

C & H Trucking, LLC.

APPLICATION FOR EMPLOYMENT

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

Date of Application _____

Applicants Name: _____
(Print) First Middle Last Social Security Number

*Current Address _____
Street City State Zip

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip

Street City State Zip

Home Phone () _____ Cell Phone () _____

Position Applying For: _____ Rate of pay expected? _____

Who referred you? _____ *Have you worked here before? _____

*If yes, please list date and reason for leaving _____

Names of any relative employed by the company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL INFORMATION

*Have you ever been convicted of a felony? _____ If yes, please explain _____

*Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____ Relationship: _____

C & H Trucking, LLC.

PRIOR WORK HISTORY FOR THE PAST 10 YEARS

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER () —			
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATE MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
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*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

C & H Trucking, LLC.

PRIOR WORK HISTORY FOR THE PAST 10 YEARS

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
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C & H Trucking, LLC.

DRIVER EXPERIENCE & QUALIFICATION

DRIVERS LICENCES HELD IN PAST 3 YEARS MUST BE SHOWN	STATE	LICENCE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
 B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If you answered "YES" to A or B please explain _____

DRIVING EXPERIENCE (check YES or NO)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TRUCK, FLAT, DUMP, REFER			
TRACTOR & SEMI TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TRUCK, FLAT, DUMP, REFER			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TRUCK, FLAT, DUMP, REFER			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TRUCK, FLAT, DUMP, REFER			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
OTHER:				

List states operated in during last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

MAINTENANCE EXPERIENCE

List courses and training in maintenance work _____

JOB FUNCTION

Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (state/Fed)		
Refrigeration (Cargo)			General Car Repair		

ACCIDENT RECORD for past 3 years

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

C & H Trucking, LLC.

TRAFFIC CONVICTIONS & FORFIETURES for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Certification of Compliance

Certification by Driver

I hereby certify that I understand the driver provision of the Commercial Motor Vehicle Safety Act of 1986 that became effective July 1, 1987. In summary it states:

- Commercial motor vehicle operators can only carry one license issued from their home state.
- Upon conviction of a traffic violation (other than parking) you must notify your home state, that which issued your license, and your motor carrier of such conviction immediately.
- Drivers with additional licenses must return them in the issuing state.
- Failure to comply is a violation of Federal regulations and can subject the individual to a significant fine.

Driver's Name (print): _____ SS#: _____
Last Middle First

Driver's Residence Address: _____ City: _____ State: _____ Zip: _____

CDL Permit #: _____ State: _____

Class A/B CDL License #: _____ State: _____

I further certify that the above commercial vehicle license is the only one held or that **I have surrendered the following CDL licenses to the states indicated.**

State: _____ Type/Class: _____ State: _____

State: _____ Type/Class: _____ State: _____

Drivers Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

C & H Trucking, LLC.

Prior Injury Inquiry

1. Have you ever been treated for a previous injury? Yes_____ No_____

If so, please describe the type and extent of the injury:

2. Have you ever had a workman's compensation injury? Yes_____ No_____

3. If yes, what type of injury? Describe in detail the extent of the injury and what part of the body was involved.

4. Give the following information in regard to any injury:

a. Date of injury:_____

b. Treating Physicians name and Address:_____

c. Employers name, address and phone number, if workman's comp:_____

d. Did you have any lost time because of the injury? Yes_____ No_____

e. How long were you off work or restricted?_____

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Drivers Signature:_____ **Date:**_____

C & H Trucking, LLC.

FOR OFFICE USE ONLY - DO NOT WRITE ON THIS PAGE

Process Record

Name: _____ SS# _____

Applicant Hired? Yes _____ No _____ Date of Birth: _____

Date Employed: _____ Starting Pay: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
APPLICATION						
INTERVIEW						
PHYSICAL EXAM						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
POLICY & TRAFFIC RECORD						

Interview notes: _____

Signature of Interviewer: _____ Date: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____

Quit _____ Laid-off _____ Fired _____ Other _____

Reason for termination: _____

Signature of Manager: _____



Kansas Department of Revenue

Motor Vehicle Records (Drivers License and Vehicle Title/Registration records)

3rd Party Consent (Please print or type)

I hereby certify that my name is _____
(First name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____/____/____, my driver's license number
is _____, my tag number is _____, my vehicle identification number
is _____, my current address is:

(Street) (Apartment/Unit) (City) (State) (Zip)

and my telephone number is _____.

I hereby authorize _____
(First name) (Middle Initial) (Last Name)
to obtain my vehicle registration and/or driver's license record information including my personal
information on those records.

(Signature)

(Date)

C & H TRUCKING, LLC.

18333 W. MACARTHUR RD.
GODDARD, KS 67052
(316) 992-5400
candhtrucking@pixius.net

CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with C & H Trucking LLC, in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and becomes part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to C & H Trucking LLC.

Signature _____ Date _____

Witness _____ Date _____

Employment Verification

C & H Trucking, LLC
 18333 W. MacArthur Rd.
 Goddard, KS 67052
 Phone: (316) 794-8282
 Fax: (316) 794-8838

Date Sent
 1st request _____
 2nd request _____
 3rd request _____

Date Received _____

Driver Name: _____

Company Name: _____

Company Address: _____

Date Hired: _____ Company DOT _____ Miles / week _____
 Last Worked: _____ Position Held _____ Hours / week _____

Driver Class: _____ Type: _____ Truck: _____ Trailers Hauled _____
 Company _____ Solo _____ Tractor Trailer _____ Flatbed _____
 Lease _____ Team _____ Straight Truck _____ Van _____
 Own / Op _____ Student _____ Other _____ Reefer _____
 Other _____ Other _____ Intermodal _____
 Other _____

Subject to FMCSRs? _____ Subject DOT D&A? _____ Eligible for Rehire _____ Terminated _____
 Yes _____ Yes _____ Yes _____ Yes _____
 No _____ No _____ No _____ No _____
 Review _____

Responsible for _____ Area _____ Trailer _____ Number of States _____
 Maintaining logs? _____ Driven _____ Length _____ feet _____ Driven _____
 Yes _____ OTR _____
 No _____ Regional _____
 Local _____
 Other _____

Type of Loads hauled: _____ Reason For Leaving _____

How many accidents, if any, did he/she have while working for you? (if none, please enter zero) If more space is needed, please attach an additional sheet. Preventable _____ Dot Reportable _____
 Non-Preventable _____

Date	City, State	Description	# fatalities	# Injuries	Hazmat	Preventable

Drug & Alcohol (to be accompanied by an appropriate drug and alcohol release)
 In the three years prior to the date of the employee's signature (on the release), for DOT- Regulated testing:

- | | | | |
|---|---|-----|----|
| 1 | Did the employee have alcohol tests with a result at 0.04 or higher? | Yes | No |
| 2 | Did the employee have verified positive drug test? | Yes | No |
| 3 | Did the employee refuse to be tested? | Yes | No |
| 4 | Did the employee have other violation of DOT agency drug and alcohol testing regulations? | Yes | No |
| 5 | Did a previous employer report a drug and alcohol rule violation to you? | Yes | No |
| 6 | If you answered "yes" to any of the above items, did the employee complete the return-to-work duty process? | Yes | No |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP Report(s), follow-up testing records).

Information Provided By (Signature): _____ Title _____ Phone _____

 Printed Name _____ Addition Comments _____

Company Name

I hereby authorize the release of all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to **C & H Trucking, LLC**. I also hereby authorize the release of all information regarding my drug and alcohol history associated with my employment. By authorizing the release of information, I acknowledge that I cannot and will not hold you liable for the outcome of said information being released.

Applicant Name

Witness Signature

Applicant Signature

Date

C & H TRUCKING, LLC.

18333 W MACARTHUR RD.
GODDARD, KS 67052
(316) 992-5400
candhtrucking@pixius.net

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT

(TO BE COMPLETED BY APPLICANT)

Date: _____

During the past 3 years, have you tested positive on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past 3 years, have you refused to test on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

IF YOU ANSWERED "YES" TO EITHER OF THE QUESTIONS ABOVE, PLEASE PROVIDE DOCUMENTATION OF YOUR SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS.

Dated this _____ day of _____, 20_____

Name of Driver _____

Signature of Driver _____

SS# _____

Witness Signature _____

This form may be used to fulfill the requirement of part 40.25j. As an employer you must ask the driver applicant whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain. Safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 3 years.

**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 _____ (“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 _____ (“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

C & H Trucking, LLC.

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 Subsection 391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) you have the right to review information provided by previous employers. II) You have the right to have errors in the information correct by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or be notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

Signature

Date