

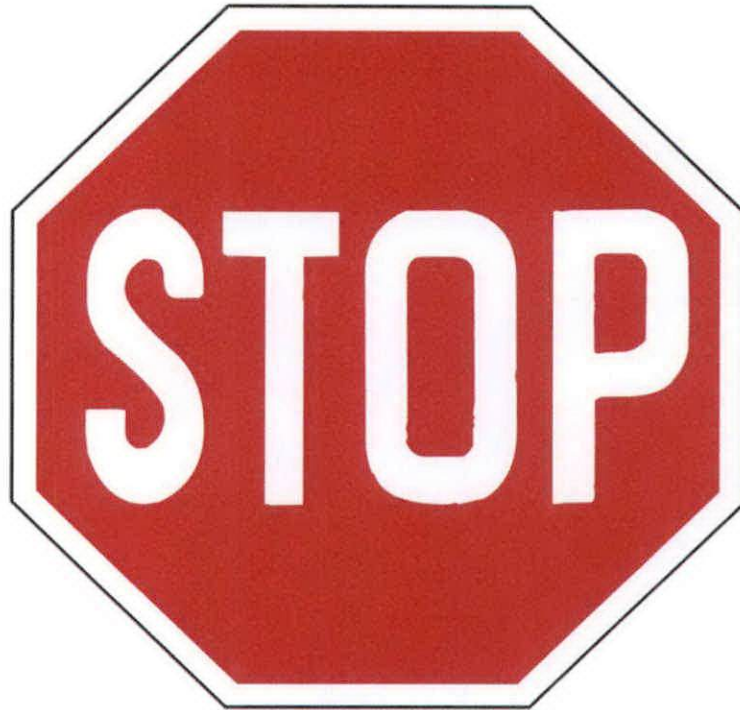


## **CDL Driver Application**

Please fill out all fields and submit for  
review.

Incomplete applications will be considered  
invalid.

6 West Belt  
Wayne, New Jersey  
07470  
973-672-9400



## **WE TEST FOR DRUGS**

### **Guidelines for disqualifications:**

- Reckless or careless driving conviction in the last 3 years
  - DWI/DUI within the last 10 years
  - 2 moving violations within 1 year
  - 3 moving violations within 3 years

Applicants must produce police report for any accidents within the last 3 years.

## Application for Employment

(Answer all questions and please print)

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, sexual orientation, marital status, or non-job related disability.

<b>Date of application:</b>	
<b>Position applied for:</b>	
<b>Referral source:</b>	

### Applicant information

Name (Last, first, MI)

Social Security#:

#### List your addresses of residency for the past 3 years:

##### Current address:

Street

City

State

Zip Code

Phone #

# of years

##### Prior address:

Street

City

State

Zip Code

Phone #

# of years

Do you have the legal right to work in the US? \_\_\_\_\_

Date of birth(required for all commercial drivers)\_\_\_\_\_

Have you worked for this company before?\_\_\_\_\_

Dates of employment:\_\_\_\_\_ Position:\_\_\_\_\_

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

Are you currently employed?\_\_\_\_\_ If not, how long since leaving last employment?\_\_\_\_\_

Desired pay rate:\_\_\_\_\_

Have you ever been convicted of a felony?\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

**Job requirements:**

Functions of this job include: heavy lifting, climbing up and down the truck, delivering product up or downstairs with hand truck, and long stretches of driving. Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain (optional): \_\_\_\_\_

**Commercial Motor Vehicle (CMV) Driver Supplemental Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Application date: \_\_\_\_\_

Driscoll Foods requires driver applicants to provide previous employment information for the most recent ten (10) years. Use this form as necessary to list all of the information requested for all of your previous employers for the most recent ten(10) years. Start with your present or last job. Please account for any time lapses during which you were not employed, except for the time lapses resulting from medical condition or other disability. Include military service assignments. You may also include volunteer experience if you desire. If additional space is needed, use additional copies of this form. The information you provide may be used to contact previous employers in order to investigate your safety and performance history as required by DOT regulations.

NOTE REGARDING MILITARY SERVICE: A dishonorable discharge is not an absolute bar to employment. Other factors will affect a final decision. Do not include information regarding service in the military of a foreign country.

New York applicants: do not include information regarding type of discharge.

Company name: _____		Type of business: _____	
Address: _____			
Position Held: _____		From: _____	To: _____
Supervisor: _____		Tel: _____	Salary: _____
List type(s) of vehicle(s) driven: _____			
Reasons for leaving: _____			
Was your position subject to Federal Motor Carrier Safety Regulations? _____			
Was your position safety sensitive and subject to DOT drug/alcohol testing requirements? _____			
<b><u>List all CMV accidents during this employment:</u></b>			
Date	Location		Results
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

Company name: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_ Salary: \_\_\_\_\_

List type(s) of vehicle(s) driven: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Was your position subject to Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was your position safety sensitive and subject to DOT drug/alcohol testing requirements? \_\_\_\_\_

**List all CMV accidents during this employment:**

Date	Location	Results

Company name: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_ Salary: \_\_\_\_\_

List type(s) of vehicle(s) driven: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Was your position subject to Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was your position safety sensitive and subject to DOT drug/alcohol testing requirements? \_\_\_\_\_

**List all CMV accidents during this employment:**

Date	Location	Results

Company name: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_ Salary: \_\_\_\_\_

List type(s) of vehicle(s) driven: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Was your position subject to Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was your position safety sensitive and subject to DOT drug/alcohol testing requirements? \_\_\_\_\_

**List all CMV accidents during this employment:**

Date	Location	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company name: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_ Salary: \_\_\_\_\_

List type(s) of vehicle(s) driven: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Was your position subject to Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was your position safety sensitive and subject to DOT drug/alcohol testing requirements? \_\_\_\_\_

**List all CMV accidents during this employment:**

Date	Location	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all unexpired CDL license or Permit numbers held in the past 3 years	State	Expiration Date

**Driving Experience**

Class of equipment	Type of equipment (van, tank, flat, reefer, etc)	Dates	Approx. number of total miles
Straight truck			
Tractor or semi-trailer			
Tractor - two trailers			
Other			

**Accident Record for the past three years or more**

Date	Nature of Accident	Fatalities (Y/N)	Injuries (Y/N)

**Traffic Convictions and Forfeitures for the past three years (other than parking violations)**

Date	Location (City, State, Country)	Type of vehicle driven	Conviction	Penalty

<b><u>Please answer all questions</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
Has any license, permit or privilege been suspended/revoked?		
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
Have you ever been convicted of a DUI (Driving under the Influence of alcohol or drugs)?		
Have you ever tested positive/refused to test on any pre-employment drug or alcohol test administered by an employer for a DOT regulated position to which you applied for, but did not obtain during the past two years?		
If the answer to any of these questions is YES, please explain: _____		
_____		
_____		

**END OF COMMERCIAL**  
**MOTOR VEHICLE (CMV)**  
**DRIVER SUPPLEMENTAL**  
**APPLICATION SECTION**

**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 my knowledge.

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

10/1/11



## Motor Vehicle Certification of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted of or forfeited bond or collateral during the past 12 months (regardless if personal or commercial vehicle).

Date of Conviction	Offense	Location City, County, State	Type of Vehicle (personal or CMV)

List all accidents in the previous 12 months, regardless if chargeable or non-chargeable:

Date	Chargeable	Non-chargeable	Location City, County, State	Type of vehicle (personal or CMV)

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any violations required to be listed during the past 12 months.

Driver's Name (print): \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Reviewed by (print name): \_\_\_\_\_ Title: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Due Process Rights

### APPLICANTS FOR COMMERCIAL MOTOR VEHICLE DRIVERS

Section 391.23(i) of the Federal Motor Carrier Safety Regulations (FMCSR) requires prospective employers to notify drivers with Department of Transportation regulated employment during preceding three years that they have certain rights with respect to safety performance history and alcohol and controlled substance testing information that previous employers are to provide about the drivers. Prospective employers are to use this information only as part of deciding whether or not to extend an offer of employment to the driver.

#### Rights

An FMCSR covered driver has the following rights:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the correct information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

#### Procedures

To review previous employer-provided information, an FMCSR – covered driver must submit a written request to the prospective employer at any time, including when applying for work, or as late as 30 days after being employed or being notified of denial of employment.

The prospective employer must provide this information to the driver within 5 business days of receiving the written request. If the prospective employer has not yet received the requested information, then the 5 business days deadline will begin when the information is received from the previous employer.

If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I hereby certify that I have received a copy of my Due Process Rights under Section 391.23 (i) of the Federal Motor Carrier Safety Regulations, and that I have read and understand the provisions.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Driver Data Sheet

Name (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Motor Vehicle Operator's License Number: \_\_\_\_\_

Type of license: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**Instructions:** Motor carriers, when using a driver for the first time, shall obtain, from the driver, a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8 (j) (2), Federal Motor Carrier Safety Regulations.

Week Day	Date	Hours Worked

Total hours worked: \_\_\_\_\_

I hereby certify that the information given above is correct to the best of my knowledge and belief that I was last relieved from work at: \_\_\_\_\_ on: \_\_\_\_\_

(time)

(DD/MM/YYYY)

Driver Name (print): \_\_\_\_\_ Driver Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Driver's Authorization to Log Off – Duty For Meal Stops

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Instructions to Driver:

Driver Name (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

This is your authorization to log off-duty for meal stops and other routine in route stops (Authorization: 42 FR 60078; 11-23-77). During any period of driving time not exceeding 11 hours you may make one or more stops for meals and other rest breaks and may enter the time on your Record of Duty Status (log) as "off duty" time. The following conditions apply:

1. Your vehicle must be parked in a safe and secure manner so as to prevent obstruction of traffic and theft or damage to the vehicle and cargo in accordance with section 397.7 (b) of Federal Motor Carrier Safety Regulations (FMCSR) and any state or local ordinance.
2. The off-duty period must be no less than 30 minutes and no longer than 60 minutes. Rest breaks must not be less than 15 minutes nor more than 30 minutes in duration.
3. During the off-duty period, you are relieved from routine duty and the responsibility of performing work.
4. During the off-duty period, you are at liberty to pursue activities of your own choosing which are not in conflict with the rules of safe driving practices of FMCSR.
5. This authorization is automatically revoked if an emergency occurs that would require you to report back to duty.

**Management Authorization:**

Name: Michael Palma

Title: Transportation Manager

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Driver Certification:**

I hereby certify that I have read and understand the above authorization and agree to abide by its provisions.

Driver Name (print): \_\_\_\_\_ Driver SSN: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

Please carry these instructions with you while driving. A copy will be placed in your qualification file.

## Driver Release from Duty Status

Instructions to Driver:

Driver Name (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

According to 395.2 of the Federal Motor Carrier Regulations (FMCSR) on-duty time is defined as: "All time from the time the driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work."

I relieve the above-named driver from all duty and responsibility for performing work, beginning at \_\_\_\_\_ am/pm. The following conditions were read by the driver.

1. You are relieved of all duty and the responsibility for performing work.
2. If not at a company facility, your vehicle must be properly parked and secured.
3. For the duration of the duty release you are at liberty to pursue activities of your own choosing which must not be in conflict with other requirements of the FMCSR.
4. You are not to occupy the vehicle and must have a place to rest and relax during the specified time frame shown above.
5. This authorization is automatically revoked if an emergency occurs that would require you to report back to duty.

### **Management Authorization:**

Name: Michael Palma

Title: Transportation Manager

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Driver Certification:**

I hereby certify that I have read and understand the above authorization and agree to abide by its provisions.

Driver Name (print): \_\_\_\_\_ Driver SSN: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Note:**

A release from duty status will be used only for dispatch delays and back haul delays. It will not be authorized for less than one (1) hour.

# DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before April 10, 2010.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (7-ORS-A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

\_\_\_\_\_  
DRIVER'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPANY SUPERVISOR'S SIGNATURE

5/10

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's qualification file.

REMOVABLE PAGE - FULL SLOWLY FROM TOP RIGHT CORNER

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## Driver's Receipt of MCSR

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**Important Notice:**

It is the policy and intention of Driscoll Foods to conduct its private carriage operation in strict conformance with the Federal Motor Carrier Safety Regulations of the United States Department of Transportation 49 CFR SS 390-3399. Section 390.3 requires Driscoll Foods observance of those regulations. The section renders the regulations applicable to private carriers. Consequently, disregard for and violations of those regulations will be subject to Company associates committing such infractions to the disciplinary procedures set forth in the Company's written safety program.

Each Driscoll Foods driver, driver's helper, dispatcher and private carriage supervisor has and will continue to be issued a copy of both the Federal Motor Carriers Safety Regulations and Driscoll Foods private carriage safety program. Recipients of the regulations and program are required to thoroughly familiarize themselves with the requirements imposed by the regulations of the program.

Violations of the federal hours of service limitations contained in 49 CFR S 395, insertion of false or fraudulent entries on driver logs and trip reports, false reporting on driver employment applications will be dealt with severely in accordance with the disciplinary procedures set forth in the safety programs.

All private carriage personnel will be required to attend quarterly safety training sessions and be required to pass all written safety examinations and on-the-road driving tests administered to them by company officials.

Driscoll Foods does not and will not require or permit a driver to operate a motor vehicle while the driver's ability or alertness is so impaired through fatigue, illness, or other causes to make it unsafe for him or her to operate that equipment.

**Acknowledgement:**

I hereby acknowledge receipt of this notice and of a copy of the Federal Motor Carrier Safety Regulations of the U.S. Department of Transportation (Parts 390-397). I agree to familiarize myself with these regulations and to comply with their provisions at all times while on duty as a driver.

Driver Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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

**Management Authorization:**

Supervisor's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Check of Driving Record

## Inquiry to State Agency

To the state of: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CDL # and State: \_\_\_\_\_ SSN: \_\_\_\_\_

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit was issued by your State. Pursuant to Section 391 of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record for at least the preceding 3 years and at least once a year following employment.

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested will be used for a permissible purpose as defined in the Act and that the information received will be used for no other purpose.
2. I further certify that if the applicant named above is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

### **APPLICANT ADDRESS FOR PAST 3 YEARS:**

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

Number & Street                      Apt. #                                      City, State & Zip Code

Former Address: \_\_\_\_\_

Number & Street                      Apt. #                                      City, State & Zip Code

Former Address: \_\_\_\_\_

Number & Street                      Apt. #                                      City, State & Zip Code

I hereby acknowledge authorize you to release the above requested information to Driscoll Foods for the purpose of investigating my past driving history as required by the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability that may result from furnishing such information. In some instances, the information may be furnished through DAC Services, Inc.

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

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_



## Driver's Notice and Certification

### Notice to Drivers:

The Commercial Motor Vehicle Act of 1986 (Title XII PI 99-570) provides a set of controls over the drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Weight Rating over 26,000 pounds, and to any vehicles, regardless of weight, transporting hazardous materials. The legislation provided:

1. No driver may possess more than one license and no motor vehicle carrier as a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle (including autos) must notify the motor carrier and the state which issues the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicles driver must inform the prospective employer or lessee of all previous employment as the driver of commercial vehicles for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving a notification.

### Penalties:

Any violation of the above is punishable by a fine not exceed \$2,500. Willful violations of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

### Certification by Driver:

Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3) above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

Driver Name (print): \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's Home Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Type/Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_



## Post-Accident Testing Instructions

Driscoll Foods policy and the FMCSA require alcohol and drug testing in the event that a driver has an accident as defined in the 390.5 definitions, or when testing is requested by a company manager or safety representative in accordance with the Driscoll Foods Substance Abuse Policy.

For the purpose of this policy, a "DOT Accident" is defined as any vehicle accident that involves a fatality (regardless of whether a citation is issued):

the employer to test as soon as practicable following an accident

**OR**

An accident requiring immediate medical care away from the accident scene; AND the driver receives a citation for a moving traffic violation arising from the accident;

**OR**

An accident resulting in disabling damage or an inoperative vehicle which requires a tow truck to transport it away from the accident scene; AND the driver receives a citation for a moving traffic violation arising from the accident.

**DRIVERS ARE STRICTLY PROHIBITED FROM USING ALCOHOL FOR EIGHT HOURS FOLLOWING AN ACCIDENT OR UNTIL THE POST – ACCIDENT TESTING REQUIREMENTS ARE CARRIED OUT, WHICHEVER OCCURS FIRST.**

In order to ensure that the above requirements are met, in event of any accident all drivers are required to take the following actions:

1. Call dispatch immediately
2. Inquire of police investigating accident location of nearest DOT alcohol testing facility.

Please note that these procedures do not require a driver delay any necessary medical attention for injured people following an accident or to remain at the scene of an accident when his/her absence is necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

**FAILURE OR REFUSAL TO FOLLOW THESE INSTRUCTIONS, INCLUDING THE USE OF ALCOHOL PRIOR TO THE REQUIRED POST – ACCIDENT ALCOHOL TEST WILL BE CONSIDERED A REFUSAL TO SUBMIT TO A TEST AND RESULT IN DISCIPLINARY ACTION**

Driver Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

11/11/11

## Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick-up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

FOR EMPLOYMENT

*This Disclosure must be provided as a stand-alone form and separate from the Summary of Rights and State Law Disclosures. This form is provided for educational purposes only and does not constitute legal advice. Please consult with legal counsel prior to using this form as part of your screening process.*

**BACKGROUND CHECK DISCLOSURE**

In connection with your application for employment, or if you are hired, at any time during your employment for other permissible purposes, to the extent permitted by applicable law, \_\_\_\_\_ (hereinafter "the Company") may seek background information about you from a consumer reporting agency. This information may be in the form of consumer reports and/or investigative consumer reports.

The scope of the reports may include information concerning your character, general reputation, personal characteristics, and mode of living. The reports may also contain information about your motor vehicle records, civil and criminal court records, drug screening results, worker's compensation history, educational history, employment history, credit history, personal references, social security number, past addresses, information and/or photos you have made public on social media, and other background information. The information in the report will be obtained from private and public records sources, and in the case of an investigative consumer report, will include personal interviews as described above.

You have the right to request information about the nature and scope of any investigative consumer report about you that is requested by the Company. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

The report ordered will be in conformance with applicable federal and state laws, including the FCRA. The consumer reporting agency that will provide the report will be:

Candid Research, Inc.  
4175 E. La Palma Ave. Suite 108  
Anaheim, CA 92807  
(714) 974-5430

I acknowledge receipt of this Background Check Disclosure and hereby certify that I have read and understood this document.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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**FOR EMPLOYMENT**

*This Disclosure must be provided as a stand-alone form and separate from the Summary of Rights and State Law Disclosures. This form is provided for educational purposes only and does not constitute legal advice. Please consult with legal counsel prior to using this form as part of your screening process.*

**BACKGROUND CHECK AUTHORIZATION**

I certify that I have received, read, and understand the *Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act* (provided with this Background Check Authorization).

I hereby authorize \_\_\_\_\_ (hereinafter "the Company") to obtain from a consumer reporting agency, consumer reports and/or investigative consumer reports about me in connection with my application for employment, and if hired, at any time during the course of my employment, to the extent permitted by law.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Candid Research, Inc.

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Maiden Name or Other Name Used                                      Phone No.                                      Email

\_\_\_\_\_  
Date of Birth                                      Social Security No.                                      Driver's License No.                                      State Issued

List all cities, counties, and states in which you were a resident or employed during the past seven (7) years:

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

**I agree that my electronic signature is the legal equivalent of my handwritten signature.**

Yes, I wish to receive a free copy of my report. Please send to my email or mail to address listed above.

\_\_\_\_\_  
Signature                                      Printed Name                                      Date

## ADDITIONAL STATE LAW NOTICES

If you live, or are applying for a position, in any of the states listed below, please review the additional notice that applies to you concerning the Company's procurement of a background report about you from a consumer-reporting agency (the "Agency").

**California Applicants and Residents:** The Company will procure the report from the following consumer reporting agency: Candid Research, Inc., 4175 E. La Palma Ave., Suite 108, Anaheim, CA 92807 - (714) 974-5430. Candid Research's privacy policy can be found at www.candidresearch.com. I understand that I have the right to access my file as maintained by Candid Research, Inc. during normal business hours. By submitting proper identification and paying any duplication costs, I have the option of requesting a copy of my file (1) via mail, or (2) in person at Candid Research, Inc.'s office during normal business hours and with reasonable notice (I may be accompanied by one other person, provided that person furnishes proper identification). I also may receive a summary of the file by calling Candid Research, Inc., who will have trained personnel available to explain my file as well as any coded information contained therein. A more detailed "Summary of Your Rights Under California Civil Code Section 1786.22" has been provided with this form.

**Maine/Massachusetts/Montana Applicants and Residents:** Upon request, you will be informed whether or not an investigative consumer report was requested by the Company, and to receive a copy of such report when it is complete.

**Minnesota Applicants and Residents:** Upon written request, the Agency will make a complete and accurate disclosure of the nature and scope of the report provided to the Company. Minnesota law requires the Agency to provide this disclosure within five days after the request is received or the consumer report is requested, whichever is later.

**New Jersey Applicants and Residents:** Upon request, the Agency will send you a copy of any investigative consumer report about you received by the Company.

**New York Applicants and Residents:** I hereby acknowledge that I have received and read a copy of Article 23A of the New York Correction Law. I understand that upon written request, I will be advised by the Company if any further checks are requested and will be provided by the Company with the name and address of the consumer reporting agency. I may receive and inspect a copy of the report by contacting the Agency.

**Washington Applicants and Residents:** If you make a written request to Company within a reasonable time of this notice, the Company will provide a complete and accurate disclosure, in writing, of the nature and scope of any investigative consumer report that has been requested. The Company will provide the disclosure, by mail or otherwise, within five days after receiving your request or after requesting the report, whichever is later. You also have the right to ask the Agency to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

**Colorado, Connecticut, Maryland, Oregon, Vermont, and Washington Applicants and Residents:** If a report contains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the position for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the position for which you are being considered/are currently occupying.

Signature \_\_\_\_\_

2020.05.24

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

Date \_\_\_\_\_

**Background Check**

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**Applicant Data**

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Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Social Security No.\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Length of time at this residence: \_\_\_\_\_

Prior Addresses \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Prior Employment:**

1) Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Salary/Pay: \_\_\_\_\_

2) Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Salary/Pay: \_\_\_\_\_

3) Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Salary/Pay: \_\_\_\_\_

4) Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Salary/Pay: \_\_\_\_\_

**Education:**

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

What type of degree? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.