Application For Employment

Matthews Buses, Inc.
2900 Route 9 – Malta
Ballston Spa, NY 12020

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print Clearly

Date of Application: ______________

Last Name: ______________________ First Name: ______________________ MI: ____

Street Address: ____ Apt #: __________

City: ______________________ State: ________ Zip: ______________

Home Number: ______________________ Cellular Number: ______________________

Position(s) Applied For: ____

How did you learn about Matthews Buses, Inc.?

□ Advertisement □ Employee Referral □ Friend or Relative

Please Check One □ Employment Agency □Walk In □ Other

___Newspaper

___Internet

___Job Bank

Have you ever filled an application with us before? ☐ Yes ☐ No

If yes, give date: ______________

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date: ______________

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Are you legally permitted to work in the United States? ☐ Yes ☐ No

(NOTE: Proof of eligibility will be required within three working days of employment.)

On What date would you be available for work? ______________________

Are you available for work: □ Full Time □ Part Time □ Shift Work □ Seasonal

Are you on "layoff" status and subject to recall? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

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EDUCATION:

Education Level	Name & Address of School	Course of Study	Diploma/Degree
Elementary School			
High School			
Undergraduate College			
Graduate or Professional School			
Other (Specify)			
Military Experience	Branch	Rank	Honorable Discharge Yes or No

Do you know more than one language? ☐ Yes ☐ No

If so, in what form and how well:

Foreign Languages	Firm	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

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Describe any job related training received in the United States Military. *(If applicable)*

Please describe any specialized skills you possess that you feel may be helpful to us in considering your application.

List professional, trade, business or civic activities and offices held.
(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

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EMPLOYMENT EXPERIENCE:

Start with your present or previous job. Include any job related military service assignments and volunteer activities. *(You may exclude organizations which indicate gender, race, color, religion, national origin, disabilities or other protected status.)*

1.

Employer Name		Employed From	Employed To	Work Performed
Employer Address				
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

2.

Employer Name		Employed From	Employed To	Work Performed
Employer Address				
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

3.

Employer Name		Employed From	Employed To	Work Performed
Employer Address				
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

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PROFESSIONAL REFERENCES:

Name	
Company Name	
Company Address	
Phone Number	

Name	
Company Name	
Company Address	
Phone Number	

Name	
Company Name	
Company Address	
Phone Number	

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at that time.

I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. In understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: ______________________________ Date: ______________

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AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION

This authorization and consent for release of personal information acknowledges that Matthews Buses, Inc. (Hereafter referred to as "Company") and/or its agent, Aurico Reports, Inc., may now, or at any time I am assigned to or employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended, financial or credit institutions, including records of loans, records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me, records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either civil or criminal case in which I have been involved): records from the U.S. Veteran's Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, worker's compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair credit Reporting Act (15 USC section 1681 et seq). I also authorize any custodian of my military service records to release to Aurico Reports, Inc. my military service record including DD214 and all service records including any disciplinary records. In addition, if an International search is needed, I agree that, in accordance with host nation laws regarding the release of information, the data protection privacy act, the European privacy act and others, I authorized the release and transmittal of information from any country to Aurico Reports, Inc. and its agents including but not limited to our designated agents and information sources for satisfying the purposes of this background check.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representative of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting the information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Aurico Reports, 116 West Eastmar St., Suite 101, Arlington Heights, IL 60004, at telephone number (847) 255-1852. After reading this document, I fully understand its contents and authorize the background verification.

Do you reside in California, Minnesota or Oklahoma? ☐ Yes ☐ No

If so, do you want a copy of any Consumer Report prepared concerning you? ☐ Yes ☐ No

I understand that California law requires Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Sec. 1786.29).

Printed Name: ____
First Middle Last

Maiden Name: ____________________ Other last names used: ____________________

Signature: ______________________________ Date: ____________

(List all cities and states where you have lived for the past 7 years) Attach any additional sheet if necessary.

Street City County State Zip How long?

Current: ____

2. ____

3. ____

4. ____

Present Phone Number: ____________________ SSN: ____________________

Date of Birth (for Identification Purpose only): ____________________ Gender: ☐Male ☐Female

Driver's License Number: ______________________________ State: ________

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING

Matthews Buses, Inc. ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by CareerBuilder Employment Screening, LLC, 3800 Golf Road, Suite 120, Rolling Meadows, IL 60008, (866) 255-1852, www.careerbuilderscreening.com.

Signature: ______________________________ Date: ______________

[End of Document]

NOTE: YOU MUST RETURN THIS DOCUMENT

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my assignment or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, branch of the military, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CareerBuilder Employment Screening, LLC, 3800 Golf Road, Suite 120, Rolling Meadows, IL 60008, (866) 255-1852,** www.careerbuilderscreening.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York applicants, volunteers, contractors or employees only: By signing this form, you acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants, volunteers, contractors or employees only: 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.

Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Signature: ______________________________ **Date:** ________________

[End of Document]

NOTE: YOU MUST RETURN THIS DOCUMENT

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name: Middle Name: Last Name:

Maiden Name: Date Changed:

Other last names used: Date Changed:

Other last names used: Date Changed:

Other last names used: Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					

Present Phone Number (with area code): Social Security Number:

Date of Birth* (MM/DD/YYYY):

Gender*

Male Female Prefer Not to Answer

Driver's License Number: Driver's License State:

Email Address:

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[End of Document]

NOTE: YOU MUST RETURN THIS DOCUMENT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

FOR NEW YORK APPLICANTS ONLY

NEW YORK STATE CORRECTION LAW
ARTICLE 23-A: LICENSURE AND EMPLOYMENT OF PERSONS
PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§ 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 [fig 1] , 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 [fig 1] in this state or in any other jurisdiction, [fig 2] 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 [fig 1] 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 [fig 2] 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:

1. 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.
2. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
3. 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.
4. The time which has elapsed since the occurrence of the criminal offense or offenses.
5. The age of the person at the time of occurrence of the criminal offense or offenses.
6. The seriousness of the offense or offenses.
7. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
8. 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.

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Release of Information – 49 CFR Part 390
Commercial Drivers Safety Performance History Records Request

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Employee: Return completed form (Part 1) using the secure link provided in the email you received

Please complete Employment History section for each employer for whom you worked in a DOT Safety Sensitive position (i.e. direct employer, contractor, leasing company, temporary agency, etc.) during the last 3 year period.

Print out page 2 as many times as you need to accommodate listing all applicable employers in the past 3 years.

Employee Printed or Typed Name: ______________________________

Employee SS Number: ____________________ Date of Birth ____________________

If you have not worked in a DOT Safety sensitive position during this 3 yr period please check the box below, sign and return the form.

☐ **I have NOT worked in a DOT Safety Sensitive position in the previous 3 year period.**

I hereby authorize my previous employer(s) to release employment and all DOT regulated information regarding 1) the nature and extent of my experience driving a commercial vehicle, 2) all motor vehicle accidents in which I was involved during the previous 3 years, and 3) a list of all violations of motor vehicle laws of which I was convicted during the previous 3 years in compliance with §391.23 Investigations & Inquiries to the Company and/or its agent, Accurate Background, LLC.

Employee Signature: ______________________________ **Date:** ____________

Prospective Employer(company applying with): ______________________________

Attention: ____________________ Telephone: ____________________

Street: ______________________________

City: ____________________ State: __________ Zip: ____________

Employer History (DOT Safety Sensitive positions only)

Employer 1

Is this your current employer? ☐ **Yes** ☐ **No**

If yes, do we have permission to contact your current employer: ☐ **Yes** ☐ **No**

Previous DOT Employer	Address		City, State, Zip
Position Held	**From**	**To**	**DER/MGR Contact Name**
Contact Email	**Fax Number**	**Phone Number**	

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PART 1 Employer History (cont.)

Employer 2

Is this your current employer? ☐ Yes ☐ No

If yes, do we have permission to contact your current employer: ☐ Yes ☐ No

Previous DOT Employer	Address		City, State, Zip
Position Held	From	To	DER/MGR Contact Name
Contact Email	Fax Number	Phone Number	

Employer 3

Is this your current employer? ☐ Yes ☐ No

If yes, do we have permission to contact your current employer: ☐ Yes ☐ No

Previous DOT Employer	Address		City, State, Zip
Position Held	From	To	DER/MGR Contact Name
Contact Email	Fax Number	Phone Number	

Employer 4

Is this your current employer? ☐ Yes ☐ No

If yes, do we have permission to contact your current employer: ☐ Yes ☐ No

Previous DOT Employer	Address		City, State, Zip
Position Held	From	To	DER/MGR Contact Name
Contact Email	Fax Number	Phone Number	

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PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The individual listed above has applied for employment in a DOT regulated position and has indicated being in your employ within the previous three years. Pursuant to 49 CFR Part 391.21 and 391.23, the Department of Transportation requires an employer of individuals applying to operate a commercial motor vehicle to inquire about the following information from previous employers, for the preceding three years from the date of application. Please release/provide the requested information about the applicant to the employer and/or its agent making the inquiry Information provided will be held in strict confidence. Failure to do so is a violation of DOT regulations and may result in a fine and/or civil liability.

Section I

Employer Name: ____ **Was the applicant named above employed by you in a DOT Safety Sensitive position? Yes ☐ No ☐ If yes, complete the sections below. If no, sign below and return the form.**

Dates of Employment: From (m/y) _________ **to (m/y)** _________ **Position Held:** ______________________________

Did applicant drive motor vehicles for you? Yes ☐ No ☐ If YES, what type? Straight Truck: ☐ Bus: ☐ Tractor-Semitrailer: ☐ Cargo Tank: ☐ Doubles/Triples: ☐ Other (Specify) ____________________

Reason for leaving: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ **Eligible for Rehire Yes ☐ No ☐**

Was applicants Driver's license ever revoked or suspended? Check One Yes ☐ No ☐

If there is no safety performance history to report, check here ☐ sign below and return the form

Section II

ACCIDENT HISTORY: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.
Check here ☐ if there is no accident register data for this driver.

DOT Accident History: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the employee.				
Date of Accident	**Location**	**# of Injuries**	**# of Fatalities**	**Hazmat Spill**

Please provide any other information concerning any other accidents involving the applicant that were reported to government agencies, insurers, or retained under internal company policies:

Information of person completing this form:

Name: ______________________________________

Title: ______________________________________

Phone #: ________________ Date: ________________

EMPLOYERS Return Completed Form

Fax: 847.577.9605
Email: compass@accurate.com