



**Comtrak Logistics, Inc.**  
P. O. Box 750897  
Memphis TN 38175-0897  
(901) 541-8000  
Fax (901) 541-8043

Cheryl Bowie, Loss Prevention Director  
E-Mail: [safety@comtrakinc.com](mailto:safety@comtrakinc.com)  
Website: [www.comtraklogistics.com](http://www.comtraklogistics.com)

Driver Recruitment 1-800-846-0024  
Betsi Reagh

Prospective Owner/Operator,

Comtrak Logistics, Inc. qualifies the finest driver and owner operators in the business! Your application will be thoroughly "checked out". **It must be filled out completely and accurately.** Be sure you have complete addresses and phone numbers listed for each employer (**we can not look up this information for you**).

Attached is a message from the President of Comtrak which gives you important information describing your services with Comtrak Logistics, Inc.

Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Referred By: \_\_\_\_\_

\_\_\_\_\_  
Owner Operator

\_\_\_\_\_  
Driver for Owner Operator

\_\_\_\_\_  
Name of Owner

# COMTRAK LOGISTICS

P.O. BOX 750897  
MEMPHIS, TN 38175-0897  
(901) 541-8000  
FAX (901) 541-8030

Dear Prospective Family Member,

I want to congratulate you on your desire to become a part of the Comtrak family. While our company has had tremendous growth since we began in 1983, we have never lost the culture that makes us successful each and every day. Our customers, our employees, and our contractors are treated with the respect and courtesy that enables us to call all of them a real "family member". We are real proud of that reputation.

As you fill out the enclosed application, please take your time and be as accurate as possible. It is important to have good, reliable, and factual information about you so we can be expeditious and objective in assessing your credentials and qualifications. Comtrak is proud of its past, and we will insure a successful future by continuing to hire and contract with only the finest drivers in the business.

Once again, congratulations. I hope I have the opportunity to shake your hand as a new addition to the Comtrak family and its most promising future.

Sincerely,

Jim Ronchetto  
President



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*THE INDUSTRY LEADER SINCE 1983.*

## DRIVER QUALIFICATIONS

1. Must be 23 years of age.
2. Must have 1 year van age 25>, 1 1/2 years van age 24, 2 years van age 23.
3. Pre-qualification physical and drug test by Comtrak authorized physician – paid for by the company, the cost will be deducted if employed less than 90 days.
4. No more than one moving violation in the past twelve months.
5. No more than three moving violations in the past three years.
6. No **AVOIDABLE** accidents in the past twelve months.
7. No **AVOIDABLE** major vehicular accident in the past three years.
8. No **DUI** convictions in the past ten years.
9. No **RECKLESS DRIVING** convictions in the past three years.
10. No speeding violations 15 or more over the limit, no erratic lane changes, no running red lights or following too close violations within the last three years.
11. Must have class A Commercial Drivers License.

A Motor Vehicle Report (MVR) will be requested from D.A.C. Services on each applicant's driving history for the past three years as part of processing pre-qualifying packet should we need your services.

### Terminal Profiles

	<u>Highway</u>	<u>Intermodal</u>	<u>Local</u>
Average Miles Per Week Per Quarter	2500 plus	2200 plus	Excellent City Pay Package
Average Length Per Trip	750	300	
No Touch Freight	99%	99%	99%
Coverage Area Radius From Terminal	700	250	<60

# APPLICATION FOR QUALIFICATION

Company Name:	COMTRAK LOGISTICS, INC.		
Street Address:	5660 UNIVERSAL DRIVE	P. O. BOX 750897	
City, State, Zip Code:	MEMPHIS, TN 38118	MEMPHIS, TN 38175-0897	

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
First Middle Last Maiden

Email Address: \_\_\_\_\_

\*Current Address \_\_\_\_\_

Street City State Zip Code  
\* 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 Code

Street City State Zip Code

Position Applying for:  LOCAL  REGIONAL INTERMODAL  HIGHWAY TRUCKLOAD  Part Time  Full Time  
 COMPANY DRIVER  OWNER OPERATOR  DRIVER FOR OWNER OPERATOR

Who referred you?  Newspaper  Magazine  Driver Referral: \_\_\_\_\_  Re-Hire  TV Commercial  Billboard  
 Truck Stop Posters INTERNET:  Newspaper Web  CareerBuilder  Craig's List  Yahoo  Comtrak Web Site

Have you ever worked for this company before? \_\_\_\_\_ If yes, when? Dates: (M/Y) From \_\_\_\_\_ To \_\_\_\_\_

Where? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you worked before for an owner/operator who was leased to Comtrak? \_\_\_\_\_ Who? \_\_\_\_\_

Where? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Names of any relatives leased or employed by this 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 \_\_\_\_\_

Have you ever tested positive or refused to test on any alcohol & drug test administered by an employer? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain fully below or on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION (cont'd)** Answer the questions in this section only if applying for driver position

**DRIVER EXPERIENCE & QUALIFICATION**

Answer the questions in this section only if applying for driver position

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth § 391.21 (b) (2)  
(month/day/year)

Social Security No. \_\_\_\_\_

Licenses held in past 3 years must be shown	State	License No.	Type	Expiration Date

- A. Have you ever been charged with a DUI, DWI, or DWIA? Yes\_\_\_\_\_ No\_\_\_\_\_  
 B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_ No\_\_\_\_\_  
 C. Has any license, permit or privilege ever been suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_  
 D. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes\_\_\_ No\_\_\_\_\_  
 If you answer "yes" to A, B, C, D, attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver.....

List safe driving awards held and who awards were presented by? \_\_\_\_\_

**Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)**

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. § 391.21 (b) (10), (11). Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

CURRENT EMPLOYER				DATES		Position
Name				From		Reason for Leaving
Address				Mo.	Yr.	
City	State	Zip				
Phone Number						

EMPLOYER				DATES		Positions Held
Name				From		Reason for Leaving
Address				Mo.	Yr.	
City	State	Zip		To		
Phone Number				Mo.	Yr.	

# EMPLOYMENT RECORD *(cont.)*

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

EMPLOYER			DATES		Positions Held
Name			From	Mo.	Yr.
Address			To	Mo.	Yr.
City	State	Zip	Reason for Leaving		
Phone Number					

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

# PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_

## APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this Application for Qualification. It is agreed and understood that the company or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release company and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my pre-qualification.

I also understand that misrepresentation or omission of information or facts may result in my rejection or my services discontinued.

I agree to abide by all the rules and policies of Comtrak Logistics, Inc.

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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

## FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Pre-Qualified  Yes  No

Date of Birth \_\_\_\_\_ (month/day/year)

Date of Service \_\_\_\_\_

Terminal \_\_\_\_\_

Classification \_\_\_\_\_

(If not pre-qualified, summary report of reasons should be placed in file.)

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

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Physical Exam*						
3. Past Employment						
4. Road Test						
5. Policy and Traffic Record						

\* driver applicants only

Signature of Interviewing Employee \_\_\_\_\_ Date \_\_\_\_\_

## TRANSFERS

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Transfer \_\_\_\_\_ Reason for Transfer \_\_\_\_\_

## TERMINATION OF SERVICE

Date: \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Exit Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_

# NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

## I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

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TO BE RETAINED BY MOTOR CARRIER

## II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which become effective on July 1, 1987.

Driver's Name (print)..... Soc. Sec. # .....

Driver's Address.....

License: State ..... Type/Class..... ID No. ....

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

State ..... Type/Class..... ID No. ....

State ..... Type/Class..... ID No. ....

Driver's Signature.....

# PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-Employment testing requirement apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

(b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.

(c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

\_\_\_\_\_  
APPLICANT'S NAME *(type or print)*

*(SIGN HERE)*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
DAY

\_\_\_\_\_  
YEAR

WITNESSED BY:

\_\_\_\_\_  
COMPANY REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
DAY

\_\_\_\_\_  
YEAR

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

**COMTRAK LOGISTICS, INC.**

P.O. Box 750897  
Memphis, TN 38175-0897  
(901) 541-8002  
Fax (901) 541-8040

<b>USIS Customer:</b>	
Company Name:	_____
Company Contact Name:	_____
Fax :	_____
USIS Customer #	_____ Sub-account: _____

**PART 1 - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT regulations 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 USIS for the purpose of USIS transmitting such records to the USIS 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 USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, 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 1 disclosure and authorization for release; (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 II - CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE  
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy files, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information from suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74351, or phone at (800) 381-0645.

- ← Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

**PART II - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize USIS to receive information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer name above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (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 am reviewing this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

**NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFORMATION ADDRESSED IN PART I.**

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DRIVER RELEASE**

As consideration for your employing or contracting me, I agree that at any time in the future, should I ask any prospective employer or company to contact you concerning my employment or contract, character, work habits, performance, and experience, I authorize you to release information to such prospective employers or companies as long as I have signed a request that they obtain such information from you, including the failure or refusal to take any drug test. I hereby consent to your providing that information to prospective employers or companies. I release Comtrak Logistics, Inc. its parent, affiliates, any employee, agent or representative of Comtrak Logistics, Inc. from any and all liability for any damages that may result from the furnishing of such information as outlined herein.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# Comtrak Logistics

Phone: 901-541-8002

Fax: 901-541-8040

## DRIVER RELEASE FOR PREVIOUS EMPLOYERS' BACKGROUND INFORMATION AND ALCOHOL AND CONTROLLED SUBSTANCE TESTING RECORDS

DRIVER NAME (print): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I hereby authorize all my previous and/or current employers to furnish Comtrak Logistics all the information requested on the Comtrak Request for Background Information document (page 1 of 2). This includes all information relating to every accident on my records and all information concerning my employment and pre-employment Alcohol and Controlled Substance Testing records in accordance with 49 CFR Part 391.23, 383.35 and 49 CFR Part 40 of the FMCSR. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

In addition, I understand my rights to review the information according to 391.23 with a written request, to have errors corrected by previous employers and to have a rebuttal statement attached to the alleged erroneous information.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for employment with Comtrak ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Comtrak ("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 consenting to 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)