PEOPLEASE

☐ Peoplease, LLC
☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.
☐ American Payroll & Benefits LLC
☐ Kymberly Group Payroll Solutions Inc.
☐ Affilates of The Peoplease Group

**Corporate Offices**
1 W Church St Suite 100
Orlando, FL 32801

***Personnel Office***
**2650 Barley Rd.**
**Suite 110**
**Valparaiso, IN 46383**
**Ph 800-926-8440**
**Fax 219-926-9627**

# APPLICATION FOR EMPLOYMENT
## COMMERCIAL DRIVER

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

For Co-Employment with/ PeopleaseClient Name: _____
Peoplease Client Address: _____

*Position Applying For:*
Local ____ OTR ____

Type of Truck _____
License Type/Class required: *A B C Other*_____

DATE OF APPLICATION: _____/_____/_____ *All questions on this form must be completed. Please Print and Use Ink.*

| | |
|---|---|
| Name: _____ Last First Middle | Social Security Number: |
| Address: | County: |
| City, State, Zip: | Home Phone: ( )<br>*Can this phone receive text messages?* ☐ *YES* ☐ *NO*<br>Mobile Phone: ( )<br>*Can this phone receive text messages?* ☐ *YES* ☐ *NO*<br>Email: |

| | | |
|---|---|---|
| **Address For Past Three Years** | _____ Street City State & Zip Code | How Long? |
| | _____ Street City State & Zip Code | How Long? |

| | | |
|---|---|---|
| Date of Birth _____/_____/_____ (Required for Commercial Drivers) | Have you applied or worked for Peoplease before? ☐ Yes ☐ No | Who referred you to Peoplease? _____ |

Do you have the legal right to work in the United States?
☐ YES ☐ NO

Are you now employed? ☐ YES ☐ NO

If NO, how long since leaving your last employment:

Is there any reason you *would not* be able to perform the functions of the job for which you are applying, with or without reasonable accommodation? (see attached Essential Job Function Worksheet) ☐ NO ☐ YES If YES, please explain below:

_____

_____

| EMERGENCY INFORMATION | | | | |
|---|---|---|---|---|
| In case of emergency, contact: | Name: | Relationship: | Phone Number:<br>( ) | City, State: |

## EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

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

| **Present or most recent EMPLOYER** | | **DATES** |
|---|---|---|
| NAME: | | FROM MO. YR. / TO MO. YR. |
| ADDRESS: | | POSITION HELD: |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No |
| PHONE #: ( ) CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No |
| **EMPLOYER** | | **DATES** |
| NAME: | | FROM MO. YR. / TO MO. YR. |
| ADDRESS: | | POSITION HELD: |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No |
| PHONE #: ( ) CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No |
| **EMPLOYER** | | **DATES** |
| NAME: | | FROM MO. YR. / TO MO. YR. |
| ADDRESS: | | POSITION HELD: |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No |
| PHONE #: ( ) CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No |
| **EMPLOYER** | | **DATES** |
| NAME: | | FROM MO. YR. / TO MO. YR. |
| ADDRESS: | | POSITION HELD: |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No |
| PHONE #: ( ) CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No |
| **EMPLOYER** | | **DATES** |
| NAME: | | FROM MO. YR. / TO MO. YR. |
| ADDRESS: | | POSITION HELD: |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No |
| PHONE #: ( ) CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No |

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

**EMPLOYMENT HISTORY CONTINUED**

| **EMPLOYER** | | **DATES** | |
|---|---|---|---|
| NAME: | | FROM MO. YR. | TO MO. YR. |
| ADDRESS: | | POSITION HELD: | |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No | |
| PHONE #: ( )<br>CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No | |

| **EMPLOYER** | | **DATES** | |
|---|---|---|---|
| NAME: | | FROM MO. YR. | TO MO. YR. |
| ADDRESS: | | POSITION HELD: | |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No | |
| PHONE #: ( )<br>CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No | |

| **EMPLOYER** | | **DATES** | |
|---|---|---|---|
| NAME: | | FROM MO. YR. | TO MO. YR. |
| ADDRESS: | | POSITION HELD: | |
| CITY: STATE: ZIP: | | Were you subject to the FMCSRs? ☐ Yes ☐ No | |
| PHONE #: ( )<br>CONTACT PERSON: | REASON FOR LEAVING: | Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No | |

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

| **DRIVER LICENSES** | STATE | LICENSE NO. | TYPE (A, B, etc.) | EXPIRATION DATE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | ENDORSEMENTS: | | | |

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 ☐

C. **Have you tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?** .....YES ☐ NO ☐

***If you answered yes to any of these questions, please provide details on a separate sheet***

**DRIVING EXPERIENCE**

| **CLASS OF EQUIPMENT** | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES FROM: | TO: | APPROX. NO. MILES (TOTAL) |
|---|---|---|---|---|
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| OTHER | | | | |

**LIST STATES OPERATED IN FOR LAST FIVE YEARS:**

## DRIVING RECORD

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES Mo. Day Yr. | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---|---|---|---|
| LAST ACCIDENT: / / | | | |
| NEXT PREVIOUS: / / | | | |
| NEXT PREVIOUS: / / | | | |

HOURS OF SERVICE VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)

| LOCATION | DATE | CHARGE | PENALTY |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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: DATE:

## EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

**PLEASE READ AND SIGN BELOW**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that consumer reports may be requested from consumer reporting agencies such as HireRight. These reports may include: previous employer verifications, reasons for termination, accidents, driving records, workers' compensation claims, etc. I further understand that such reports may contain information from federal, state or other agencies. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize The Peoplease Group to release any and all information regarding myself to any of Peoplease's Worksite Employer clients with whom I may be co-employed.

You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

I authorize, per 49 CFR Part 40 of FMCSRs, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to Peoplease, LLC and any affiliates or subsidiaries, specifically including Transport Leasing/Contract, Inc, Payroll Plus Corporation, and The Labor Source, Inc and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to Peoplease, LLC and any affiliates or subsidiaries, specifically including Transport Leasing/Contract, Inc, Payroll Plus Corporation, and The Labor Source, Inc. This authorization shall expire if and when my worksite employer is no longer a client of Peoplease, LLC and its affiliates. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

Peoplease, LLC, specifically including Transport Leasing/Contract, Inc, Payroll Plus Corporation, and The Labor Source, Inc. participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

**Date** **Applicant's Signature**

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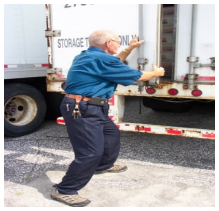
ESSENTIAL JOB FUNCTIONS WORKSHEET, AGILITY TESTING AND PRE – WORK SCREEN

This questionnaire is designed to reflect the physical demands associated with the most common tasks of a driver.
Simply check YES if you have the ability and NO if you do not have the ability to safely and regularly perform the task with or without reasonable accommodation.

| | | | |
|---|---|---|---|
|  | 1. Can you walk up and down a 12" step?<br><br>Perform sustained work activities including: Loading / unloading freight, walk to / from a truck stop, perform repetitive clutching, perform pre- and post – trip inspections of truck?<br><br>☐ YES ☐ NO |  | 2. Can you Step/Step-Kneel/Kneel?<br><br>Ability to:<br>With or without a load step<br>up to / down from the cab,<br>the trailer and cat-walk<br><br>☐ YES ☐ NO |
|  | 3. Can you do the Squats and Sit?<br><br>Ability to:<br>Perform repeated clutching, breaking, operating foot controls of a truck.<br>Step up to / down from the cab or trailer<br>Perform pre- and post-trip inspections<br>Sit and drive for an 11 hour shift<br><br>☐ YES ☐ NO |  | 4. Can you do a Floor to Waist Lift?<br><br>Ability to:<br>Load / unload freight<br>Lift and move 100 lbs<br>or more<br><br>☐ YES ☐ NO |
|  | 5. Can you do a Front Carry for 50 feet?<br><br>Ability to:<br>Carry product /cargo the<br>Length of the trailer<br><br>☐ YES ☐ NO |  | 6. Can you do a Shoulder Lift?<br><br>Ability to:<br>Load / unload freight<br>Raise the hood from the tractor<br><br>☐ YES ☐ NO |
|  | 7. Can you do a Floor to Head Lift of 60 lbs?<br><br>Ability to:<br>Lift personal gear into the cab<br>(i.e., duffle bag)<br><br>☐ YES ☐ NO |  | 8. Can you do a Horizontal Pull of 100 lbs of force or more?<br><br>Ability to:<br>Crank the dollies<br>Open / close trailer doors<br>Close / lower tractor hood<br>Enter the tractor and trailer<br>"Pull the 5th wheel"<br>"Slide the tandem"<br>Utilize a "pallet jack"<br><br>☐ YES ☐ NO |
|  | 9. Can you Crouch?<br><br>Ability to:<br>Perform pre- and post-trip<br>Inspections of the truck<br><br>☐ YES ☐ NO |  | 10. Can you do a Horizontal Push of 100 lbs of force or more?<br><br>Ability to:<br>Crank the dollies<br>Open / close trailer doors<br>Utilize a "pallet jack"<br>Operate steering, shifting, other mechanical or hydraulic controls of a truck<br>Perform repetitive motion tasks with hands and wrists<br><br>☐ YES ☐ NO |

*Prompt and reliable attendance is a job requirement.*
*I understand that any misstatement, omission, falsification or misrepresentation of fact on this form is grounds for withdrawal of the conditional job offer or termination of my employment if already employed.*

Signature of Applicant _____ Date _____

Printed Name _____ Last 4 digits of SSN _____

*Revised 1/24/25*

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☐ Peoplease Affiliates

Personnel Operations
2650 Barley Rd., Suite 110
Valparaiso, IN 46383
Ph 219 926 8440

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

*1st Attempt:* _____ *2nd Attempt:* _____

*3rd Attempt:* _____ *4th Attempt:* _____

I hereby authorize you, a DOT-regulated employer for whom I have worked in the last 3 years, to release the following information to the Peoplease LLC and any affiliates or subsidiaries, specifically including Transport Leasing/Contract, Inc., Payroll Plus Corporation, and The Labor Sources, Inc. for the purposes of investigation as required by 49 CFR Parts 391.23, 382.413, and 40.25 of the Federal Motor Carrier Safety Regulations. This information includes DOT drug and alcohol (including pre-employment testing) records, accident, and employment information. You are released from any and all liability which may result from furnishing such information. *A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS.*

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| *Date* | *Applicant's Signature* | *Applicant's Printed Name* | *Last 4 digits of SSN* |

Previous Employer Name: _____ Email/Fax#: _____
Address: _____ Phone#: _____

*Applicant: Do NOT complete anything below this line.

The individual named above has applied to our company, or one of our client companies, for a commercial driver position and states that he/she was employed by your company as a(n)_____ from _____ to _____. We appreciation your time in completing, in confidence, the information requested below.

Please return form via fax to 219-926-9627 Attention: _____, Peoplease Customer Service Rep.

| | |
|---|---|
| 1. Please list all employment dates: | and position: |
| 2. Did he/she drive a motor vehicle for you? ☐ Straight Truck ☐ Tractor Trailer ☐ Bus ☐ Other _____ | |
| 3. If tractor-trailer, what type of trailer? ☐ Dry van ☐ Flatbed ☐ Reefer ☐ Hopper ☐ Dump ☐ Lowboy ☐ Tanker ☐ Container | |
| 4. Type of driving: ☐ Local ☐ Regional ☐ OTR | |
| 5. Was he/she on time and dependable? ☐ Yes ☐ No | |
| 6. Reason for leaving employ: ☐ Discharged; reason _____ ☐ Resigned ☐ Layoff ☐ Leave of Absence | |
| 7. Is he/she eligible for re-hire? ☐ Yes ☐ No *If No, please explain:_____ | |
| 8. Did he/she have any DOT reportable accidents? ☐ Yes ☐ No **If YES, please provide details (specify dates, fault, # of injuries, fatalities, property damage, hazardous spills, etc.):* | |
| 9. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.: | |
| *Person providing verification, please sign below:*<br><br>SIGNATURE:_____ PRINTED NAME/TITLE:_____ DATE: _____ | |
| | |

# General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ (Driver Name), hereby provide consent to Peoplease LLC, Transport Leasing/Contract, Inc., Payroll Plus Corporation, The Labor Source, Inc., American Payroll and Benefits LLC, Kymberly Payroll Solutions Inc., or affiliates of the Peoplease Organization (hereafter the "Peoplease Transportation") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The query right shall be unlimited for the duration of my co-employment by Peoplease Transportation.

I understand that if the limited query conducted by Peoplease Transportation indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Peoplease Transportation without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Peoplease Transportation to conduct a limited query of the Clearinghouse, Peoplease Transportation must notify the motor carrier to prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____ _____

Employee 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 Woody's Trucking Inc ("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 Woody's Trucking Inc ("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 2/11/2016*