



**CORPORATE OFFICE**  
**4101 Wilcox Street**  
**Chesapeake, Virginia 23324**  
**Phone (757) 543-7800 Fax (757) 494-9722**

**CHARLESTON TERMINAL**  
4361 Headquarters Road  
N. Charleston, South Carolina 29405  
Phone (800) 924-9151 Fax (843) 744-5474

**CHARLOTTE TERMINAL**  
4201 Northpointe Industrial Boulevard  
Charlotte, North Carolina 28216  
Phone (877) 999-0702 Fax (704) 392-4933

**WILMINGTON TERMINAL**  
3701 River Road  
Wilmington, North Carolina 28412  
Phone (866) 760-0130 Fax (910) 763-4121

**GREENSBORO TERMINAL**  
3231 Pinecroft Court  
Greensboro, North Carolina 27407  
Phone (336) 285-5810 Fax (336) 285-7551

## **Independent Contractor Application**

**Read this cover letter before you complete the application.**

**Make sure you fill out all parts of the application. You must provide at least 10 years of employment history in accordance with the Federal Highway Administration. DO NOT leave any gaps in your employment. If you were not employed for any period of time, you must provide a reason for the UNEMPLOYMENT. You must also provide at least a telephone number for all of your previous employers.**

**Incomplete applications will not be considered.**

**A written description must be provided for any accident(s) you have on your driving record. You may be required to provide an accident report for each accident.**

**Service Transfer, Inc. is an equal employment opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disabilities.**

**Once your application has been approved you will be required to take and pass a pre-employment drug test.**

**Thank you for your interest in leasing on with our company.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REMOVE AND RETAIN PAGE 12 FOR YOUR RECORDS**



## Independent Contractor Application

Date of Application: \_\_\_\_\_

Terminal Location:  Chesapeake VA  Wilmington NC  Charleston SC  Charlotte NC  Greensboro NC

Unit Information: Year \_\_\_\_\_ Make \_\_\_\_\_ Owner \_\_\_\_\_

Tag # \_\_\_\_\_ Expiration Date \_\_\_\_\_

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital status, veteran status, non-job related disability, or any other protected group.

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

List your addresses of residency for the past 3 years. §391.21(b) (2)&(3)

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip yr./mo.

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Present Age \_\_\_\_\_  
(Required for Commercial Drivers)

Driver's License# \_\_\_\_\_ Issuing State \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TWIC Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No if yes can you provide proof?  Yes  No

Are you HAZMAT certified?  Yes  No Have you been trained in the handling procedures of Hazardous Material?  Yes  No

Have you ever worked for this company before?  Yes  No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you possess a valid U. S. Department of Transportation physical examination long form?  Yes  No Date Issued: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job you are applying for?  Yes  No

If yes to previous question, please explain.

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

## Employment History

All driver applicants who wish to drive a commercial vehicle in the act of interstate commerce MUST provide the following information on ALL employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. §391.21(b)(10)

In addition, all **driver applicants** must provide the following information on all employers for which the applicant drove a commercial motor\* vehicle in the act of interstate commerce during the preceding **seven (7) years**. §391.21(b)(11)

### \*\*LEAVE NO BREAKS IN EMPLOYMENT\*\*

(Note: List employers in reverse order starting with the most recent.)

Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City State Zip Code	Position Held	
Contact Person	Salary/wage	
Reason for Leaving	Phone #	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City State Zip Code	Position Held	
Contact Person	Salary/wage	
Reason for Leaving	Phone #	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City State Zip Code	Position Held	
Contact Person	Salary/wage	
Reason for Leaving	Phone #	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City State Zip Code	Position Held	
Contact Person	Salary/wage	
Reason for Leaving	Phone #	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Accident Record for the past 5 years:** (Attach sheet if more space is needed) If none write **NONE** §391.21(b)(7)

	<b>DATES</b>	<b>NATURE OF ACCIDENT</b> (HEAD ON, REAR END, UPSET, ETC.)	<b>FATALITIES</b>	<b>INJURIES</b>
<b>LAST ACCIDENT</b>				
<b>NEXT PREVIOUS</b>				
<b>NEXT PREVIOUS</b>				

**Traffic Convictions & License Forfeiture for the past 3 years:** (Other than parking violations) If none write **NONE**

§391.21(b)(8)

<b>Location</b>	<b>Date</b>	<b>Charges</b>	<b>Penalty</b>

(Attach sheet if more space is needed)

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 refused auto liability insurance?  Yes  No

If you answered Yes to any of these questions please provide details: §391.21(b)(9)

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**Education**

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

Last school attended: \_\_\_\_\_  
Name City St

**Type of Vehicles Operated & Type of Operation:** §391.21(b)(6)

<b>Class of Equipment</b>	<b>Circle Type of Equipment</b>	<b>Dates</b>		<b>Approx. # of Miles (Total)</b>
		<b>From (M/Y)</b>	<b>To (M/Y)</b>	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Van, Tank, Flat, Dump, Reefer, Container</b>			
Tractor: Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Van, Tank, Flat, Dump, Reefer, Container</b>			
Tractor: Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Van, Tank, Flat, Dump, Reefer, Container</b>			

List the states in which you have operated for the past five (5) years \_\_\_\_\_

List area by state in which you are willing to operate \_\_\_\_\_

1. Have you ever tested positive or refused any pre-employment drug/alcohol test?  Yes  No
2. Have you ever been charged with driving under the influence of alcohol or other controlled substance?  Yes  No
3. Have you ever been convicted of possession, sale, or use of a controlled substance?  Yes  No

If you answered Yes to any of these questions please provide details: §391.21(b)(9)

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List any trucking, transportation, or other experience that you would like the company to know about while considering your application.

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List any courses and/or training not shown elsewhere in this application that you would like the company to consider.

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**TO BE READ AND SIGNED BY THE APPLICANT**

*§391.21(b)(12)*

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

I hereby authorize Service Transfer, Inc. to make such investigations and inquiries of my personal, employment, financial, and/or medical history and other related matters as may be necessary in arriving at an employment decision. (Note: inquiries involving 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.

I understand that information that I provide regarding current and/or previous employers may be used for the purpose of investigating my safety performance history as required by Section 391.23(d) and (e) of the Federal Motor Carrier Safety Regulations. I 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 resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

I understand that false or misleading information given in my application or verbally may result in the termination of my lease. I further understand that I will be on a probationary period of 60 days and may be released from work during that period without explanation. I also understand that in accordance with the Federal Motor Carrier Safety Regulations, Section 391.103, I am required to submit to urinalysis testing as long as I am an independent contractor with this company. A positive test for controlled substances and/or alcohol will medically disqualify me from the operation of a commercial motor vehicle and my lease will immediately be terminated with this company.

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Applicant's Signature

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Date Completed

## Employment History (Continued)

Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Refer, Container	
City	State	Zip Code
Contact Person	Position Held	
Reason for Leaving	Salary/wage	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City	State	Zip Code
Contact Person	Position Held	
Reason for Leaving	Salary/wage	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City	State	Zip Code
Contact Person	Position Held	
Reason for Leaving	Salary/wage	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
Address	Circle All That Apply Van, Tank, Flat, Dump, Reefer, Container	
City	State	Zip Code
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Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name	From	To
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City	State	Zip Code
Contact Person	Position Held	
Reason for Leaving	Salary/wage	
Were you subject to Federal Motor Carrier Safety Regulations while employed? §391.21(b)(10)(iv)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part40? §391.21(b)(10)(iv)(B) <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Service Transfer, Inc.**  
**4101 Wilcox Street**  
**Chesapeake, Virginia 23324**  
**Phone (757) 543-7800 Fax (757) 494-9722**



1<sup>st</sup> REQUEST - \_\_\_\_\_

2<sup>nd</sup> REQUEST - \_\_\_\_\_

3<sup>rd</sup> REQUEST - \_\_\_\_\_

**\*\*\*\*\*APPLICANT: COMPLETE THIS BOX ONLY\*\*\*\*\***

I hereby authorize you to release the following information to Service Transfer, Inc. for the purposes of investigation as required by sections 391.23 and drug and alcohol testing results as required by section 40.25 & 382.405 (f) and (h) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_ Date

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

**Previous Employment & Drug/Alcohol Check**

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

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

**Dates From:**  **Dates To:**

**Eligible for Rehire:**  YES  NO  Upon Review

**Contact Information**

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

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

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Individual Completing this form**

\_\_\_\_\_  
**Signature of Individual Completing this form**

\_\_\_\_\_  
**Print Name / Title**

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

**Type of Work**

- Company Driver
- Owner Operator
- Lease Purchase
- Drove for O/O
- Other

**Vehicle Driven**

- Tractor Trailer
- Sleeper Cab
- Day Cab
- Straight Truck
- Other \_\_\_\_\_

**Trailer Pulled**

- Dry Van 53'
- Tankers
- Flatbed
- Reefer
- Other \_\_\_\_\_

**Areas Run**

- 48 States
- Regional
- Local
- Shuttle
- Other \_\_\_\_\_

**Commodities**

- General
- Bulk
- Hazardous
- Refrigerated
- Other \_\_\_\_\_

**Did the applicant have any accidents while in your employ?**  No  Yes If Yes, please explain

<u>Date</u>	<u>Preventable</u>	<u>Description</u>	<u>Cost</u>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

**Reason for Leaving**

- Resigned With Notice
- Resigned Without Notice
- Terminated/Disqualified
- Laid Off

**Work Record**

- Satisfactory
- No Show
- Quit Under Dispatch
- Abandonment
- Unauthorized Passenger
- Unauthorized Use of Funds
- Unsatisfactory Safety Record
- Unauthorized Equipment Use
- Falsified Employment Application
- Equipment / Cargo Loss
- Excessive Complaints
- Late Pickup / Delivery

**Based on the review of your company's drug and alcohol test record:**

1. Has this individual had an alcohol test with a confirmed breath alcohol concentration of .04 or greater in the past three (3) years?  Yes  No
2. Has this individual has a controlled substance test with a positive result in the past three (3) years?  Yes  No
3. Has this individual refused (includes a verified adulterated or submitted results) a controlled substance test and/or alcohol test within the past three (3) years?  Yes  No
4. Has this individual violated other DOT drug/alcohol regulations?  Yes  No
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?  Yes  No
6. Has this individual undertaken or completed a rehabilitation program recommended by a SAT (substance abuse professional) under 382.605?  Yes  No



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

**Disclosure**

Service Transfer, Inc. 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 (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. (“HireRight”) will prepare or assemble the background reports for Service Transfer, Inc.. 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. They 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 Service Transfer, Inc. to obtain the consumer reports described above about me.

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

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

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

*Investigative Consumer Report:* Service Transfer may request an investigative consumer report about you from HireRight, Inc. (“HireRight”), a consumer reporting agency, in connection with your employment or application for employment (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 Service Transfer, Inc.

*Ongoing Authorization:* If Service Transfer, Inc. hires you or contracts for your services, Service Transfer, Inc. 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 (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.

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

### **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, Inc. (“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 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

## AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

VA Code 46.2-208 classifies driver abstracts as privileged records and limits the release of an abstract of a driver's record to only an employer, potential employer, or authorized agent who has been authorized in writing by such driver to obtain the driver's record.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by

**Service Transfer, Inc**

\_\_\_\_\_  
Name of Employer of Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by

**NANSEMOND INSURANCE AGENCY, INC.**

\_\_\_\_\_  
Name of Agency

4. That the undersigned understands that his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.
5. That the undersigned authorizes release of and discussion of his or her driving record between potential employees and Nansemond Insurance Agency and any insurance company.

Name of Employee/Potential Employee: \_\_\_\_\_  
(Print Full Name As It Appears On Your License)

License Number & State: \_\_\_\_\_

Years of CDL Experience: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature of Employee/Potential Employee: \_\_\_\_\_

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

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

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

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks. b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations. d. Federal Credit Unions	a. Office of the Comptroller of the Currency. Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center  PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center  1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration  Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S, 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and exchange Commission 100 F Street, N.E. Washington, DC 20549
8 Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



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

In connection with your application for employment with Service Transfer, Inc., 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 Service Transfer, 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 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)

*LAST UPDATED 12/22/2015*