



APPLICATION FOR EMPLOYMENT



The **ORIGINAL** application must be returned to the address below.

(Mailing Address: HR Dept., 191 Park Plaza Dr., Winston Salem, NC 27105)

NOTE: Read and complete **ALL** portions of this application in your **own** handwriting (legible) in ink. Please print. Applications that are incomplete may be rejected. This application will receive active consideration for **thirty (30) days**. If you have not heard from the Company within 30 days and wish to receive further consideration for employment, it will be necessary to complete another application form.

POSITION APPLIED FOR: (Be Specific) _____ **FT or PT**

Are you willing to work nights? Yes _____ No _____

Willing to relocate? Yes _____ No _____

PERSONAL	Last Name		First	Middle	Home Telephone ()	
	Street Address				Other Telephone ()	
	City		State	Zip Code		*Date of Birth
	Address for Past 5 years	Street	City	State	Zip Code	How Long?
		Street	City	State	Zip Code	How Long?
	Social Security Number		Are you under 18 years of age? Yes _____ No _____			
	Who Referred you to us?		Date Available:	Rate of pay expected:		
	U.S. Citizen? Yes _____ No _____		If no, do you have the legal right to remain permanently in U.S.? Yes _____ No _____			
	Have you ever worked for this company before? Yes _____ No _____ When/Where?					
	Have you previously applied for employment with this company? Yes _____ No _____ ; When/Date?					
Have you EVER been fired, discharged or suspended from any job? Yes _____ No _____ If yes, explain, which company, when, & why?						
In case of emergency contact?		Name	Address	Telephone Number ()		

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	High School					
	College					
	Business/Trade/Technical					
	Graduate School					
	Truck Driving School Graduate? Yes _____ No _____ ; School: _____ ; Class Rank: _____					

**Truck Driving Positions Only: The Department of Transportation requires that all drivers be a minimum of 21 years old.

EMPLOYMENT FOR PAST 10 YEARS

Begin with your **Present** experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self employment, and periods of unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. **Leave NO blanks or gaps in time for the past 10 years.**

CURRENT EMPLOYER	Company Name _____ Supervisor _____
	Are you presently employed? Yes _____ No _____ May we call your current employer? Yes _____ No _____
	Address _____ Telephone (____) _____
	Street City State/Zip
	Position Held _____ FT _____ PT _____ Rate of Pay _____
	*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____
	*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____
	Why do you want to change employers? _____

	*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

SECOND LAST EMPLOYER	Company Name _____ Supervisor _____
	Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____
	Address _____ Telephone (____) _____
	Street City State/Zip
	Position Held _____ FT _____ PT _____ Rate of Pay _____
	*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____
	*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____
	Why do you want to change employers? _____

	*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

THIRD LAST EMPLOYER	Company Name _____ Supervisor _____
	Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____
	Address _____ Telephone (____) _____
	Street City State/Zip
	Position Held _____ FT _____ PT _____ Rate of Pay _____
	*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____
	*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____
	Why do you want to change employers? _____

	*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

FOURTH LAST EMPLOYER	Company Name _____ Supervisor _____
	Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____
	Address _____ Telephone (____) _____
	Street City State/Zip
	Position Held _____ FT _____ PT _____ Rate of Pay _____
	*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____
	*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____
	Why do you want to change employers? _____

	*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

* This section to be completed by applicants who may drive company vehicles.

MILITARY

Have you served in the U.S. armed forces? Yes No Branch: Army Navy Air Force Marines National Guard Reserves
Dates of service: From _____ To _____ Current Duty Status: Active Inactive Discharged
Highest rank achieved _____ Rank at Discharge _____ Type of Discharge _____
If other than Honorable Discharge, please explain: _____

SUPPLEMENTARY SHEET EMPLOYMENT FOR PAST 10 YEARS

List all of your employers, driving school and other training programs, periods of military service, self employment, and periods of unemployment for at least 10 years. All time must be accounted for. Fill in **ALL** blanks. **Leave NO blanks or gaps in time for the past 10 years.**

FIFTH LAST EMPLOYER

Dates of Employment

From: _____
month/year

To: _____
month/year

Company Name _____ Supervisor _____

Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____

Address _____ Telephone (____) _____

Street City State/Zip

Position Held _____ FT _____ PT _____ Rate of Pay _____

*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Why do you want to change employers? _____

*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

SIXTH LAST EMPLOYER

Dates of Employment

From: _____
month/year

To: _____
month/year

Company Name _____ Supervisor _____

Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____

Address _____ Telephone (____) _____

Street City State/Zip

Position Held _____ FT _____ PT _____ Rate of Pay _____

*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Why do you want to change employers? _____

*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

SEVENTH LAST EMPLOYER

Dates of Employment

From: _____
month/year

To: _____
month/year

Company Name _____ Supervisor _____

Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____

Address _____ Telephone (____) _____

Street City State/Zip

Position Held _____ FT _____ PT _____ Rate of Pay _____

*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Why do you want to change employers? _____

*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

EIGHTH LAST EMPLOYER

Dates of Employment

From: _____
month/year

To: _____
month/year

Company Name _____ Supervisor _____

Are you presently employed? Yes _____ No _____ May we call this employer? Yes _____ No _____

Address _____ Telephone (____) _____

Street City State/Zip

Position Held _____ FT _____ PT _____ Rate of Pay _____

*Were you subject to Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

*Was your position designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes _____ No _____

Why do you want to change employers? _____

*No. of States Driven in _____ No. of Accidents _____ Type of Equipment Driven _____

Please explain accidents _____

* This section to be completed by applicants who may drive company vehicles.

PLEASE COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE NOT APPLYING FOR A DRIVING POSITION

List all driver's licenses held in past five (5) years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Do you possess a current Commercial Driver's License? _____ Which endorsements do you have, if any? _____

***TRAFFIC CONVICTIONS AND FORFEITURES**

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES OR SUSPENSIONS OF LICENSE IN A MOTOR VEHICLE (other than parking violations) FOR THE PAST 5 YEARS (IF NONE, WRITE NONE).

DATE	LOCATION (STATE)	CHARGE	PENALTY

***ACCIDENT RECORD**

LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A TRUCK, CAR, MOTORCYCLE, OR OTHER MOTORIZED VEHICLE INCLUDING PROPERTY DAMAGE. INCLUDE ALL ACCIDENTS WHETHER AT FAULT OR NOT AT FAULT (IF NONE, WRITE NONE).

DATE	VEHICLE TYPE	NATURE OF ACCIDENT (Head on, rear-end, upset, etc.)	Were you at Fault?	Were you Ticketed?	Any Fatalities?	Any Injuries?	Amount of Property damage

*This section to be completed by applicants who may drive company vehicles.

ALL APPLICANTS:

	Yes	No	Date
*Have you ever been convicted of a felony or other serious crimes (other than a traffic violation)?	_____	_____	_____
*Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____	_____
*Has any license, permit or privilege ever been suspended or revoked?	_____	_____	_____
*Have you ever been convicted, or are any charges pending, for reckless or careless operation of a motor vehicle?	_____	_____	_____
*Have you ever been convicted, or are any charges pending, for driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof?	_____	_____	_____
*Have you ever been convicted, or are any charges pending, for possession, sale or use of a narcotic drug, amphetamines or derivative thereof?	_____	_____	_____
*Have you ever been refused any type of motor vehicle insurance or been denied bonding?	_____	_____	_____
*If you answered yes to any of the above, please explain. _____			

TRUCK DRIVERS ONLY: DRIVING STATUS

I am applying to operate as a:

Company Driver. I want to drive for the _____ Location
City

Co-driver for team operation. I want to drive with: _____
(Individual's name)

I want to drive: Local Over the Road Full Time Part Time

Do you have an original long-form DOT physical or certification card? Yes No Expiration Date _____

Total Tractor-Trailer year's experience: _____ Estimated total tractor-trailer miles within last 4 years: _____

Total Straight Truck year's experience: _____ Estimated total Straight Truck miles within last 4 years: _____

EXPERIENCE AND QUALIFICATIONS - MAINTENANCE

PLACE AN X IN ALL AREAS IN WHICH YOU HAVE HAD EXPERIENCE

TRAILER	TRACTOR	GENERAL	PARTS
GENERAL TRAILER REPAIR	DIFFERENTIAL REBUILDING	GENERAL GARAGE WORK	PARTS DEPARTMENT
REFRIGERATION	TRANSMISSION REBUILDING	BODY WORK/PAINT	INVENTORY
WELDING - OXYACETYLENE	ENGINE REBUILDING	FUEL/WASH	STOCKING
T.I.G.	DIESEL INJECTION	WHEEL & TIRE BALANCING	ORDERING
M.I.G.	PREVENTIVE MAINT./SERVICING	TIRE WORK/REPAIR	DISPENSING
ARC	DRIVER VEHICLE CONDITION REPORT	AIR BRAKES	OTHER:
ELECTRICAL TROUBLE SHOOTING	FRONT AXLE ALIGNMENT	ROAD CALLS	OTHER:

CHECK TYPE OF ENGINE EXPERIENCE CAT CUMMINS MACK DETROIT OTHER (SPECIFY) _____

HAVE YOU HAD ANY SUPERVISORY EXPERIENCE? IF YES, EXPLAIN: _____

EXPERIENCE AND QUALIFICATIONS - OFFICE AND CLERICAL

TRAINING AND EXPERIENCE IN THE FOLLOWING	Training (Check)	Years of Experience	TRAINING AND EXPERIENCE IN THE FOLLOWING	Training (Check)	Years of Experience
TYPING			PAYROLL		
SHORTHAND/SPEED WRITING*			OS & D		
FILING			CASHIER		
CRT			DISPATCHER		
PC			CREDIT / COLLECTIONS		
DATA ENTRY			RATES / TARIFFS		
10 KEY CALCULATOR			SAFETY		
ACCOUNTS PAYABLE			ACCOUNTING		
ACCOUNTS RECEIVABLE					

*INDICATE WORDS PER MINUTE

LIST COURSES AND TRAINING IN OFFICE WORK _____

TO BE READ AND SIGNED BY APPLICANT:

By completing and submitting this application, I :

* authorize Salem National Lease Corp / Salem Carriers, Inc. (hereafter referred to as the 'Company') or its agents to investigate my background, credit check, character, general reputation and prior employment by contacting my prior employers, references or any other individuals the Company considers necessary (understanding that I may have the right to request in writing disclosures of certain information obtained by the Company in the course of its investigation of my background and experience);

*authorize my prior employers, references and any other individuals contacted by the Company to release any and all information requested, and absolve those parties who provide information requested from any and all liability related to their doing so;

*acknowledge that any employment offered to me is at the will of the Company and may be terminated by the Company at any time, with or without cause. I agree that there are no written, oral, or implied contracts concerning my employment with this Company;

*acknowledge that I will be required and agree to submit to a physical examination (if applicable) and testing for drug use as part of the Company's evaluation results to Company and Company's unrestricted use of those results;

*acknowledge and agree that an express condition of my employment is that I stay drug-free and promptly submit to random drug testing;

*acknowledge and agree that evidence of drug use during my employment will be grounds for immediate termination without notification;

*certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge;

*certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading or incorrect information in connection with the Company's evaluation of me as a candidate to employment is grounds for immediate termination of my employment, when discovered;

*confirm that I have only one valid driver's license in the state I reside;

*understand and agree that if hired, I will be on a (90) day probationary period.

DATE _____ SIGNATURE _____

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, disability, marital status, or any other reason prohibited by law.

INQUIRY TO PAST EMPLOYERS

From: Prospective Employer

Salem Carriers
PO Box 24788
Winston Salem, NC 27114-4788
PHONE: (800) 709-2536
FAX: (336) 661-3219

To: Previous Employer

Company _____
Street _____
City _____ State _____ Zip _____
Person & Position Contacted _____
Phone number _____ Date _____

Human Resources Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Thank you for your assistance.

APPLICANT NAME: _____ SSN: _____ - _____ - _____

1. Applicant employed from (dates) _____ to _____
 2. Did this applicant drive motor vehicles for you? Yes No
 Straight Truck Tractor Trailer Other _____
 3. If Tractor Trailer, what type of equipment? (Check all that apply) Vans: 27ft 45ft 48ft 53ft 57ft
 Doubles Tanker Flatbed Dumps Lowboys Drybox
 4. In what capacity? Over-the Road Local What states? _____
 5. Quality of work? Good Fair Poor
 6. Customer Service? Good Fair Poor
 7. As defined in Section 390.5, did this applicant have any D.O.T. recordable accidents during employment with your company?
 Yes No
 Preventable Non-Preventable
 8. Please provide details of D.O.T. recordable accident(s) during employment? _____
 9. Please advise of any injuries, illnesses or prescribed medications: _____
 10. Reason for leaving your employ?
 Discharged Resigned Layoff
 11. Is this applicant eligible for rehire? Yes No
- If not eligible, please explain: _____

GENERAL EMPLOYMENT INFORMATION RELEASE

I hereby authorize you to release to Salem Carriers/NationaLease all information concerning my employment, which may request such information in connection with my application for employment. I authorize this release to include oral assessments of my job performance, ability, fitness, and accident information. I hereby release you from any and all liability of any type as a result of providing this information.

_____	_____	_____	_____
APPLICANT SIGNATURE	DATE	WITNESS SIGNATURE	DATE

12. These questions is in compliance with 382.405 (f) and (h), which state:
 - (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the driver's request. 382.413 (a)(b)(c)(e)(f) further state:
 - (a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers
 - (f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

Has this employee tested positive in the past three years for controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this employee tested greater than .04 blood alcohol in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this employee ever refused to take a required drug or alcohol test in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there was a drug/alcohol violation, did the employee complete a substance abuse rehabilitation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRUG & ALCOHOL RELEASE

I hereby authorize you to release to Salem Carriers/NationaLease all information concerning drug/alcohol testing during my employment. I hereby release you from any and all liability of any type as a result of providing this information.

_____	_____	_____	_____
APPLICANT SIGNATURE	DATE	WITNESS SIGNATURE	DATE



Salem Carriers, Inc.
Salem Leasing, Inc.

Excellence In Transportation

TO: All Tractor/Trailer Driver Applicants
SUBJECT: Hiring Procedures of Salem Carriers, Inc. (Prospective Employer)
FROM Human Resources Department

1. Salem Carriers, Inc. Human Resources Department will take/receive applications from Driver applicants.
2. All applications will be screened for completeness, which includes the ten (10) year work history, and all D.O.T. information, signature, and date.
3. Our Human Resources Department will process all applications in a timely manner. Processing includes (but not limited to) Motor Vehicle Report (MVR), DAC work history check, reference checks, review of safety performance history and a personal interview.
4. The information provided concerning previous employers may be used to investigate applicants safety performance history.
5. As described in Federal Motor Carrier Safety Regulations part 391.23(i), applicants have the rights:
 - To review information provided by previous employers.
 - 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.
 - 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.
6. Driver applicants wishing to review previous employers provided investigative information must submit a written request to the prospective employer which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment.
7. Salem as the prospective employer is required to provide the driver applicant with the records received from previous employers within 5 days of the written request or within 5 days after information is received.
8. If the applicant has not arranged to pickup or receive requested records within 30 days of prospective employer making them available, prospective employer will consider the applicant to have waived his/her request to review the records.
9. After satisfactory completion of the review process, our Human Resources Department will schedule the applicant for Road Test, D.O.T. Drug Screen and Physical.
10. It is not the policy or practice of Salem Carriers, Inc. to hire any driver applicant until all application, Road Test, Physical, and D.O.T. Drug Screen requirements have been satisfied!

Thank you for your interest in Salem Carriers, Inc. We look forward to being able to work with you.

By signing below, I state that I have read and understand the above Hiring Procedure.

Signature

Date

Revised 08/26/04

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose 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; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to 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 by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

ADDITIONAL STATE LAW NOTICES

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 us, within five business days of 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 request, to be informed of whether or not a consumer report was requested. If a 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 that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request 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 us a complete and accurate disclosure of the nature and scope of the investigation requested by us. 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.

Notices continue on next page

**NEW YORK CORRECTION LAW
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§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, 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 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.

§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 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 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:

(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.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(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.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(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.

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.