Drug and Alcohol Clearinghouse

As part of the hiring process, RT 80 Express Inc, is required to run a full query of the Drug and Alcohol Clearinghouse to determine whether drug or alcohol violations exist regarding each applicant. For RT 80 Express Inc. to run this query, you as an applicant must be registered in the Drug and Alcohol Clearinghouse. When RT 80 Express Inc submits the query, you will receive an e-mail informing you that the query has been submitted and asking you to log in to give consent for the results to be released. If consent is not given, RT 80 Express Inc is not able to pursue the application process further.

I acknowledge that I have registered in the Drug and Alcohol Clearinghouse and that I will give consent for the full query results to be released.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_