



(Answer all questions – please print)

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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO OF MILES
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	VAN, TANK, FLAT, DUMP,REFER			
TRACTOR AND SEMI-TRAILER	VAN, TANK, FLAT, DUMP,REFER			
TRACTOR – TWO TRAILERS	VAN, TANK, FLAT, DUMP,REFER			
TRACTOR – THREE TRAILERS	VAN, TANK, FLAT, DUMP,REFER			
MOTORCOATCH – SCHOOL BUS				
OTHER				

EMPLOYMENT HISTORY

Applicants to drive a commercial vehicle in intrastate or interstate commerce shall provide the preceding 10 years' information on those employers for whom the applicant operated such vehicle. List complete mailing address, street number, city, state and zip code.

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

EMPLOYER			DATE	
NAME			FROM	TO
			Mo. Yr.	Mo. Yr.
ADDRESS			Position held	
CITY	STATE	ZIP	Salary	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
			Mo. Yr.	Mo. Yr.
ADDRESS			Position held	
CITY	STATE	ZIP	Salary	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCRs 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	TO
			Mo. Yr.	Mo. Yr.
ADDRESS			Position held	
CITY	STATE	ZIP	Salary	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCRs 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	
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			Mo. Yr.	Mo. Yr.
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WERE YOU SUBJECT TO THE FMCRs 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	
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			Mo. Yr.	Mo. Yr.
ADDRESS			Position held	
CITY	STATE	ZIP	Salary	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCRs 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				

TO BE READ AND SIGNED BY APPLICANT - This certifies 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.

Signature: _____ Date: _____

eVERIFYFILE

Be Certain

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

_____ its affiliated companies, and/or its agents (collectively, herein after referred to as “Company”) may obtain information about you from a consumer reporting agency for purposes permitted under the Fair Credit Reporting Act 15 U.S.C.1681 *et seq.*, including employment purposes, a business transaction initiated by you, or upon your written instructions. A “consumer report” and/or an “investigative consumer report” may be requested which may include information regarding your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to your criminal history, credit history, motor vehicle records such as driving records, drug and alcohol (accident results) for DOT requirements, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to e-Verifile, 2400 Herodian Way, Smyrna, GA. 30080- 770-859-9899. For information about e-Verifile's privacy practices see www.e-verifile.com. The scope of this notice and authorization is not limited to the present and, if hired or engaged to transact business with the Company, will continue and allow the Company to conduct future screenings for retention, promotion, reassignment, access to the Company's or its customer's premises or for a continuing relationship with the Company, unless revoked by me in writing.

eVeriFILE

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AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I have carefully read, and understand this Authorization form. I further acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Consumer Report" and "State Law Notices" and certify that I have read and understand both documents. I understand that Company may obtain a consumer report and/or investigative consumer report for employment purposes, in connection with a business transaction initiated by you, or otherwise upon your written instructions. These reports may be obtained at any time after receipt of my authorization, and if I am hired or engaged to transact business with the Company, throughout my employment or relationship with the Company. I understand that the Company reserves the right to share the information contained in the report(s) with any third-party companies for whom I will be placed to work or with whom I will have a relationship or will have access to the premises. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

I understand and authorize information which is contained in my employment application, or otherwise disclosed by me, may be used for the purpose of obtaining consumer reports and/or investigative background reports at any time during my relationship with the Company. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, drug laboratories, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by eVeriFile.

A credit report may be obtained in connection with your application for employment. If a credit report has been ordered, you may have additional rights under the Federal and State laws. If Company orders a credit report it will be for the following reason:

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by eVeriFile during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at eVeriFile's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. eVeriFile has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22,

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.
By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

California, Minnesota or Oklahoma applicants only:

☐ You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.
☐ I wish to receive a free copy of the report.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE E-VERIFILE TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE I acknowledge that the Company has provided me with a copy of A Summary of Your Rights Under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Please Print: Name: First: _____ Middle: _____ Last: _____

Social Security Number: _____ - _____ - _____ Gender* (check one): Male Female

Driver's License # _____ Issuing State _____

Daytime Phone Number _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____

Street Number and Name City State Zip Dates

1 Note: Date of Birth and Gender information are required for identification purposes only, and are in no manner used as qualifying for a relationship with the Company.

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STATE LAW NOTICES

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization to Obtain Consumer and/or Investigative Consumer Report.

Massachusetts and New Jersey: If Company request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: You have the right to request whether the Company requested an investigative consumer report and, if so, the Company will give you the name and address of the report's provider if other than eVerifile. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by directly contacting eVerifile (or another organization identified by the Company as the provider of an investigative consumer report).

Washington State: If Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Company a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from eVerifile a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CREDIT REPORTS:

California, Colorado, Connecticut, Hawaii, Illinois, Maryland, Nevada, Oregon, Vermont, and Washington State: The listed states restrict the circumstances in which Company may obtain credit information about you. Company will not obtain credit information about you unless such information is substantially related to the duties and responsibilities of the position for which you are applying or for any other reason otherwise permitted under applicable law.

CNS employee authorization to pull PSP records on behalf Fine Line Transportation LLC

In connection with your application for employment with Fine Line Transport LLC ("Prospective Employer"), Prospective Employer, its employees, agents (CNS) 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 CNS on behalf of Fine Line 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

CNS employee authorization to pull PSP records on behalf Fine Line Transportation LLC

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)

Date: _____

Signature: _____

Name (Please Print) _____

Background Check Authorization for Compliance Navigation Specialist

Print Name: _____
(First) (Middle) (Last)

Former Name(s) Used: _____

Current Address: _____

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Compliance Navigation Specialist on the behalf of Fine Line Transportation LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Fine Line Transportation LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Fine Line Transportation LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____