

DRIVER'S APPLICATION FOR EMPLOYMENT

PTI

S&J POTASHNICK

P.O. Box 628/411 Lynual St.

Sikeston, MO 63801

PHONE: (573) 471-9732

FAX: (573) 471-2863

Applicant Name (Print) _____ Date of Application _____

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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE ONLY

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEP'T RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years. Cell Phone # _____

Current Address _____
Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.
Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.
Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____ Date of Birth _____

Have you worked for this company before? _____ If so, when? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of Pay Expected _____

Have you ever been bonded? _____ Have you ever filed a worker's compensation claim? _____

Have you ever been convicted of a felony? _____ **If yes, please explain fully on a separate sheet of paper.**

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

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish.

In case of Emergency, whom should we contact?

Name _____ Telephone _____ Relationship _____

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the **preceding 3 years**. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall **also provide an additional 7 years' information** on those employers for whom the applicant operated such vehicle.

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

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

	DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL?	PREVENTABLE?
LAST ACCIDENT						
NEXT PREVIOUS						
NEXT PREVIOUS						

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS. IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

List all driver's licenses and permits held in the past 3 years

Driver's Licenses	STATE	LICENSE NO.	TYPE	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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (Check if yes)	CIRCLE TYPE	DATES FROM M/Y	TO M/Y	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR- DOUBLES <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-TRIPLES <input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/>				
OTHER (FILL IN)				

List States Operated in for Last Five Years: _____

EXPERIENCE AND QUALIFICATIONS- OTHER

List other courses, training, endorsements, and safe driving awards not shown elsewhere in this application.

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: Name: _____ City, State: _____

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: _____

EMPLOYMENT HISTORY

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE		ZIP	
CONTACT PERSON	PHONE NUMBER		POSITION HELD	
WERE YOU SUBJECT TO FMCSRs ** WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
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.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE		ZIP	
CONTACT PERSON	PHONE NUMBER		POSITION HELD	
WERE YOU SUBJECT TO FMCSRs ** WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
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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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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**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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (CONT'D)

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 FMCSRs ** 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 MO.	YR.	TO MO.	YR.		
ADDRESS	POSITION HELD					
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER					
WERE YOU SUBJECT TO FMCSRs ** 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 MO.	YR.	TO MO.	YR.		
ADDRESS	POSITION HELD					
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER					
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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						

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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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

S&J Potashnick PTI 411 Lynual Street, Sikeston, MO 63801

FAX: 573-471-2863 PHONE: 573-471-9732

Note to Applicant: Please sign the release at the bottom of this page and leave the rest blank!

****TO BE COMPLETED BY PREVIOUS EMPLOYER****

Dear Personnel Manager:

This person named herein has applied to this company for employment in a safety-sensitive position. The applicant lists your firm as a previous employer. Will you kindly reply to this inquiry regarding this applicant? As you will note from the waiver stated below, the applicant has released all liability of you and your company. PLEASE BE FACTUAL!

COMPANY: _____ PHONE #: _____

Name of Employee: _____ SS #: _____

Dates driver shows employed for you: FROM: _____ TO: _____

FROM: _____ TO: _____

Are these dates correct? _____ IF not, please give corrected dates. _____

Position Held: _____

If employed as a driver, please answer the following: Type of Driver: ___ Company ___ O/O ___ Driver for an O/O

Type of tractor operated: _____ Type of Trailer Pulled: _____

Commodities transported: _____ General are of Operation: _____

DOT RECORDABLE ACCIDENTS: YES or NO If yes, please provide the following:

Date: _____ City, State: _____ Hazmat: Y / N #Injuries/fatalities: _____

Description of Accident: _____

Did driver have any problems with citations? Y / N If yes, what kind? _____

Did driver have worker's compensation claims: Y / N ELIGIBLE FOR REHIRE: YES / NO Reason: _____

Additional Comments: _____

PLEASE ANSWER DRUG & ALCOHOL QUESTIONS FOR THE PREVIOUS 3 YEARS:

Has this person had an alcohol test with a result of 0.04 or higher concentration?	YES	NO
Has this person had a verified positive drug test?	YES	NO
Has this person refused to be tested? (Including verified adulterated or substituted)	YES	NO
Has this person committed other violations of DOT agency drug & alcohol testing?	YES	NO
If YES, to any of the above, do you have the documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up test results?	YES	NO

REQUEST COMPLETED BY: _____ DATE: _____

This certifies that this application was completed by me, and that all entries on it and information in it are truthful and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in any application or interview, may result in discharge. I also understand that I am required to abide by all rules and regulations of the company. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness, INCLUDING DATES OF ANY AND ALL ALCOHOL OR DRUG TESTS. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO to each company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company and its employees, officers, directors, and agents from any liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature Date Company Representative's Signature Date



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>S & J POTASHNICK</u>
Company Contact Name:	<u>MIA</u>
Fax #:	<u>(573) 471 - 2863</u>
HireRight Account Code:	<u>SJP</u>

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 of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (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 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §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 corrected 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 a 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 being 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.

****URINALYSIS CONSENT FORM****

I understand, as a pre-qualification condition, I am required by 49CFT Part 40; 53 FR 47002, U.S. Department of Transportation, to submit to a controlled substance test.

I agree to provide a urine sample at a location and time designated by the company, to be tested for controlled substances.

I understand if I test positive for use of controlled substances, I am not medically qualified to drive a commercial vehicle or perform safety sensitive functions.

The results of the controlled substance test will be maintained by the company designated Medical Review Officer who will report to the company whether the test results were negative or positive. I authorize the Medical Review Office to release the test results to S & J POTASHNICK TRANSPORTATION, INC. (PTI). The results will not be released to any additional party without my written authorization.

Applicant's Printed Name

Applicant's Social Security #

Applicant's Signature

Date

**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 S+J Potashnick ("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 S+J Potashnick ("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



S & J POTASHNICK TRANSPORTATION, INC.

P.O. Box 628
Sikeston, MO 63801
(573) 471-9732

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES**

Disclosure

S & J Potashnick (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____