



Application Information

Submit the following with your application:

Copy of your Drivers License:

Please look over the application before sending back to Protected Cargo. All information should be completed using a **BLACK** pen. Please make sure that you **sign all pages requiring a signature.**

Mail To:

Protected Cargo Transport
ATTN: Safety Dept.
2671 E. Coulee Crossing Rd.
Woodworth, LA 71485

Fax: 318.443.8221

If faxing make sure all pages go through.

Thank you
Susan Sims / Safety Department
Protected Cargo Transport L.L.C.

Protected Cargo Transport Driver Application

Important Note: If you apply for a CDL driving position at Protected Cargo Transport LLC, your employment and safety performance will be investigated. All driver applicants to drive interstate commerce must provide the following information on ALL employers during the preceding 3 years: List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Position Desired:			Date:
First Name	Middle Name	Last Name	Home Phone: () Cell Phone: ()
Street Address		Email Address	Work Phone: ()
City, State, Zip		How Long at this Residence?	Social Security Number
Previous Addresses (Three years address history required)			
Previous Address: _____			How Long?
Previous Address: _____			How Long?
Have you ever <i>applied</i> for employment with us before? ___ Yes ___ No (If Yes, provide Month and Year) ___ / ___			Pay Expected:
Have you ever <i>been employed</i> with us before? ___ Yes ___ No (If Yes, provide Month and Year) ___ / ___			Reason For Leaving:
How Did You Learn About Protected Cargo Transport?			Date Of Birth: (Required For CDL Drivers Only)
Have you ever held this position or done this sort of work before? ___ Yes ___ No			When will you be available to begin work?
Do you wish to work:		Full Time ___ Part Time ___	Are you on layoff and subject to recall?
Are you working now?		___ Yes ___ No	

Do you have a current CDL License? ___ Yes ___ No

List below all states that you have had a commercial vehicle license or permit within the last 10 years

State	License Number	Class / Endorsements	Expiration Date

If you have held a Drivers License in any other name within the last 10 years please provide the other name:

Last: _____ First: _____ Middle: _____

Experience

Dates From / To	Tractor / Trailer Type	Approximate Total Miles Driven
	Tractor / Trailer	
	Straight Truck	
	Other	

In what areas have you driven? Circle all that apply or list states under other: Northeast, East of Mississippi, Southeast, Midwest, West of Rocky Mountains, Canada

Other: _____

I first started driving tractor trailer in ___ (Month) ___ (Year) The date of my last accident while driving a COMMERCIAL VEHICLE was: ___ / ___ / ___. I have since driven approximately ___ accident-free miles.

Have you ever had your Drivers License suspended or denied? ___ Yes ___ No

If Yes, please explain: _____

Protected Cargo Transport Driver Application

List all employers and phone numbers. Give **ACCURATE** and **COMPLETE** Full-Time and Part-Time employment records. **Start with present or most recent employer first.**

Current (Last) Employer		Telephone No. (____) _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Second Last Employer		Telephone No. (____) _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Third Last Employer		Telephone No. (____) _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Fourth Last Employer		Telephone No. (____) _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Protected Cargo Transport Driver Application

List Employers and Phone Numbers (cont.)

Fifth Last Employer		Telephone No. () _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Sixth Last Employer		Telephone No. () _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Seventh Last Employer		Telephone No. () _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

Eighth Last Employer		Telephone No. () _____	
Address:		Employed (Include Month, Day and Year) From: _____ To: _____	
Name of Supervisor:		Weekly Pay Start: _____ Last: _____	
Position Held:	Equipment Driven:	Areas Driven:	Reason For Leaving:
Were you subject to the FMCSRs* while employed here? _____ Yes _____ No			
Was your job designated as a safety sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR part 40? _____ Yes _____ No			

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more. (2) is designated to transport nine or more passengers, or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.

**Protected Cargo Transport
Driver Application**

Accident Record (List All) – Commercial, Personal, Preventable and Non-Preventable

Date	City / State	Type Of Vehicle / Nature of Accident / What Happened	Fatalities Yes/No	Injuries Yes/No

Traffic Convictions and Forfeitures (List All)

Date	City / State	Charge – If Speeding, How Fast?	Fatalities Yes/No	Injuries Yes/No

Do you have a current DOT physical certificate? Yes No

Are you physically capable of heavy manual work as may be required in the securing of cargo and the operation of over-the-road tractors and semi-trailers? Yes No If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? Please explain: _____

References: (Not employers or relatives) List three

Name and Address	Phone	Occupation	Known How Long?

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

If not a U.S. Citizen, do you possess an alien registration card? Yes No

If yes, give alien registration number: _____

Education / Training

Type	Name and Location of School	Course of Study	Number Years	Did You Graduate?
Driving				
College				
High School				
Other				
Comments				

**Protected Cargo Transport
Driver Application**

Military: COMPLETE THIS SECTION IF YOU SERVED IN THE ARMED FORCES

Branch of Service: _____

Describe Your Duties and Special Training	Period Of Active Duty	
	From:	To:
	Rank At Discharge:	
	Date Of Final Discharge:	

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience. *(Licenses, skills with machines, courses, training, safe driving awards)*

Membership in Professional or Civic Organizations *(exclude those which may disclose your race, color, religion or national origin)*

State any additional information that you feel may be helpful to us in considering your application

Applicants Statement – READ CAREFULLY

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used, and that my references and prior employers may be contacted for the purpose of investigating my background.

I hereby authorize Protected Cargo Transport, LLC hereinafter “The Company” to investigate all statements and to secure any necessary information from my references, prior employees, or other sources identified herein.

I hereby release the “Company”, any of my references, prior employers, or other sources identified herein from any and all liability arising from their giving or receiving information about me or my driving record or employment history. I hereby authorize any law enforcement agency or court of record to furnish the “Company” information concerning my Motor Vehicle records or any Felony or Misdemeanors of which I have been convicted.

I understand that any false or misleading statements in this application shall be considered an act of dishonesty and will be sufficient cause for rejection of my application if the “Company” has not already disqualified me as a driver and cause for immediate termination if it has qualified me as a driver.

It is understood that this application for qualification in no way obligates the “Company” to employ me. I further agree that if I am employed, I have the right to terminate my employment at any time for any reason and that the “Company” has the same right. It is agreed and understood that if qualified and hired, I will be on a conditional, probationary employment period during which time I may be disqualified without recourse.

It is also agreed that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I acknowledge that I have the right to request in writing at any time up to thirty (30) days following being employed or denied employment by the “Company” to, (1) review information provided to the “Company” by previous employers (2) have errors in the information corrected by the previous employer and have them resend the corrected information to the “Company”, and (3) have a rebuttal statement attached to the alleged erroneous information if my previous employer and I can not agree on the accuracy of the information.

**Protected Cargo Transport
Driver Application**

This certifies that this application was completed by me and that all entries on it and information in it are complete to the best of my knowledge. All written requests for records must be sent to the attention of THE SAFETY DIRECTOR, 2671 E. Coulee Crossing Rd., Woodworth, LA 71485

I agree to furnish such information and complete such examinations as may be required to complete my Driver Qualification and Application File.

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTITIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE PRECEDING STATEMENT.



Signature Of Applicant

Date

AUTHORIZATION AND CONSENT



Applicants Name

Social Security Number

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

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

Applicant Name: _____ SS Number: _____
(Please Print)

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

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

_____ Yes

_____ No

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

_____ Yes

_____ No

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



Applicant Signature: _____ Date: _____

All driver applicants to drive Interstate Commerce must provide the following information on ALL employers during the preceding three (3) years: list complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

IMPORTANT NOTE: If you apply for a CDL Driving position at Protected Cargo Transport LLC, your employment and safety performance history will be investigated.

Protected Cargo Transport, LLC
CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION
ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with PROTECTED CARGO TRANSPORT, LLC (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including , but not limited to, the following:

- Post Accident – Section 382.303
- Random – Section 382.305
- Reasonable Suspicion – 382.307
- Return To Duty – 382.309
- Follow-Up – 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes a the Substance Abuse Professionals (SAP) evaluation, referral educational/treatment process, as described in FMCSR Part 40, Subpart O.

NAME _____

ADDRESS _____

PHONE # _____

All my employers during the past 3 years are listed on my employment record. Following is a list of all the companies for which I applied to work as a driver during the past 3 years.

COMPANY NAME

APPLICATION DATE

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR

I _____ have read the above controlled substances and alcohol testing requirements
(Print Name)
and understand them.



Applicants Signature

Date

All driver applicants to drive Interstate Commerce must provide the following information on ALL employers during the preceding three (3) years: list complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

IMPORTANT NOTE: If you apply for a CDL Driving position at Protected Cargo Transport LLC, your employment and safety performance history will be investigated.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: PROTECTED CARGO TRANSPORT, LLC
Contact Person: Charles Reich
Address: 2671 E. Coulee Crossing Rd. City, State, Zip: Woodworth, LA 71485
Phone #: (318) 448-1241 Confidential Fax#: (318) 443-8221

Driver to Complete This Section

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

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



Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION 1 – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

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

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

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

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

All driver applicant's to drive interstate commerce must provide the following information of ALL employers during the preceding 3 years: list complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Important Note: If you apply for a CDL driving position at Protected Cargo Transport, LLC, your employment and safety performance history will be investigated

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) in which the above-named driver/applicant was involved within the past three years while under your employment. If possible also may include information on minor accidents/incidents at their discretion

If there is no accident information for this driver please check here. | |

Date	Location (please give city/town, or most near and state)	Any vehicles Towed?	Hazmat Spill	Number Of Fatalities?	Number Of Injuries?

Please list all Out of Service (OOS) violations applicant had in the past 3 years.

If there were no OOS violations please check here. | |

Date	Violation Description	Locations

SECTION III – Past Employer To Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-named driver/applicant:

Applicant was employed for you as a _____ from ___/___/___ to ___/___/___

If employed as a driver, what type of equipment did applicant operate? Straight Trucks Tractor/Trailer

Doubles Triples Other

Type of Trailer(s) pulled: _____

Was applicant a: Company Driver? Yes No ; Contractor? Yes No ; Contractor's Driver? Yes No

Other? _____

General area traveled: _____

Commodities transported: _____

While under your employment was applicant:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

All driver applicant's to drive interstate commerce must provide the following information of ALL employers during the preceding 3 years: list complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Important Note: If you apply for a CDL driving position at Protected Cargo Transport, LLC, your employment and safety performance history will be investigated

**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 Protected Cargo Transport LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

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

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

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

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

AUTHORIZATION

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

I authorize Protected Cargo Transport LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

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

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

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

Date: _____

Signature



Name (Please Print)

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

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

LAST UPDATED 12/22/2015



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization
Send to Fax# (800) 257-8069

HireRight Customer:

Company Name: **Protected Cargo Transport, LLC**
 Company Contact Name: **Chuck Reich**
 Fax #: **(318) 443 - 8221**
 HireRight Account Code: **WABWE**

PART 1- 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; (i ii) 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.

Applicant Name (Print): _____ **Social Security #** _____



Applicant Signature: _____ **Date:** _____

DOT Drug/Alcohol Disclosure/Authorization
Trucking Industry - Employment Purpose

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignment as applicable), promotion, retention or for other lawful employment purposes, I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

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

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

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

California, Minnesota or Oklahoma applicants only: You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.
 I wish to receive a free copy of the report.

Applicant Last Name: _____

Applicant Signature: _____



First, Middle: _____

Date: _____

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

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

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

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer provided information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up and receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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

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

Driver Signature: _____



Date: _____

Driver Name (Printed): _____

All driver applicant's to drive interstate commerce must provide the following information of ALL employers during the preceding 3 years: list complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Important Note: If you apply for a CDL driving position at Protected Cargo Transport, LLC, your employment and safety performance history will be investigated

CONSUMER DISCLOSURE AND AUTHORIZATION FORM
Disclosure Regarding Background Investigation

Protected Cargo Transport, LLC (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

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

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

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

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee of contractor, please also note:

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

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days or our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting the agency.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You 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.