



1900 Sand Beach Rd.  
Bad Axe, MI 48413

Phone: 989-269-8809  
Fax: 989-269-8812

An equal opportunity employer.

## DRIVERS APPLICATION FOR AT WILL EMPLOYMENT

ALL INFORMATION MUST BE PRINTED CLEARLY

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, criminal or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- \* Review information provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

### FOR COMPANY USE ONLY

#### PROCESS RECORD

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
 Position \_\_\_\_\_ Classification \_\_\_\_\_  
 Signature of Interviewing Officer \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_ Position Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination report Placed in file \_\_\_\_\_ Supervisor \_\_\_\_\_





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**EMPLOYMENT HISTORY**

All driver applicants to drive a commercial motor vehicle\* in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state, zip code and phone number.

**NOTE:** List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER			DATE	
Name			FROM MO. YR.	TO MO. YR.
Address			Position	
City	State	Zip		
Contact Person			Reason for leaving	
Phone#				
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	
City	State	Zip		
Contact Person			Reason for leaving	
Phone#				
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	
City	State	Zip		
Contact Person			Reason for leaving	
Phone#				
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	
City	State	Zip		
Contact Person			Reason for leaving	
Phone#				
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				



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**EMPLOYMENT HISTORY - CONTINUED**

All driver applicants to drive a commercial motor vehicle\* in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state, zip code and phone number.

**NOTE:** List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER			DATE	
Name	FROM MO. YR.		TO MO. YR.	
Address	Position			
City State Zip				
Contact Person Phone#	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			
City State Zip				
Contact Person Phone#	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			
City State Zip				
Contact Person Phone#	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			
City State Zip				
Contact Person Phone#	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				



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**DRIVING EXPERIENCE AND QUALIFICATIONS**

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE FOR ALL TYPES OF VEHICLES (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAREND, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL PILL
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS FOR ALL TYPES OF VEHICLES (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE ATTACH SEPARATE SHEET IF NEEDED.**

LOCATION	DATE	CHARGE	PENALTY

**LIST ALL DRIVERS LICENSES AND PERMITS HELD IN THE PAST 3 YEARS**

DRIVER LICENSE	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

IF YOU ANSWERED YES TO EITHER A OR B PLEASE EXPLAIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE (CIRCLE YES OR NO)**

CLASS OF EQUIPMENT	YES/NO	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	YES/NO	VAN, TANK, FLAT, DUMP, REEFER			
TRACTOR & TRAILER	YES/NO	VAN, TANK, FLAT, DUMP, REEFER			
TRACTOR & DOUBLES	YES/NO	VAN, TANK, FLAT, DUMP, REEFER			
TRACTOR & TRIPLES	YES/NO	VAN, TANK, FLAT, DUMP, REEFER			
OTHER					

LIST STATES OPERATED IN FOR LAST 5 YEARS \_\_\_\_\_  
 \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_  
 WHICH SAFE DRIVING AWARDS DO YO HOLD AND FROM WHOM?) \_\_\_\_\_  
 SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, ant that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### ADDENDUM TO EMPLOYEMNT APPLICATION

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

- Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
- No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you admit that you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

This certifies that I completed this addendum to the employment application, and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE



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SAFETY DEPARTMENT

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## **General Consent for Limited Queries of the Federal motor carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.**

### **Pre-Employment**

I, \_\_\_\_\_, hereby provide consent to J.W. Hunt OTC, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This is a one time consent for pre-employment investigation purposes only.

I understand that if the limited query conducted by J.W. Hunt OTC, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to J.W. Hunt OTC, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for J.W. Hunt OTC, Inc. to conduct a limited query of the Clearinghouse, J.W. Hunt OTC, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Applicants 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.W. Hunt OTC, 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 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.W. Hunt OTC, 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*

**Please note: Sample documents should NOT be construed as legal advice, guidance or counsel. Organizations should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. iiX and IntelliCorp expressly disclaim any warranties or responsibility or damages associated with or arising out of information provided.**

## **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR DOT EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

### **DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, [ J.W. Hunt OTC, Inc. ] (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from consumer reporting agencies, such as iiX and IntelliCorp Records, Inc.

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**This information is being requested in compliance with DOT regulations §40.25 and FMCSA regulation §391.23. By signing the authorization form, I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years: 1. Alcohol tests with a result of 0.04 or higher alcohol concentration; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentations, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.**

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iiX, a unit of ISO Claim Services, Inc., can be contacted by mail at 1716 Briarcrest Drive, Suite 200; Bryan, TX 77802; or phone: 800-299-7099; or website: [www.iiX.com](http://www.iiX.com).

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your current and/or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding

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the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

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## DOT AUTHORIZATION

**This information is being requested in compliance with DOT regulations §40.25 and FMCSA regulation §391.23. By signing this authorization form, I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years: 1. Alcohol tests with a result of 0.04 or higher alcohol concentration; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentations, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.**

I have read and understand the foregoing Disclosure, and authorize [ J.W. Hunt OTC, Inc. ] to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications.

Additionally, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summary of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand that if Company makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summary of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify Company within five business days of my receipt of the Report that I am challenging the accuracy of such information with iiX and Intellicorp.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Parent or Legal Guardian Signature (if a minor)

\_\_\_\_\_  
Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA,  
AND OKLAHOMA

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUETTS AND NEW  
JERSEY

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.**



**GEORGIA DEPARTMENT OF DRIVER SERVICES  
BULK MVR USER CERTIFICATE**

User (Company) Name:		iiX Account No.:	
Address:			
City:		State:	Zip Code:
Telephone #:		Fax #:	Email:
Bulk Requestor Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name: Insurance Information Exchange, a unit of ISO Claim Services, Inc. (iiX)	

The company or individual named above certifies that for each driving record requested, the information contained therein shall be used solely for one of the following approved purposes: insurance claims investigation, insurance antifraud activities, insurance rating, insurance underwriting, car rental agreements, address verification by a creditor, or as part of a background investigation on an employee or applicant for employment.

In the event that an adverse decision is based upon any information supplied to the User by the Department of Driver Services (DDS), then upon request of the driver named in the driving record, the User or the producing insurance agent, if applicable, shall inform the driver named in the record of all information pertinent to the decision. This provision is to be construed as requiring the User to include specific information included in the driver's record.

All information is requested only for the User's exclusive use. The User shall not share, sell or otherwise disseminate any information included in the motor vehicle report to any other person or company, except as provided in O.C.G.A. §40-5-2, 18 U.S.C. §2721, *et seq.*, Ga. Admin. Comp. Ch. 375-3-8-.03, any other applicable provision of law, or as provided herein.

Any violation of the rules, laws or agreements applicable to the access provided herein to the User shall be considered sufficient grounds for the DDS to refuse to release any additional information on any other driver that the User may request. This administrative action by the DDS shall not be deemed to supersede any other sanctions prescribed by law, including, but not limited to, any applicable civil or criminal penalties.

The DDS has the right to inspect and copy all records, files, reports, or any other materials deemed necessary to verify that the User has abided by all terms of the certificate unless such access is prohibited by law.

The burden of showing compliance with the provisions of this certificate is at all times on the User. Upon reasonable notice by the DDS, the User must be able to demonstrate such compliance.

Users obtaining driving records for any of the aforementioned insurance purposes must have an application for insurance or renewal thereof in order to obtain driving records. Users obtaining driving records for employment or pre-employment background investigations must obtain the written consent of each licensee whose driving record is requested.

Access granted to this User via the Requestor named above, if any, shall cease immediately if the DDS terminates the Requestor's access to driving records for any reason.

Termination, non-renewal, or expiration of the agreement between the Requestor named above and the Georgia Technology Authority terminates the User's access to driving records for any reason.

The person signing below has authority to do so on behalf of the applicant named above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Person Authorized to Sign Contract

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Printed Name

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## **INFORMATION FOR iiX AND INTELICORP CUSTOMERS ON ADDITIONAL STATE LAW REQUIREMENTS**

***IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.***

***THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.***

**1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:**

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

**2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUSETTS AND NEW JERSEY, you should add the following language to the end of the Authorization:**

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.

**3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:**

*Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:*

We will be obtaining a consumer report from iiX, a unit of ISO Claims Services Inc.; 1716 Briarcrest Drive, Bryan, TX 77802; 800-299-7099, and IntelliCorp Records, Inc.; 3000 Auburn Dr; Suite 410; Beachwood, OH 44122; 1-888-946-8355. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

**4. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:**



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*Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.*

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

<p><b>§750. Definitions.</b> For the purposes of this article, the following terms shall have the following meanings:</p> <p>(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.</p> <p>(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.</p> <p>(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.</p> <p>(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.</p> <p>(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.</p> <p><b>§751. Applicability.</b> The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.</p> <p><b>§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.</b> No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless: (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or</p>	<p><b>§753. Factors to be considered concerning a previous criminal conviction; presumption.</b> 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:</p> <p>(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.</p> <p>(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.</p> <p>(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.</p> <p>(d) The time which has elapsed since the occurrence of the criminal offense or offenses.</p> <p>(e) The age of the person at the time of occurrence of the criminal offense or offenses.</p> <p>(f) The seriousness of the offense or offenses.</p> <p>(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.</p> <p>(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.</p> <p>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.</p> <p><b>§754. Written statement upon denial of license or employment.</b> 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.</p> <p><b>§755. Enforcement.</b> 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.</p> <p>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.</p>
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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.	
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**5. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN WASHINGTON STATE:**

*Under the Washington Fair Credit Reporting Act, you have the right to ask iiX or IntelliCorp for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.*

**6. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN OREGON:**

*Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.*

**ADDITIONAL NOTES:**

**A. If you intend to obtain a “credit report” to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A ‘credit report’ is a type of consumer report that contains information on a consumer’s credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:**

<http://www.ncsl.org/research/financial-services-and-commerce/use-of-credit-information-in-employment-2015-legislation.aspx>

**B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking applicants about arrests and/or convictions. You should review your state’s laws and regulations in this regard. A good source of information on this topic is:**

<http://www.nelp.org/content/uploads/Ban-the-Box-Fair-Chance-State-and-Local-Guide.pdf>