

CONTRACTOR INFORMATION

Information you provide is used to validate your professional qualifications

FIRST NAME:

LAST NAME:

DATE OF BIRTH:

SOCIAL SECURITY #:

PHONE NUMBER:

EMAIL:

HOME ADDRESS

STREET:

CITY:

STATE:

ZIP:

EMERGENCY / BENEFICIARY CONTACT

FIRST NAME:

LAST NAME:

RELATIONSHIP TO YOU:

STREET:

CITY:

STATE:

ZIP:

PHONE NUMBER:

EMAIL:

LICENSE & SAFETY INFORMATION

LICENSE #:

STATE:

ISSUED:

EXPIRES:

ENDORSEMENTS:

YEARS OF CDL CLASS A EXPERIENCE:

ANY DRIVING VIOLATION IN LAST 3 YRS

(speeding, traffic light, incorrect lane, etc.):

YES

NO

DESCRIBE VIOLATIONS:

ANY SAFETY VIOLATION IN LAST 3 YRS

(log book, vehicle inspection, OOS, etc.):

YES

NO

DESCRIBE VIOLATIONS:

ANY ACCIDENTS IN LAST 3 YRS:

YES

NO

DESCRIBE ACCIDENTS:

**HAVE YOU EVER REFUSED TO TAKE DRUG OR
ALCOHOL TEST: YES NO**

**HAVE YOU EVER HAD A POSITIVE DRUG OR
ALCOHOL TEST: YES NO**

**HAVE YOU EVER BEEN CONVICTED OF DUI:
 YES NO**

IF YES, WHEN:

**WAS YOUR LICENSE EVER REVOKED:
 YES NO**

IF YES, EXPLAIN:

PRIOR CONVICTIONS: YES NO
DESCRIBE:

**DO YOU REQUIRE SPECIAL ACCOMODATIONS
DUE TO MEDICAL CONDITIONS: YES NO**

PREVIOUS EMPLOYMENT EXPERIENCE - 1

LIST THREE YEARS OF EXPERIENCE. START WITH MOST RECENT

COMPANY:

START:

END DATE:

ADDRESS:

PHONE:

FAX:

EMAIL:

CONTACT:

IS THIS CDL CLASS A POSITION: YES NO

IF YOU ANSWERED "YES", SELECT BELOW:

OVER-THE-ROAD

LOCAL/REGIONAL

DRY VAN

REEFER

FLATBED

REASON FOR LEAVING:

**CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER FOR ALCOHOL AND CONTROLLED
SUBSTANCES TESTING RECORDS AND CHANGES IN PARTS 390 AND 391 OF THE FMCSA.**

I,

HEREBY AUTHORIZE

TO RELEASE IN ACCORDANCE

**WITH THE FOLLOWING REGULATION, ALL KNOWN INFORMATION PERTAINING TO
MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS TO EWI LLC.**

MY SOCIAL SECURITY #:

PREVIOUS EMPLOYMENT EXPERIENCE - 2

COMPANY:

START:

END DATE:

ADDRESS:

PHONE:

FAX:

EMAIL:

CONTACT:

IS THIS CDL CLASS A POSITION: YES NO

IF YOU ANSWERED “YES”, SELECT BELOW:

OVER-THE-ROAD

LOCAL/REGIONAL

DRY VAN

REEFER

FLATBED

REASON FOR LEAVING:

CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER FOR ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS AND CHANGES IN PARTS 390 AND 391 OF THE FMCSA.

I,

HEREBY AUTHORIZE

TO RELEASE IN ACCORDANCE

WITH THE FOLLOWING REGULATION, ALL KNOWN INFORMATION PERTAINING TO MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS TO **EWI LLC**.

MY SOCIAL SECURITY #:

PREVIOUS EMPLOYMENT EXPERIENCE - 3

COMPANY:

START:

END DATE:

ADDRESS:

PHONE:

FAX:

EMAIL:

CONTACT:

IS THIS CDL CLASS A POSITION: YES NO

IF YOU ANSWERED “YES”, SELECT BELOW:

OVER-THE-ROAD

LOCAL/REGIONAL

DRY VAN

REEFER

FLATBED

REASON FOR LEAVING:

CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER FOR ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS AND CHANGES IN PARTS 390 AND 391 OF THE FMCSA.

I,

HEREBY AUTHORIZE

TO RELEASE IN ACCORDANCE

WITH THE FOLLOWING REGULATION, ALL KNOWN INFORMATION PERTAINING TO MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS TO **EWTT LLC**.

MY SOCIAL SECURITY #:

PREVIOUS EMPLOYMENT EXPERIENCE - 4

COMPANY:

START:

END DATE:

ADDRESS:

PHONE:

FAX:

EMAIL:

CONTACT:

IS THIS CDL CLASS A POSITION: YES NO

IF YOU ANSWERED “YES”, SELECT BELOW:

OVER-THE-ROAD

LOCAL/REGIONAL

DRY VAN

REEFER

FLATBED

REASON FOR LEAVING:

CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER FOR ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS AND CHANGES IN PARTS 390 AND 391 OF THE FMCSA.

I,

HEREBY AUTHORIZE

TO RELEASE IN ACCORDANCE

WITH THE FOLLOWING REGULATION, ALL KNOWN INFORMATION PERTAINING TO MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS TO **EWI LLC**.

MY SOCIAL SECURITY #:

**PLEASE COMPLETE INFORMATION
SUBMISSION BY SIGNING BELOW**

**I, _____ CERTIFY THAT
ALL INFORMATION PROVIDED IN THIS
APPLICATION IS TRUE AND COMPLETE TO THE
BEST OF MY KNOWLEDGE.**

**BELOW YOU CAN REVIEW AND SIGN RELEASE
FORMS REQUIRED TO OBTAIN YOUR
PERSONAL INFORMATION FOR YOUR DRIVER
QUALIFICATION FILE.**

DISCLOSURE AND RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed in this request to EWT LLC, or to any of their appointed agents acting on their behalf for the sole purpose of transmitting such records to EWT LLC. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

I also authorize the carriers (company/school) listed in this request to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information. The information that I have authorized EWT LLC or to any of their appointed agents acting on their behalf to review involved tests required by DOT. If any carrier (company/school) listed above furnishes EWT LLC or any of their appointed agents acting on their behalf with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

NAME:

SOCIAL SECURITY #:

Release of Information Consent Form

CONFIDENTIAL

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application and this form is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of a review of my application for employment, I hereby voluntarily consent to and authorize the Company and or KELMAR Safety Inc (authorized agent), to obtain consumer reports for employment purposes. This may include but not limited to Employment Verifications, Motor Vehicle Reports, References and Criminal reports. This release specifically covers verifying your Education-High Schools, GED, Colleges, Degrees or Technical Schools.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to the requesting employer or Kelmar Safety Inc (authorized agent). I hereby release requesting employer and Kelmar Safety Inc (authorized agent), and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. Purposes of investigation as required by Section 391.23 and Part 382 and part 40 of the Federal Motor Carrier Safety Regulations also apply. I hereby give specific permission to past employers to release drug and alcohol test results or SAP information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Print Full Name

Date

Signature

Date of Birth

Social Security Number

Drivers License #

State

I understand the information I am providing about date of birth will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining background check information only and this consent is given for one time only. Any subsequent checks will require new consent.

Have you ever been convicted of any crime? _____
If yes, please provide Year of conviction, County, Parrish, State and Type of
Conviction: _____

Fax to Kelmar Safety Inc at # 317-468-1083 or email to customerservice@kelmarsafety.com or you may attach with your order.



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:

Company Name: EWT, LLC

Company Contact Name: Alex Gloukhov

Fax #: (901) 286 - 3512

HireRight Account Code: QANRU

**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 as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (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: _____

**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 _____ (“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 _____ (“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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015