



J & T Motorfreight LLC  
100 N. State St. PO Box 429  
Hubbard, IA 50122

Office: 641-864-3323  
Fax: 641-864-2304

Thank you for your interest in J & T Motorfreight LLC. Enclosed you will find application materials that must be completed for us to consider you for a driving position at our company. The application has multiple parts, so please complete it as detailed as you can and read the directions carefully.

On the Employment History page(s), you will need to list the following:

- **All commercial driving experience for the past 10 years**
- **All employment history (regardless if commercial driving) for the past 3 years**

No gaps in employment are allowed, so if you were unemployed between jobs please list the dates of unemployment in one of the boxes.

The last few pages are authorization forms for us to gather information during the application process. You will need to do the following on those forms:

- **Request for Driver's Safety Performance History:**  
*Complete the top section of this form for each employer you have worked for in the past 3 years (Print additional copies if necessary). BOTTOM SECTION IS FOR PREVIOUS EMPLOYER*
- **HireRight Authorization Forms**  
*These forms need to be signed and dated. These forms authorize us to run your MVR and criminal background checks.*
- **PSP Authorization Form**  
*This form needs to be dated and signed. This will grant us access to your driving record from FMCSA.*

Also, please send us a copy of your current driver's license, current medical certificate, and social security card.

You can call our office at 641-864-3323 and ask for Jeremy or Arnie if you have any questions regarding the application.

Thank you for your interest in J&T Motorfreight

## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries of each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigation of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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 the prospective employer.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. 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.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*"I acknowledge that I have read and understand the contents of this document"*

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

Date \_\_\_\_\_

Driver Name (Printed) \_\_\_\_\_

## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.25 (b) (5) and (e)).*

Applicant Legal Name: \_\_\_\_\_  
(Full Name: First Middle Last)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES

NO

2. If you answer yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES

NO

*"My signature below certifies that the information provided is true and correct"*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



## APPLICATION FOR QUALIFICATION

J & T Motorfreight LLC  
100 N. State St. PO Box 429  
Hubbard, IA 50122  
Office: 641-864-3323  
Fax: 641-864-2304

Date \_\_\_\_\_

Position Applying For:                      Company Driver                      Owner/Operator                      Contract Driver

Full Name \_\_\_\_\_  
(First, Middle, Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Medical Exam Expiration Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ and phone number (\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_ From \_\_\_\_\_ To Current

Three years previous addresses (if applicable)

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before?      YES              NO

If yes, dates were from \_\_\_\_\_ to \_\_\_\_\_

### **EDUCATION HISTORY:**

*Select the highest grade completed:*

Grade School   1   2   3   4   5   6   7   8   9   10   11   12

College   1   2   3   4              Post-Graduate   1   2   3   4

**EMPLOYMENT HISTORY:**

Give a complete record of all employment for the **past three years**, including any employment or self-employment, and all commercial driving experience for the **past ten years**. Do not leave any gaps in time, if unemployed state so. If additional space is necessary, please print or copy another page.

**Current Employer (If Applicable)**

From _____ Month/Year	To _____ Month/Year	Company Name _____
Position Held _____		Address _____
Reason for Leaving _____		Contact/Phone Number _____
Were you subject to the FMCSRs * while employed here? Yes                      No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes                      No		

**Previous Employer**

From _____ Month/Year	To _____ Month/Year	Company Name _____
Position Held _____		Address _____
Reason for Leaving _____		Contact/Phone Number _____
Were you subject to the FMCSRs * while employed here? Yes                      No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes                      No		

**Previous Employer**

From _____ Month/Year	To _____ Month/Year	Company Name _____
Position Held _____		Address _____
Reason for Leaving _____		Contact/Phone Number _____
Were you subject to the FMCSRs * while employed here? Yes                      No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes                      No		

**EMPLOYMENT HISTORY:**

Give a complete record of all employment for the **past three years**, including any employment or self-employment, and all commercial driving experience for the **past ten years**. Do not leave any gaps in time, if unemployed state so. If additional space is necessary, please print or copy another page.

**Previous Employer**

From _____ Month/Year	To _____ Month/Year	Company Name _____
Position Held _____		Address _____
Reason for Leaving _____		Contact/Phone Number _____
Were you subject to the FMCSRs * while employed here? Yes                      No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes                      No		

**Previous Employer**

From _____ Month/Year	To _____ Month/Year	Company Name _____
Position Held _____		Address _____
Reason for Leaving _____		Contact/Phone Number _____
Were you subject to the FMCSRs * while employed here? Yes                      No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes                      No		

**Previous Employer**

From _____ Month/Year	To _____ Month/Year	Company Name _____
Position Held _____		Address _____
Reason for Leaving _____		Contact/Phone Number _____
Were you subject to the FMCSRs * while employed here? Yes                      No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes                      No		

**DRIVING HISTORY:**

Please list driving dates, and approximate miles for each class of equipment.

Straight Truck	From _____	To _____	Approximate Miles (Total) _____
Tractor/Semi-Trailer	From _____	To _____	Approximate Miles (Total) _____
Tractor/Two Trailers	From _____	To _____	Approximate Miles (Total) _____
Tractor/Three Trailers	From _____	To _____	Approximate Miles (Total) _____
Other	From _____	To _____	Approximate Miles (Total) _____

List states operated in, for the last five (5) years \_\_\_\_\_

List special courses/training completed (PTD/DDC, Hazmat, Etc.) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom \_\_\_\_\_

**ACCIDENT HISTORY:** List all accidents for the past three years, **Check Here if None:**

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location	# of Fatalities	# of People Injured

**TRAFFIC CONVICTIONS AND FORFEITURES:** List all in the past three years (other than parking violations), **Check here if None:**

Date	Location	Charge	Penalty

**DRIVER'S LICENSE:** List each driver's license held in the past three years.

State	License #	Type	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. Is there any reason you might be unable to perform the functions of the job for which you have applied?  
           Yes           No
- D. Have you ever been convicted of a felony?  
           Yes           No

If you answered yes to any questions above, give details:

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**PERSONAL REFERENCES:**

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Read and Signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or their agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and application releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. This certifies that this application was complete by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S)

Carrier Name: J&T Motorfreight, LLC  
Address: PO BOX 429  
City, State, Zip: Hubbard, IA 51022

Contact Person: Jeremy Barkema  
Phone: 641-864-3323  
Confidential Fax: 641-864-2304

### Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Part 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I, \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol and drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Applicant's Signature

SSN or ID Number

DOB

Today's Date

### Past Employer to Complete Section Below

#### Section 1 - Drug & Alcohol Information

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here ☐

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?		
2. Any verified positive drug test?		
3. Any refusals to be tested (included verified adulterated or substituted drug test results)?		
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?		
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test results)?		
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*		

\*If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

# REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S)

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Address: PO BOX 429  
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I, \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol and drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Applicant's Signature

SSN or ID Number

DOB

Today's Date

## Past Employer to Complete Section Below

### Section 1 - Drug & Alcohol Information

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here ☐

	YES	NO
7. Any alcohol test with a result of 0.04 or higher alcohol concentration?		
8. Any verified positive drug test?		
9. Any refusals to be tested (included verified adulterated or substituted drug test results)?		
10. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?		
11. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test results)?		
12. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*		

\*If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

## CONSUMER DISCLOSURE AND AUTHORIZATION FORM

### Disclosure Regarding Background Investigation

J & T Motorfreight, LLC (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. (“HireRight”), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight’s privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

## ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

**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 the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office 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 consumer reporting agencies copies of any such reports.

**MASSACHUSETTS:** You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

**NEW JERSEY:** You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is provided below.

**WASHINGTON STATE:** If the Company requests 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 the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. 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, which is also set out below.

### **Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

<p><input type="checkbox"/> <b>California, Minnesota or Oklahoma applicants only:</b> Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.</p>
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Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with J&T Motorfreight LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize J&T Motorfreight LLC ("Prospective Employer") 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 authorizing 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 the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes

were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*