



BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

TDS Transport (the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. 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.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

Signature: _____ **Date:** _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

_____ _____
Print Full Name (First Middle Last) Maiden/AKA/Previous Name(s)

_____-_____-_____
Social Security Number (SSN)

_____/_____/_____
Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

_____ _____
Driver's License Number State of Issue

Current Address

_____ _____ _____
City State ZIP/Postal Code

(_____) _____
Phone Number

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

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

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

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

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

Date: _____

Signature

Name (Please Print)

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

LAST UPDATED 12/22/2015

TDS TRANSPORT INC.

1395 South Hackman
Staunton, IL 62088

APPLICATION FOR EMPLOYMENT DQF 1

Have all drivers-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete this application thoroughly. Attach additional sheets if more room is required for details.

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Current Address: _____

Length of Time at this Address: _____

Telephone No.: _____

Social Security No: _____ Date of Birth: _____

Date of Application: _____

Previous Address for Last Three Years {Most Recent First}

Street	City	State/Zip	How Long	Additional Information
				<input type="checkbox"/>

List All Unexpired Licenses and/or Permits

State	Number	Expiration Date

List the Nature and Extent of Your Experience Operating Different Types of Motor Vehicles

Type	Experience in Years and / or Miles Driven

APPLICATION FOR EMPLOYMENT DQF 1

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OR ANY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE.

Check here to certify that no such denial, revocation or suspension has occurred

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle [GVWR of 26,001 lbs, or more, ability to transport 16 or more people, or any vehicle requiring placarding for hazardous material], please include complete information regarding prior employment for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer [Use additional sheets if necessary].

Employer Name:	Employed From: / to: /
Address:	Reason for Leaving:
Contact:	Position:
Phone:	Fax:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes ___ No ___	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes ___ No ___	

Employer Name:	Employed From: / to: /
Address:	Reason for Leaving:
Contact:	Position:
Phone:	Fax:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes ___ No ___	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes ___ No ___	

Employer Name:	Employed From: / to: /
Address:	Reason for Leaving:
Contact;	Position:
Phone:	Fax:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes ___ No ___	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes ___ No ___	

APPLICATION FOR EMPLOYMENT

DQF 1

List All Motor Vehicle Accidents in Which You Were Involved During the Last Three Years

Date	City/State	Nature of Accident	Fatalities	Injuries

Check here to certify that you have had no accidents in the last three years

List All Violations {Other Than Parking} for Which You Were Convicted or Forfeited Bond

Collateral during the Last Three Years

Date	City/State	Charge	Penalty

Check here to certify that no convictions or bond forfeitures have occurred

Applicant Signature: _____

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.

OFFICE USE ONLY

<input type="checkbox"/>	Applicant Hired:	Date:	Start Date:	Authorized by:
<input type="checkbox"/>	Rejected for reasons of:			
<input type="checkbox"/>	Date of Termination of Employment: Authorized by:			
<input type="checkbox"/>	Dismissed:	Quit:	Other:	
	Reason:			

SAFETY PERFORMANCE HISTORY INVESTIGATION

Ref: 49 CFR Part 391.23

SPH 2/3

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to TDS Transport Inc., the Company to be my prospective employer.

Applicant's Name: _____ Social Security No: _____

Applicant's Signature: _____

Previous Employer: _____ Prev. Empl. Phone: _____

Previous Empl. Address: _____ Prev. Empl. Fax: _____

Employed From: _____ to _____ Position _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to {765-825-8383} or {866-407-8723}.

Verification of Employment

Applicant was employed with this company from ____ / ____ / ____ to: ____ / ____ / ____

Position: _____ Position required a Commercial Drivers License? ___yes ___no

Accident Information

___ No accident information to report { as defined by Part 390.5}
____ / ____ / ____

Date of accident	City or town {most near} and State	No. of fatalities	No. of Injuries
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Release of hazardous materials ? ___yes ___no { not including fuel spilled from the tanks of vehicle involved in the accident}

Additional information about the accident: _____

Please use and attach additional sheets, if necessary, to provide additional accident information as required pursuant to your internal policies.

Circle one

Type of Driver: Owner Operator / Company / Leased / Contractor's Driver / Other _____

Type of equipment: Tractor Trailer / Straight Truck / Bus / Other _____

Type of Trailers: Van / Flatbed / Tanker / Reefer / Dump / Container / Other _____

Commodities Hauled: _____

Reason for leaving: Resigned / Laid Off / Discharged / Why: _____

Prohibited Drug and Alcohol Testing Information

- Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment.
- No prohibited drug and/or alcohol conduct during the previous three years, answer the questions below.

If the driver engaged in prohibited drug and/or alcohol conduct during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test with as alcohol concentration of 0.04 or higher ? _____ yes ___no

Have a verified positive drug test result ? _____ yes ___no

Have a violation of any of the other drug and/or alcohol testing prohibitions ? _____ yes ___no

Refuse to be tested (this includes receiving a verifying adulterated or substituted drug test result)? _____ yes ___no

If yes to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional {SAP} pursuant to Part 40, while in your employment?
___yes___no

Successfully complete the return to duty program while in your employment? ___yes ___no

Released By: _____ Title: _____ Date: _____

Company: _____ Phone: _____