



COLDIRON SPECIALIZED DRIVEAWAY, INC.

5325 S. Madera Blvd.

Oklahoma City, Oklahoma 73129

DRIVER QUALIFICATION PROPOSAL

Name (Please Print) _____

I am proposing to operate as an Independent Contractor

Before completing this proposal, be sure you read and understand these instructions.

1. This document must be completed by the applicant only.
2. Please print, using a pen. Do not type.
3. Be sure to answer each question. Questions that are unanswered or that have incomplete answers may disqualify applicant. This is particularly true of the questions about work history, driver's licenses, license suspensions, tickets, and accidents.
4. Applicant is aware that inquiries will be made to all prior employers and lessees for the purpose of investigating the applicant's background. DOT rule 391.21(b)(11) and 391.23.
5. If additional space is required to answer any questions please use last page of application.
6. Applicant is aware that a urine sample will be collected and tested for the presence of controlled substances in accordance with FMCSR 391 Subpart H.

I have read the instructions and understand them.

APPLICANTS SIGNATURE

DATE

PERSONAL INFORMATION

P1. Name _____ P2. Telephone _____

P3. Date of Birth* _____ P4. Social Security Number _____

P5. Present Address _____ How Long? _____

P6-List all other addresses for the last 5 years, Indicate how long at each.

Street	City	State	Zip	How Long?
Street	City	State	Zip	How Long?

P7. Have you ever been known by any other name, other than the one appearing on this application?

If yes, what name? _____

P8. Have you ever worked for this company before? _____ If yes, which company, when and results? _____

P9. Have you ever submitted an application to this company before? _____ If yes, which company, when and results? _____

P10. Have you ever been discharged, terminated or suspended from any position you have ever held? _____ If yes, explain _____

P11. Have you ever been convicted of any offense or crime, other than a motor vehicle violation? _____ If yes, please indicate date of conviction, location, offense, and penalty: _____

P12. Are you a U.S. citizen? _____ If no, do you have the legal right to remain in the U.S.? _____

P13. How were you referred to us? _____

P14. What compensation do you expect? _____

P15. In case of an emergency, please contact: _____

Name _____ Address _____ Telephone _____

*DOT Rule 391.21 (B)(2) requires date of birth on application. DOT Rule 391.11(B)(1) requires drivers to be at least 21 years old.

DRIVERS LICENSE INFORMATION

DL1. Do you currently hold only a CDL? Yes NO

If no, please explain: _____

DL2. Is it issued by the state in which you are currently a resident? Yes No

If no, please explain: _____

DL3. List the following for CDL you currently hold:

State	License Number	Expiration Date	Class	Endorsements

DL4. During the past five years have you had any drivers license not listed above? _____ If yes, for each list:

State	License Number	Expiration Date	Class
State	License Number	Expiration Date	Class

DL5. Has your license, permit, or privilege ever been denied, suspended or revoked by any state regardless of your having a license in that state? _____ If yes, explain _____

DL6. Have you ever been convicted for driving under the influence of alcohol, narcotic drugs, amphetamines, or derivatives thereof during the last 5 years? _____ If yes, explain: _____

DL7. During the past 3 years, have you ever been convicted of, or forfeited bond for any traffic violation, other than parking, while operating any type of motor vehicle? _____
If yes, for each please list:

Date	Violation	Location	Type Vehicle
Date	Violation	Location	Type Vehicle
Date	Violation	Location	Type Vehicle
Date	Violation	Location	Type Vehicle
Date	Violation	Location	Type Vehicle

DRIVING EXPERIENCE

DE1. As a commercial driver do you have experience driving a straight truck? _____ If yes, please indicate:

Miles Driven	Type Bodies	No. Axles	Length	Type Cargo	From Mo/Yr	To Mo/Yr
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DE2. As a commercial driver do you have experience driving a tractor semi-trailer? _____

If yes please indicate:

From Mo/Yr	To Mo/Yr	Miles Driven	Type Tractor-Coe, Conv.	Type Trailers-Van, Flat, Etc.	Type Cargo
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DE3. As a commercial driver do you have experience driving other types of vehicles? _____

If yes please indicate:

Type Vehicle Driven	No. Axles	No. Miles Driven	Types Cargo Hauled	From Mo/Yr	To Mo/Yr
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DE4. As a commercial driver have you received any safe driving awards? _____ If yes, please list: _____

DE5. Have you ever completed any course given by a commercial vehicle driving school? _____

If yes indicate: _____

School Name	City	State	Phone	Date Attended
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DE6. During the last 3 years have you, as a driver, been involved in any vehicle accidents, regardless of vehicle type (car, truck, cycle, etc.), regardless of who was at fault, and regardless of location (highway, parking lot, terminal, etc.)? _____ If yes, how many? ____ For each indicate:

Date Time	City	State	Type Vehicle Driven	No. Vehicles Involved
Describe Accident				No Injured Killed
Were you Given a Ticket?	For What?			Employment Related?

Date Time	City	State	Type Vehicle Driven	No. Vehicles Involved
Describe Accident				No Injured Killed
Were you Given a Ticket?	For What?			Employment Related?

Date Time	City	State	Type Vehicle Driven	No. Vehicles Involved
Describe Accident				No Injured Killed
Were you Given a Ticket?	For What?			Employment Related?

EMPLOYMENT/WORK HISTORY

List all employment, full & part-time for the past 10 years. If you were leased to a motor carrier, list that carrier as an employer even if you were an independent contractor. Indicate any period of unemployment exceeding 30 days. Start with your most current position and work back. Please be aware that any or all of this information may be used, and employers contacted for employment verification purposes. Please prevent delays by being accurate and thorough.

WH1 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH2 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH3 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH4 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH5 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH6 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH7 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

WH8 DATE FROM (MO/YR) _____ TO (MO/YR) _____

Company Name			Telephone
Address	City	State	Zip
Supervisor	Position Held		Compensation
Full/Part-Time	Reason for Leaving		
Type Vehicle Driven	# Miles Month	States Driven In	
# Accidents	Were you Permanently Leased to Another Carrier? Which One?		
Were you subject to the Federal Motor Carrier Safety Regulations?		Were you performing a safety sensitive function? (Were you subject to drug and alcohol testing requirements as required by 49 CFR Part 40?)	

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If yes, please explain: _____

TO ALL APPLICANTS

(PLEASE READ AND SIGN BEFORE RETURNING)

This is to inform you that as part of our procedure for processing this application, investigation reports will be made whereby information is obtained through third parties, such as business associates, motor vehicle and police records or others with whom you may be acquainted. This inquiry includes information as to your general character, reputation, personal characteristics and mode of living.

I hereby give COLDIRON and/or its subsidiaries permission to contact my current and past employers and lessees for the purpose of investigating my background, including such items as the time of association, type vehicle driven, accidents, work related personal behavior, disciplinary matters and reason for termination, and I release all employers, lessees and other people named herein from all damages on account of their furnishing such information.

I hereby release COLDIRON and/or its subsidiaries from all liability from releasing such information about me as requested in future inquiries.

I hereby agree and understand that any misrepresentation of information given herein shall be considered an act of dishonesty and in the event of approval, may result in my termination without recourse on my part.

I hereby certify that all the forgoing information was completed by me for consideration by COLDIRON and/or its subsidiaries, and all entries and information presented is true and complete to the best of my knowledge.

Applicant's Signature _____ Date Signed _____

IF THIS SECTION IS NOT SIGNED AND DATED BY APPLICANT THE APPLICATION WILL NOT BE PROCESSED.

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to COLDIRON SPECIALIZED DRIVEAWAY, INC, 5325 S. Madera Blvd. Oklahoma City, OK 73129 for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant: Sign and date only.)

Date _____ Applicant's Signature _____

Previous Employer	
Attn:	
Address:	
Fax:	
Voice:	# of pages:



Phone (800) 414-6030, Sydney, ext. 309 or Amber, ext. 306
Thank-you

*Fax (405) 671-8014, or
(800)-293-4369*

Name of Applicant: _____ Social Security No: _____

The above individual said he/she worked for you during this time period:

From: _____ To: _____, if this is incorrect, please correct below:

1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. Did he/she drive a motor vehicle for you? _____, (Circle all that apply) Straight Truck, Tractor- Semi-trailer, Bus, Singles, Doubles, Triples, Other (Specify) _____
3. Was he/she a safe and efficient driver? _____.
4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____; Other _____, Explain: _____
5. Would you re-hire this individual? (circle one) Yes No Upon Review
Explain: _____
6. Was his/her general conduct satisfactory? _____
7. Please advise history of past driving record if available for the past three years.

8. Did he/she have any **accidents** during this period? _____
Number of **preventable** accidents: _____
Number of **non-preventable** accidents: _____
Dates and explanations: _____

Completed by signature: _____ Date: _____



Coldiron Specialized Driveaway

5325 S. Madera Blvd. Oklahoma City, OK 73129

Present Employer

I _____, give Coldiron Specialized Driveaway, permission to contact my present employer.

Signature _____

Date _____

Or

Please Do Not Contact My Present Employer

Signature _____

Date _____

ALCOHOL & CONTROLLED SUBSTANCE TESTING REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ hereby authorize that: Social Security Number _____

Previous Employer: _____ Telephone: _____
Street: _____ Fax No.: _____
City, State, Zip: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to: **Coldiron Specialized Driveway, 5325 S. Madera Blvd. OKC, OK Telephone 800-414-6030 Fax 405-671-8014**

Applicant Signature _____ Date _____

This is in compliance with 382.405 (f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by terms of the driver's request.

(h) 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. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

382.413(a)(b)(d)(e)(f)(h) further state:

382.413 Inquiries for alcohol and controlled substances information from previous employers

(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the drivers previous employers under 382.401 (B)(1) (I) through (iii) of this subpart:

- (i)Alcohol tests with a result of 0.04 alcohol concentration or greater;
- (ii)Verified positive controlled substance test result; and
- (iii)Refusals to be tested.

(2)The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.

(d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.

(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in 382.115 of this part.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here (), sign below and return. Under Part 382 testing requirements:

Has this person ever tested positive for a controlled substance in the last three years? YES NO

Has this person had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years? YES NO

Has this person ever refused a required test for drugs or alcohol in the last three years? YES NO

Has this person ever violated any DOT agency drug and alcohol testing regulations? YES NO

Have you received any positive information from the employee's previous employers who were required to perform DOT drug and alcohol testing? If YES please include any information obtained. YES NO

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____

Street: _____

City, State, Zip: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed Mailed to previous employer Date _____

Complete below when information is obtained.

Information received from: _____ Method: Fax Mail Phone Personal Interview

Recorded by: _____ Date _____



Coldiron Specialized Driveway

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II Subtitle D, chapter 1, of Public Law 104208), You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record 382.413, 391.23, and 391.25 of the Federal Motor Safety Regulations. You are also authorizing the company to perform a thorough background check including a criminal records check.

Applicant's signature

Date

Print Name

Social Security Number



Due Process Rights

In regard to your safety performance history information

*As the driver applicant, you have the right to review information provided by previous employers {391.23(l) (2)}.

*You have the right to have errors in the information corrected by the previous employer and for the employer to re-send the corrected information to the prospective employer {391.23 (j) (1)}.

*You also have the right to rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information {391.23 (j) (3)}.

I completely understand my rights.

Applicant Signature

Date



PSP Online Service

In connection with your application for employment with *Coldiron Specialized Driveaway*, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If *Coldiron Specialized Driveaway* uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, *Coldiron Specialized Driveaway* will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, *Coldiron Specialized Driveaway* will notify you that the action has been taken and that the action was based in part or in whole on this report. *Coldiron Specialized Driveaway* cannot obtain background reports from FMCSA unless you consent in writing. If you agree that *Coldiron Specialized Driveaway* may obtain such background reports, please read the following and sign below:

I authorize *Coldiron Specialized Driveaway* to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist *Coldiron Specialized Driveaway* to make a determination regarding my suitability as an employee. I further understand that neither *Coldiron Specialized Driveaway* nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by *Coldiron Specialized Driveaway* and I understand that if I sign this consent form, *Coldiron Specialized Driveaway* may obtain a report of my crash and inspection history. I hereby authorize *Coldiron Specialized Driveaway* and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature _____

Name (Please Print) _____

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:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight 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 HireRight for the purpose of 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: _____

ADDITIONAL STATE LAW NOTICES

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Notices continue on next page

**NEW YORK CORRECTION LAW
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.