



Employment Application

UBCR, LLC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PERSONAL DATA – complete in detail even if a resume has been or is being submitted			
Position applying for:		Social Security Number:	
Name (Last, First, Middle):			
Street address		City	State Zip code
Home Phone:	Cell Phone:		E-mail:
Are you available to work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary assignment <input type="checkbox"/> Summer/seasonal assignment		Shift preference: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Rotational	
Referral source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____		Name of referral (agency, friend, relative, etc.): _____ Do you have any relative employed by UBCR or an affiliate company? If so, name and relationship. _____	
Have you ever been employed by UBCR or an affiliate company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, provide dates of employment, location, and reason for leaving:	
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If required for position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, provide license no., state of issuance, and expiration date:	
Have you ever been convicted of a felony? (A conviction will not be an automatic bar to employment. It will be considered only as it is related to the position applied for.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION – complete in detail even if a resume has been or is being submitted

School name	City/State	Scholastic average	Major/minor	Degree/Certificate
High School				
Extra-curricular activities				
College(s)				
Extra-curricular activities				
Graduate school(s)				
Thesis/Doctoral Dissertation				
Technical school/business school/others				
Course(s):				
List academic honors, prizes, scholarships and fellowships				
Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)				

EXPERIENCE – complete in detail even if a resume has been or is being submitted

List all former employers, beginning with the present or most recent and working back to your first employer. Use an additional sheet of paper, if necessary, to complete this listing.			
Name of employer	Phone no.	Starting date	Starting salary
Address		Leaving date	Leaving salary
Job title and duties			
Reason for leaving		Supervisor's name/title	

Name of employer	Phone no.	Starting date	Starting salary
Address		Leaving date	Leaving salary
Job title and duties			
Reason for leaving		Supervisor's name/title	

Name of employer	Phone no.	Starting date	Starting salary
Address		Leaving date	Leaving salary
Job title and duties			
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Name of employer	Phone no.	Starting date	Starting salary
Address		Leaving date	Leaving salary
Job title and duties			
Reason for leaving		Supervisor's name/title	

GENERAL INFORMATION	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel? <input type="checkbox"/> Extensive <input type="checkbox"/> Limited <input type="checkbox"/> Not at all
Professional societies or organizations to which you belong	
Professional licenses/certifications	
Have you entered into any employment or other confidentiality agreement that could limit the scope of your employment at UBCR? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details: _____	
Please list any inventions or publications you are responsible for, or any patents you own (if none, write none)	
List all foreign languages you can speak and understand	

PROFESSIONAL/BUSINESS REFERENCES			
Name	Address	Phone no.	Occupation

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by UBCR.

I understand that any employment is conditioned on a background check. I authorize UBCR to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to UBCR, without giving me prior notice of such disclosure. In addition, I release UBCR, any former employers and all references listed above from any claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that if I am hired by the Company, I will be required to attest to my identity and employment eligibility and to present documents supporting my identity and eligibility. Further, I understand that I cannot be hired without fulfilling these requirements.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at anytime, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon UBCR unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to UBCR the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired a condition of my employment will be that I abide by UBCR's Substance Abuse Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all UBCR work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____

Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

AUTHORIZATION

I, (Print Name) _____, hereby authorize:
(First, M.I., Last)

Previous Employer: _____ Email: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to: _____ (Date of Application)

Prospective Employer: UBCR, LLC Attn.: Jessica Stevenson
Street Address: 4820 Holtz Drive Phone: 248-529-2604
City, State, Zip: Wixom, MI 48393

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 248-529-2697
Prospective employer's confidential email: rhewlett@ubcrllc.com

Applicant's Signature _____ Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (mm/yy) _____ to (mm/yy) _____.
Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____
Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, (Print Name) _____, hereby authorize:

(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to: _____ (Date of Application)

Prospective Employer: UBCR, LLC Attn.: Jessica Stevenson

Street Address: 4820 Holtz Drive Phone: 248-529-2604

City, State, Zip: Wixom, MI 48393

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 248-529-2697

Prospective employer's confidential email: JStevenson@ubcrlc.com

Applicant's Signature _____

Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer

Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1	AUTHORIZATION
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(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

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Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

SECTION 3**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) Fax Mail Email Other _____

By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____ Method: Fax Mail Email Phone

Date: _____ Other _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that Reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained on you for employment purposes.

Applicant's Signature:

Date:

Print Name:

Social Security Number



DISCLOSURE TO CONSUMER

EMPLOYER:
UBCR, LLC
4820 HOLTZ DR
WIXOM, MI 48393
IIX Customer Number 846983

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business
1716 Briarcrest Drive, Suite 200
Bryan, Texas 77802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants:** Under California law, the reports about you for employment purposes within the State of California are defined as "investigative consumer reports." These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in persona, by mail, or by telephone. iiX is required to have personnel available to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes property identification.
- **Notice TO Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.**



AUTHORIZATION TO OBTAIN INFORMATION

**EMPLOYER:
UBCR, LLC
4820 HOLTZ DR
WIXOM, MI 48393
IIX Customer Number 846983**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be required from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print Clearly)

Applicant's / Employee's Signature

Date of Signature



MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27)

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Table with 3 columns: Name of Driver, Social Security Number, Date of Employment; Home Terminal (City and State), Driver's License Number, State, Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If you have had no violations, write NONE)

Table with 4 columns: DATE, OFFENSE, LOCATION, TYPE OF VEHICLE

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification Driver's Signature:

COMPLETED BY UBCR - ANNUAL REVIEW OF DRIVING RECORD

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
Does not adequately meet satisfactory safe driving performance
Is disqualified to drive a motor vehicle pursuant to Section 391.15

Action taken with driver:

Reviewed by: Signature: Date:
Printed Name: Title:

UBCR, LLC 4820 Holtz Drive Wixom, MI 48393



UBCR, LLC

PRE EMPLOYMENT DRUG AND ALCOHOL NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103, pre-employment testing requirements, 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 pre-qualification 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 Section 391.1047 of the 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 with UBCR, LLC, I agree to the urine sample collection, and controlled substance testing.

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

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

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

I have read and understand the above conditions for the Pre-Employment Drug Testing Notification.

Applicant's Name (Please Print)

Applicant's Signature

Date

Company Representative Signature

Date

**Previous Pre-Employment Employee
Alcohol and Drug Test Statement**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

**UBCR, LLC
4820 Holtz Drive
Wixom, MI 48393**

Prospective Employee: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years:

Yes _____ No _____

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes _____ No _____

Prospective Employee Signature: _____ Date: _____

Witnessed by: _____ 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 UBCR, LLC (“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 UBCR, LLC (“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