



# Employment Application

W5596 Hwy. 114 • Menasha, WI 54952

Please Print Clearly • Complete All Blanks • Attach Resume If Available

<b>PERSONAL</b>	Name, First	Middle	Last	
	PRESENT Street Address	City	State	Zip
	PREVIOUS Street Address	City	State	Zip
	Social Security Number	Phone Number ( )	Work Number or Other Alternate Phone Number ( )	
	Email Address			

<b>INTEREST</b>	Position you are applying for	Location of position
	How did you hear about this position?	When are you available to start?
	Have you ever previously... Applied with company? <input type="checkbox"/> Yes <input type="checkbox"/> No Been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates, positions and location information
	List any Friends/Relatives working for us	Relationship to you

<b>EDUCATION</b>	High School	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Diploma <input type="checkbox"/> GED <input type="checkbox"/>	
	Name and Address of Colleges, Universities, Technical Schools, Correspondence Courses		Major	Degree Earned	Date Earned
	Name City/State				
	Name City/State				
	Name City/State				
	Name City/State				

<b>MILITARY</b>	Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the following information List your duties, training and duty station
	From:	To:	
	What branch:		
	Rank at discharge		
	Reason for leaving		

<b>TRAFFIC CONVICTIONS</b>	TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			
	LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

<b>ACCIDENT RECORD</b>	ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE				
	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
	LAST ACCIDENT				
	NEXT PREVIOUS				

<b>CONVICTIONS</b>	Have you ever pleaded to or been found guilty of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below

Convictions are not an absolute bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular job or bondability is an issue. Failure to disclose any and all felony or misdemeanor convictions may be considered falsification of the application and be a bar to your employment. Applicants are not required to disclose expunged or sealed records of conviction or arrest.

**DRIVING EXPERIENCE** CHECK YES OR NO

<b>DRIVING EXPERIENCE</b>	CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES
				FROM(M/Y)	TO(M/Y)	(TOTAL)
	STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
	TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
	TRACTOR – TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
	TRACTOR – THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
	MOTORCOACH – SCHOOL BUS (More than 8 passengers)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	MOTORCOACH – SCHOOL BUS (More than 15 passengers)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	CAR HAULING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	OTHER					
LIST STATES OPERATED IN FOR LAST FIVE YEARS:						
PLEASE LIST ANY ADDITIONAL SPECIAL TRAINING, AWARDS AND/OR ACCOMPLISHMENTS:						

<b>DRIVERS LICENSE</b>	Print as it appears on your driver's license:		Your Name:		
	Driver's license number:				
	State issued by	Date of Birth (voluntary)	Expiration	License is Valid and Unrestricted	Do you have a CDL?
		/ /	/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Previous Driver Licenses Information</b> List any other license/permits you may have held in different states in the past three years.				
	State Issued by	Driver's License #	Name As It Appeared on License		Did you have a CDL?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
	As a condition of employment, I acknowledge that I must have and maintain an unrestricted driver's license. I agree that evidence of driving while under the influence of alcohol or illegal drugs prior to or during my employment will be grounds for immediate termination without recourse. I hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to Countryside Auto Transport, Inc. and/or its representative and its insurance agent. This authorization will remain in effect during the course of my employment. A photocopy of this executed authorization shall be as valid as an original.				
	Signature:			Date:	

<b>DRUG &amp; ALCOHOL TESTING</b>	In the past three years have you worked in a position that required a CDL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	In the past three years, have you applied for a position that required a CDL, but were not hired for that position? - If you answered yes, have you tested positive on any federal DOT pre-employment drug or alcohol test? - Have you refused to take a federal DOT pre-employment drug or alcohol test? (If you answered YES to either of the questions above, you are required to provide documentation that you have successfully completed the return to-duty process required by part 10 Subpart O.)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	I understand that participation in the anti-drug and alcohol program is a requirement of employment and therefore, a condition of employment. Employees who work for <u>Countryside Auto Transport, Inc.</u> will be deemed to have implied their consent to cooperate in its' efforts to maintain a workplace free from the effects of alcohol and controlled substances. This does not alter the at-will employment relationship between the Company and its employees. It is not meant to create a contract or expectation of future employment and is merely one condition of continued employment.	
	I agree to undergo pre-employment testing and throughout my employment for controlled substances, illegal drugs and alcohol. I understand that the results of testing will be used in determining my eligibility for hire and continued employment. A photocopy of this executed authorization shall be as valid as an original.	
	Signature:	Date:

<b>AGREEMENT</b>	By completing and submitting this application, I:	
	<ul style="list-style-type: none"> <li>certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge and agree that providing false, misleading or incomplete statements in this application or in connection with</li> <li><u>Countryside Auto Transport, Inc's</u>, evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.</li> <li>authorize my current or previous employers, references and any other individuals contact by <u>Countryside Auto Transport, Inc.</u>, or it's agent to release any and all information regarding my background, including factual employment information involving records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, character, general reputation, drug and alcohol testing records, driving records, and any other work-related characteristics or issues. I understand that I may request in writing disclosures of certain information obtained by <u>Countryside Auto Transport, Inc.</u>, in the course of its investigation. I absolve those parties who provide information requested from any and all liability related to their doing so;</li> <li>acknowledge that any employment offered to me is at the will of <u>Countryside Auto Transport, Inc.</u>, and may be terminated at any time, with or without cause</li> </ul>	
	A photocopy of this executed authorization shall be as valid as an original.	
	Signature:	Date:



EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or use dot transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS**

FROM: PROSPECTIVE EMPLOYER	
Countryside Auto Transport, Inc.	
W5596 Hwy 114	
Menasha, WI 54952	
Debbie	
920-739-0681 Phone info@countrysideauto.com	920-739-5605 Fax

TO: CURRENT OR FORMER EMPLOYER	
Name of Employer	
Address	
City, State, Zip	
Name of Contact	
Phone #	Fax #

**ATTENTION CURRENT OR FORMER EMPLOYER:**

The below named individual has made application to this company and states they were employed by you. Information you provide in reply to this request will be held in strict confidence and will, in no way, involve you in any responsibility. We appreciate your time and attention in providing a timely response. Failing to timely respond to this request is reportable to the DOT and FMCSA.

Date Request 1: \_\_\_\_\_  
 Date Request 2: \_\_\_\_\_  
 Date Request 3: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 I hereby authorize the release of the following information governing the three-year period preceding the date of this application to the above named prospective employer that includes my services, conduct and character and specifically, drug and alcohol testing records and information regarding my driver safety performance history. I understand that this information is required by §40.25, §382 Subpart B, and §391.23. As my current and/or former employer, you are released from any and all liability which may result from the provision of this information to the prospective employer.  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY CURRENT OR PREVIOUS EMPLOYER**

Employed \_\_\_\_\_ to \_\_\_\_\_  
 Position Held \_\_\_\_\_  
 Work Performed \_\_\_\_\_

WORK PERFORMANCE	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DRUG AND ALCOHOL TESTING RECORDS**  
 Did he/she perform safety-sensitive functions that required alcohol & controlled substance testing under 49 CFR Part 40?...  Yes  No  
 Did he/she violate any of the following alcohol or controlled substances regulations under Part 382 Subpart B or 49 CFR Part 40  
 Alcohol test with a result of 0.04 or higher?  Yes  No  
 Verified positive drug test results?  Yes  No  
 Refuse to be tested for drugs or alcohol?  Yes  No  
 Verified adulterated/substituted drug test results?  Yes  No  
 Any other DOT drug or alcohol violations?  Yes  No  
 Explain any other drug or alcohol violation: \_\_\_\_\_

**SAFETY PERFORMANCE HISTORY**

Vehicles Driven  Straight Truck  Passenger Car  
 Tractor/Semi-Trailer  Bus  
 Other \_\_\_\_\_  
 Was this individual: A safe & efficient driver?  Yes  No  
 Involved in any accidents?  Yes  No

If a violation occurred, did he/she complete the SAP rehabilitation program as required by §382.605 or 49 CSF part 40 Subpart O  
 Unknown  Yes\*  No  
 \*If yes, you must also transmit the appropriate return-to-duty documentation [e.g., SAP report(s), follow-up testing records].

If the individual was involved in any accidents, attach documentation that lists the accidents as defined by §390.5 and provide • the date of the accident • City or town, or most near, where the accident occurred and the State where the accident occurred • Number of injuries, if any; • Number of fatalities, if any • Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released. Were there any accidents you wish to provide information on that are retained pursuant to §390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.  
 Yes  No If yes, please attach documentation

If he/she successfully completed the SAP's rehabilitation referral while still in your employ, did any of the subsequent testing violations occur  
 Alcohol test with result of 0.04 or higher?  Yes  No  
 Verified positive drug test result?  Yes  No  
 Refuse to be tested for drugs or alcohol?  Yes  No  
 Verified adulterated/substituted drug test results?  Yes  No

**AUTHORIZED REPRESENTATIVE COMPLETING THIS FORM:**

Print Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

\*\* Please fax, email, or mail this completed form and documentation confidentially to the prospective employer noted above \*\*





TRUCKING INDUSTRY:  
DOT D/A Disclosure and Authorization

Send to Fax # 800-257-8069

HireRight Customer:
Company Name: Countryside Auto Transport, Inc.
Company Contact Name: Debbie
Fax #: 920-739-5605
HireRight Account Code: _____

**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: \_\_\_\_\_

**Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN)  
Verification**

Printed Name:

Date of Birth:

Social Security Number:

I want this information released because I am conducting the following business transaction:

Employment

Reason(s) for using BCSV: (Please select all that apply)

- Mortgage Service       Banking Service  
 Background Check       License Requirement  
 Credit Check       Other

with the following company ("the Company"):

Company Name: Countryside Auto Transport, Inc.

Company Address: W5596 Hwy 114, Menasha, WI 54952

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

HireRight, LLC

14003 E. 21<sup>st</sup> Street, Suite 1200, Tulsa, OK 74134

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

This consent is valid for 90 days from the date signed. \_\_\_\_\_ (Please Initial)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/Zip:

Phone Number:

## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or a company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all of our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C. 3507 as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.**

-----TEAR OFF-----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.



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## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

### Disclosure

Countryside Auto Transport, Inc., may request from a consumer reporting agency and for employment-related purposes, a "consumer report"(s) (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for Countryside Auto Transport, Inc. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800)400-2761. [www.hireright.com](http://www.hireright.com)

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

### Authorization

I hereby authorize Countryside Auto Transport, Inc., to obtain the consumer reports described above about me.

Applicant Name: \_\_\_\_\_

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

## **Part 2 – FMCSA Notification of Driver Rights**

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



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## MOTOR VEHICLE RECORD RELEASE & AUTHORIZATION FORM

Name of driver: \_\_\_\_\_

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records related to the undersigned (including but not limited to all personal information) to the following persons, whose names and addresses are as follows:

Entity:

Countryside Auto Transport Inc  
W5596 State Road 114  
Menasha WI 54952-9622

Insurance Agent for Entity:

Valley Insurance Associates  
PO Box 1937  
Appleton WI 54912-1937

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

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full name (including middle initial & suffix): \_\_\_\_\_

Street Address on license: \_\_\_\_\_

City, State, & Zip on license: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Licensed In: \_\_\_\_\_ Birth 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 Countryside Auto Transport Inc. ("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 FM CSA 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 FM CSA, 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 Countryside Auto Transport, Inc., ("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*