

9) List each motor vehicle accident in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle, and circumstances of each accident and whether any personal injuries or fatalities were involved.

a. _____

b. _____

c. _____

d. _____

e. _____

10) List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

a. _____

b. _____

c. _____

d. _____

11) List each denial, revocation or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.

a. _____

b. _____

c. _____

12) List the names and addresses of each job at which you were employed during the last ten years preceding the date of this application. Include your job description, date of employment, reason for leaving, and whether you were subject to U. S. Department of Transportation's Alcohol and controlled substances testing requirements and the Federal Motor Carrier Safety Regulations for each job listed.

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

Name _____ Employed From _____ To _____

Address _____ Phone _____

Reason For Leaving _____

_____ Salary _____

Subject To Testing? YES _____ NO _____ FMCSR Regulations ? YES _____ NO _____

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY

INFORMATION: The information you provided on this application may be used, and the applicant’s prior employers may be contacted, for the purpose of investigating the applicant’s safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i) (1) you have the following rights with regard to the safety performance history information provided by your previous employer.

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

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

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

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

I certify that this application was completed by me and that the information provided is a correct, complete and true representation of the facts as known to me.

(Applicant’s Signature)

(Date)

Disclosure and Release

A. As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

B. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Ranparr, Inc. to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;
2. Records concerning my driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past two years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Ranparr, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of my consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Ranparr, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name _____
(Please print clearly)

Signature

Date

I, _____ understand that as a condition of employment with
(Applicant's Name)

_____ I must provide the Company with written authorization
(Company Name)

to obtain the results of all U. S. Department of Transportation required alcohol and drug tests, refusals to test, rehabilitation and follow-up testing when I was employed as a driver or other safety sensitive employee positions I held for the preceding three years. I also understand that signing this authorization does not constitute an offer of employment or any guarantee of future employment with the Company.

I hereby authorize the Company to obtain from my previous employers listed below, and hereby authorize the below named previous employers, to release to the Company the following information from my personnel and alcohol and drug files for the preceding three years.

- *Instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.
- *Instances of performing safety-sensitive functions within four hours after using alcohol.
- *Any use of alcohol for eight hours following an accident, while waiting for a post-accident test.
- *Any refusals to submit a post-accident alcohol or controlled substances test.
- *Refusals to submit to a random alcohol or controlled substances test.
- *Refusals to submit to a reasonable suspicion alcohol or controlled substances test.
- *Refuse to a follow-up alcohol or controlled substances test.
- *Instances of reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when under the influence of any unauthorized controlled substance.
- *Reporting for duty, remaining on duty or performing a safety-sensitive function, after testing positive for, or adulterating or substituting a test specimen for a controlled substance.
- *Records pertaining to completion, or failure to complete alcohol and/or drug rehabilitation prescribed by a Substance Abuse Specialist.
- *Any post rehabilitation positive test for alcohol with a result of 0.04 or higher concentration.
- *Any post rehabilitation verified positive drug test or refusal to test for alcohol or drug (including verified adulterated or substituted drug test results).

The following is a list of my previous employers during the preceding three years for whom I am authorizing the release of aforementioned alcohol and drug information to the Company.

EMPLOYER NAME

PERIOD OF EMPLOYMENT

I have carefully read and fully understand this authorization to release my alcohol and drug testing information. I certify that all information provided on this form is true and complete and that I have identified all of my previous employers for the preceding three years.

(Signature of Applicant)

(Print Name of Applicant)

(Date)