

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax# (800) 267-4093 (Manual Service)

Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	<u>Jack Key Auto Transport</u>
Company Contact Name:	<u>William (Bill) Knox</u>
Fax #:	<u>(972) 913 - 2732</u>
HireRight Customer #:	<u>13242</u> Sub-account: _____

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 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; (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 II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the two (2) year period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to 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 by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (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; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Driver Qualificaton Application

Jack Key Transport
9779 Hawn Frwy.
Dallas, TX. 75217

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The Americans With Disabilities Act prohibits discrimination on the basis of non-job related disability.

Note: Read and complete all portions of this proposal legibly, in your own handwriting, in ink (please print). **Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected.**

Date _____

Name _____ Social Security No. _____

(Last) (First) (Middle)
Date of Birth: Month _____ Day _____ Year _____ Age _____ Place of Birth _____

(Not discriminated against due to age)

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)? _____

If yes, what name? _____ When? _____

Present Address _____
(Number) (Street/Route) (City) (State) (Zipcode)

Phone _____ How long have you lived there? _____

Previous Address _____ How Long? _____
(Last 5 Yrs.) (Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

(Attach Sheet if more space is needed)

Any relatives or friends in our employ? _____ Name(s) _____

How were you referred here? Newspaper Ad - Name of paper _____

Personally referred by _____ Other _____

Miles per week expected? _____ Rate of pay expected? _____

Have you ever worked here before? _____ Position _____ Dates _____

Reason for leaving _____

Have you ever made application before? _____ If yes, When? _____

REFERENCES

List the names of three (3) persons who are not related to you. They must be householders of good standing who have known you well at least three (3) of the past five (5) years (not former employers).

NAME	COMPLETE ADDRESS	OCCUPATION	PHONE NUMBER	YEARS KNOWN
1.				
2.				
3.				

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____

Have you ever attended a truck driving school? _____ Name _____ Date _____

Have you ever been trained in Hazardous Material Handling? _____ By Whom _____

Have you ever been trained in refrigerated equipment operations? _____ By Whom _____

Have you ever been trained in tanker equipment operation? _____ By Whom _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards have you received and from whom? _____

List below current drivers licenses and any other license you have had in past ten (10) years (even if expired):

	State	License Number	Type	Expiration Date
Operators Licenses				

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any license, permit, or privilege ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever been disqualified from driving under the Federal Motor Carrier Safety Regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of a crime or felony?
<small>(Not an automatic bar to qualification, explain all circumstances fully)</small> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to A, B, C, or D is yes, state circumstances and date _____

This is a most IMPORTANT part of application. It must be answered ACCURATELY and IN DETAIL. List any and all tickets or arrests for any Motor Vehicle Law violations with any type vehicle in past five (5) years (other than parking tickets.)

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach Sheet If More Space Is Needed)

Are you now employed? _____ If no, how long since leaving your last employment? _____

Please Give Complete Addresses

PERSONAL HISTORY FOR PAST 10 YEARS

Please Give Complete Address

Begin with you present employer and work backward, in order, listing all of your previous employers, driving school and other training program, period of military service, self-employment, and periods of unemployment. List this information going back at least for the past 10 years. Time must be accounted for. Use additional paper if necessary. Fill in ALL blanks. If discharged from any job, please explain.

Leave NO BLANKS or gaps in time for the past 10 year period.

DATES: From Month/Year _____ to Present

Company	Type of trailer pulled
Address	Type of Equip.driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation/Pay
Full or Part Time? Hours or Miles/Week	Reason for Leaving

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip.driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation/Pay
Full or Part Time? Hours or Miles/Week	Reason for Leaving

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip.driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation/Pay
Full or Part Time? Hours or Miles/Week	Reason for Leaving

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip.driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation/Pay
Full or Part Time? Hours or Miles/Week	Reason for Leaving

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip.driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation/Pay
Full or Part Time? Hours or Miles/Week	Reason for Leaving

DATES: From Month/Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip.driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation/Pay
Full or Part Time? Hours or Miles/Week	Reason for Leaving

Have you ever been discharged or suspended from any job? _____ If yes, explain when and why: _____

ACCIDENT RECORD (if None, write NONE)

List **all** accident involvements with any motor vehicle for past 5 years (even if not at fault):

	Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, Upsset, etc.)	Were You At Fault?	Were You Ticketed	Number of Fatalities	Number of Injuries	Amount of Property Damage
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								

(Attach Sheet If More Space Is Needed)

Were you ever discharged by an employer because of an accident? _____ If so, when and by whom? _____

Has your license ever been suspended because of an accident? _____ Please explain _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)

List all states in which you have operated a commercial vehicle in the last 5 years: _____

Length of time driving tractor trailer coast to coast: _____ Approximate miles: _____

Length of time driving tractor trailer in winter: _____ Approximate miles: _____

Length of time driving tractor trailer in mountains: _____ Approximate miles: _____

Makes of tractors driven: _____

Twin Screw: _____ Single Axle: _____ Conventional: _____ Sleeper Cab: _____

Types of Engines: Detroit _____ Cummins _____ Cat _____ Other (Specify) _____

Kinds of Transmissions Driven: _____

Kinds of Freight Handles: Produce _____ Meat _____ Swinging Meat _____ Liquid Bulk _____

Other: (Specify) _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch? _____ Dates: From _____ To _____

Rank at Discharge _____ Date of Discharge _____

Type of Discharge _____ If other than Honorable, please explain: _____

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 further acknowledge that I have been informed that the above information may be used, and my present and former employers may be contacted by this company or its agent for the purpose of investigating my background, as required by §391.23 (and other regulations as they may apply) of the Federal Motor Carrier Safety Regulations.

Date: _____

Signature: _____

Request For Information From A Previous Employer

Please return this form to:

TO: _____

FROM: JACK KEY AUTO TRANSPORT
Attn: SAFETY DEPARTMENT
9779 Hawn Frwy.
Dallas, TX 75217

RELEASE

_____ has applied to be qualified as a driver for us and has listed you as a previous employer. Would you please answer the following questions regarding this applicant?

The applicant has released you from any and all liability, as follows:

I hereby authorize this company to release all records of employment and work history, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my Request for Qualification as a driver for said company. I hereby release this company from any and all liability of any type as a result of providing the requested information.

Applicant Signature _____ Date: _____

Name of Applicant _____ Social Security Number: _____

1. For what period (Month and Year from beginning of employment to end of employment) did the applicant work for you?

From: _____ To: _____

2. What type of work was performed by the applicant for you?

Local Driver Over-the-Road Driver Dock Work Office Other (specify): _____

If a driver, he/she was: A Company Driver An Owner Operator A Driver For an Owner-Operator

3. Type of vehicle driven: Automobile Bobtail/Straight Truck Tractor Semi-Trailer School Bus
 Motor Coach Other (please specify): _____

4. Was work performed in a satisfactory manner? Yes No

5. Please list any accidents or claims, including dates, involving the applicant during his/her employment or contract period: _____

6. Areas traveled: Midwest East Coast West Coast All 48 States Canada Mexico

7. Were logs and paperwork submitted in a Satisfactory condition? Yes No

8. Would you re-qualify this applicant to work for your company again? Yes No

9. Please add any additional comments that you feel might be helpful: _____

Name and signature of person supplying the above information

Title

Date

Request For Information From A Previous Employer

Alcohol and Controlled Substance Testing Records

THIS REQUEST IS BEING MADE IN ACCORDANCE WITH FEDERAL LAW. FAILURE TO PROVIDE THIS INFORMATION MAY BE CONSIDERED A VIOLATION OF FEDERAL LAW.

This is a request for information regarding the below-listed person's participation in an alcohol and controlled substance testing program, as required by Federal Motor Carrier Safety Regulations Parts §382.405, §382.403, and §40.25. The applicant has provided a Release in your favor below, as required by FMCSR Part §40.321. **Please provide the information requested and return this completed form to:**

ATTENTION: Jack Key Auto Transport
Attn: Safety Department
9779 Hawn Frwy.
Dallas, TX 75217

OR FAX to: 972-913-2732

RELEASE TO PROVIDE REQUESTED INFORMATION

I hereby authorize _____ to release and forward any
Previous Employer
information regarding my alcohol and Controlled Substance Testing and/or Training records to:

Jack Key Auto Transport

Date

Print Full Name

Signature

TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person violated any other DOT Agency Drug and Alcohol Testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you received information from a previous employer that this individual has violated any DOT Drug and Alcohol Testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions were answered YES, please provide the name, address, and telephone number of the Substance Abuse Professional for further reference:

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

RELEASE OF INFORMATION

Person providing the above information:

CONSENT FORM was:

Faxed Mailed

Release of Alcohol and Controlled Substances Test Information by Previous Employers

Part §382.413 Inquiries for alcohol and controlled substances information from previous employers.

Employers shall request alcohol and controlled substances information from previous employers in accordance with the requirements of §40.25 of this title.

Part §40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

- (b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:
- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (2) Verified positive drug tests;
 - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
 - (4) Other violations of DOT agency drug and alcohol testing regulations, and
 - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
- (c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.
- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain his information.
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.
- (f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.
- (g) The release of information under this section must be in any written reform (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.
- (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

PRE-QUALIFICATION URINALYSIS NOTIFICATION AND CONSENT

The Federal Motor Carrier Safety Regulations require:

§382.301 Pre-employment testing

- (a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used, unless the employer uses the exception in paragraphs (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.

A Medical Review Officer (MRO) will review and maintain the results of the controlled substance test. The MRO is obligated by law to report both negative and positive test results to the company. Under certain conditions the MRO may afford a tested individual, within a reasonable period of time, the opportunity to discuss a positive test result with the MRO before reporting the positive test result to the motor carrier, but it is not required he do so (see Federal Motor Carrier Safety Regulations Part §382.407). **A positive test for controlled substances based on the urinalysis test will medically disqualify a driver from the operation of a commercial motor vehicle for this company.**

Pre-qualification / pre-use testing for controlled substances is required by law. Failure to submit testing or controlled substances or refusing to be tested will prevent a driver from being qualified to drive a commercial motor vehicle for this company (see FMCSR §382.211 and §382.215)

I understand that all applicants must pay for their own pre-employment drug test to be eligible for employment with Jack Key Auto Transport, Inc.

I have read and understand the above regulations and conditions for controlled substance testing and I agree to the urine sample collection and controlled substance testing.

Name _____
(Type or Print)

Signature _____

Date: _____
Month Day Year