

# Daybreak Express, Inc.

500 Avenue P  
Newark, New Jersey 07105  
Ph: 973-589-5931 Fax: 973-344-2071

## APPLICATION FOR EMPLOYMENT/CONTRACT

### PERSONAL INFORMATION

(Answer ALL questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified persons are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Position(s) Desired:  Company Driver  Owner/Operator Type Work:  Local  NE Regional  OTR

Name \_\_\_\_\_ Social Security No \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age?  Yes  No  
(Required for truck Drivers)

Have you worked for this company before?  Yes  No

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

**JOB DESCRIPTION INFORMATION**

**CAN YOU DO THE FOLLOWING?**

- Yes \_\_\_ No \_\_\_ Can you read, write, and speak the English language?
- Yes \_\_\_ No \_\_\_ Climb in and out of a conventional and cabover tractor?
- Yes \_\_\_ No \_\_\_ Climb in and out of a trailer?
- Yes \_\_\_ No \_\_\_ Get under unit to perform duties such as checking brakes and visual inspection of equipment?
- Yes \_\_\_ No \_\_\_ Raise and lower the hood of a conventional tractor?
- Yes \_\_\_ No \_\_\_ Raise and lower trailer dollies when under load?
- Yes \_\_\_ No \_\_\_ Apply enough pressure to release fifth wheel pin?
- Yes \_\_\_ No \_\_\_ Apply enough force to open and close trailer doors?
- Yes \_\_\_ No \_\_\_ Apply enough force to trailer tandem lever to release locking pins when sliding tandems?
- Yes \_\_\_ No \_\_\_ Repeatedly lift and carry cargo weighing up to 75 pounds per item?
- Yes \_\_\_ No \_\_\_ Sit stationary in a driver's seat for long periods?
- Yes \_\_\_ No \_\_\_ Be on duty the maximum hours allowed by D.O.T. hours of service regulations?

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the above job description)?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# EMPLOYMENT HISTORY

All persons seeking driving positions with this company must provide a complete history of their employment (and unemployment) during the past ten years. Start with the most recent employer and work backwards. Leave NO GAPS and show all periods of unemployment. Provide additional sheets as necessary.

LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES		
Name					From MO          YR		To MO          YR	
Address					Position Held		Phone	
City	State	Zip			In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other			Reason for Leaving					

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES		
Name					From MO          YR		To MO          YR	
Address					Position Held		Phone	
City	State	Zip			In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other			Reason for Leaving					

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES		
Name					From MO          YR		To MO          YR	
Address					Position Held		Phone	
City	State	Zip			In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other			Reason for Leaving					

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES		
Name					From MO          YR		To MO          YR	
Address					Position Held		Phone	
City	State	Zip			In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other			Reason for Leaving					

NEXT LATEST EMPLOYER			Office Use Only	REF.	D.A.	DATES		
Name					From MO          YR		To MO          YR	
Address					Position Held		Phone	
City	State	Zip			In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other			Reason for Leaving					

\*FMCSR – Federal Motor Carrier Safety Regulations

## ACCIDENT RECORD FOR PAST 3 YEARS

(List ALL, whether Preventable or Non-Preventable)

IF NONE, CHECK THIS BOX:

(ATTACHED SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Accident / /			
Accident / /			
Accident / /			

## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

IF NONE, CHECK THIS BOX:

(ATTACHED SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

## 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 \_\_\_\_\_

(NAME)

(CITY)

## DRIVER LICENSE INFORMATION

(List ALL licenses held in past 5 years)

STATE	LICENSE #	CDL CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes \_\_\_ No \_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked?                      Yes \_\_\_ No \_\_\_
- C. Have you tested positive for any controlled substance on a pre-employment test within the past 3 years for an employer who did not hire you?                                      Yes \_\_\_ No \_\_\_
- D. Have you ever been convicted of a felony?    Yes \_\_\_ No \_\_\_

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS.

## COMMERCIAL DRIVING EXPERIENCE

IF NONE, CHECK THIS BOX:

CLASS OF EQUIPEMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO OF MILES (PER YEAR)
		FROM	TO	
Straight Truck				
Tractor and semi-trailer				
Tractor - two trailers				
Other				

LIST ALL STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

## OTHER EXPERIENCE AND QUALIFICATIONS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

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LIST COURSES AND TRAINING (OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION):

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

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### TO BE READ AND SIGNED BY APPLICANT

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 understand that you must, and authorize you to, make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision regarding my qualification to operate for your company. (Inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

In the event of qualification, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Further, I acknowledge that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.

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Applicant's Signature

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Date

# Daybreak Express, Inc.

500 Avenue P

Newark, New Jersey 07105

Ph: 973-589-5931 Fax: 973-344-2071

## SUPPLEMENTAL QUESTIONNAIRE

The following questionnaire will become part of your official qualification package for Daybreak Express, Inc.

**YES**

**NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen or otherwise authorized to work in the United States?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you physically capable of performing the work necessary for this position?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of either Driving Under the Influence (DUI for either drugs or alcohol) or Driving While Intoxicated (DWI) within the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of Reckless Driving within the past 5 years?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you <u>ever</u> been convicted of a felony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a misdemeanor for which you were incarcerated within the past 3 years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you tested positive for controlled substances at any time within the past 3 years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had an employer-conducted breath alcohol test which revealed a Blood Alcohol Content (BAC) at or above 0.04 BAC during the past 3 years?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever refused to take a requested alcohol or substance abuse test within the past 3 years?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you tested positive for any controlled substance on a pre-employment test within the past 3 years for an employer who did not hire you?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been terminated from an employer for having falsified an employment application?  |

I certify that the above answers are true and correct and that any false information submitted will result in immediate disqualification as a driver for Daybreak Express, Inc.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

From: DAYBREAK EXPRESS, INC., 500 AVENUE P, NEWARK, NJ 07105

To: \_\_\_\_\_  
(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

**INVESTIGATIONS AND INQUIRIES**

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

- General driver identification and employment verification information including dates of employment, duties and type of equipment driven.
- Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish to provide to the prospective employer.

**DRUG AND ALCOHOL TEST RESULTS**

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION. I ACKNOWLEDGE THAT I HAVE THE RIGHT TO DUE PROCESS AS IDENTIFIED IN 49 CFR 391.23 TO CORRECT INFORMATION SUBMITTED UNDER THIS AUTHORIZATION.**

Applicants Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_

**Under 49 CFR 391.23, failure to provide the information requested may be reported to the US DOT (FMCSA) following procedures specified in 49 CFR 386.12.**

# REQUEST FOR PREVIOUS EMPLOYER INFORMATION

(Reply required by Federal Law (49 CFR 391.23))

I hereby authorize you to release the following information to Daybreak Express, Inc., Newark, New Jersey 07105, Ph: 973-589-5931, Fax: 973-344-2071, for the purpose of investigation as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. You are released from any and all liability, which may result from furnishing such information. I acknowledge that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

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

Former Employer: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Emp. Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Position \_\_\_\_\_

Did he/she driver motor vehicle for you?  Yes  No CDL Required?  Yes  No

Equipment Driven (check each type that applies):  Straight Truck  Tractor/Semi-trailer  Bus  Flatbed  Dry Van  Tanker  Container  Other \_\_\_\_\_

Reason for leaving your employ:  Discharged  Resignation  Lay Off  Other \_\_\_\_\_

Was his/her general conduct satisfactory?  Yes  No \_\_\_\_\_

Would you rehire this person?  Yes  No Reason: \_\_\_\_\_

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years? (The 3 year period starts with accidents, which occurred on or after 04/29/2003)  YES  NO

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Date	City/Town, State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Released

Does your company track accidents other than DOT Recordable (390.15)?  YES  NO  
 If YES provide information on each such incident involving the driver applicant identified herein as appropriate.

### Drug & Alcohol Information

If this driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did this driver applicant violate the Alcohol and Controlled Substance prohibitions under subpart B of 49 CFR §382 or 49 CFR §40?  YES  NO  N.A.
2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR 382.605?  YES  NO  N.A.
3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained within your employ, you must provide the following additional information:
  - A. Were driver alcohol test results 0.04 or higher?  YES  NO  N.A.
  - B. Did the driver have a verified positive drug test?  YES  NO  N.A.
  - C. Did the driver refuse to test (includes verified adulterated or substituted specimen)?  YES  NO  N.A.

**PERSON PROVIDING INFORMATION:** \_\_\_\_\_  
 Title: \_\_\_\_\_ PHONE: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Under 49 CFR 391.23, failure to provide the above information should be reported to the US DOT (FMCSA) following procedures specified in 49 CFR 386.12**

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



Send to Fax # (800) 267-4093 (Manual Service)  
Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (____) _____	_____
USIS Customer #:	_____ 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 USIS for the purpose of USIS transmitting such records to the USIS 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 USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, 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, USIS 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, USIS 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 USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0845.

- ← 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 USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS 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 USIS in person or by mail. USIS 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 USIS.
- ← 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 USIS.

**PART II - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize USIS 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 USIS and the USIS 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 USIS 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 USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS 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 USIS 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 USIS and any person or entity contacted by USIS 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: \_\_\_\_\_