

Middle name Please _____

EMPLOYMENT APPLICATION

Knight Trucking LLC

2424 Fauna Road - Lebo, Kansas 66856

P.O. Box 33

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or disability.

Applicant: Please be advised that Knight Trucking LLC and/or Safety Management Services will contact prior and present employers you list on this application for the previous three years, for purposes of employment and drug/alcohol testing verification. Those employers listed beyond three years can be contacted for purposes of Safety Performance History verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.

Date: _____

(City & State where applicant is completing this application)

_____	_____	_____	_____
(Last Name)	(First)	(Middle Name)	(Social Security Number)

(Address - Number & Street)

(City)

(State)

(Zip Code)

Telephone Number with Area Code (Residence)

(Date of Birth)

CELL TELEPHONE NUMBER -or- Alternate number where you can be reached.

(Note: Date of birth is required by some states to obtain an MVR report)

Note: If you have resided at the above address for less than three years, please list all states of residence for last three years: _____

Are you 21 years of age or older?

☐ Yes

☐ No

Can you provide proof of age?

☐ Yes

☐ No

Have you ever worked for this company before?

☐ Yes

☐ No

(If yes, dates: _____)

Are you currently employed?

☐ Yes

☐ No

IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER?

☐ Yes

☐ No

(Note: Please be sure you answer this question for our information)

If you are not currently employed, what was the last day worked for last employer?

(month day /year)

(Check Yes or No to the following three questions)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES

NO

Have you ever had a license, permit or privilege revoked or suspended?

Have you ever been convicted of a felony?

IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE ATTACH A STATEMENT WITH DETAILS

Employment History

All driver applicants, (to drive in interstate commerce), must provide the following information on all prospective employers during the *previous three (3) years*. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also *provide an additional seven (7) years* information on those employers for whom the applicant operated such vehicles. Failing to list telephone numbers for each previous employer can delay the processing of this application. Please indicate whether your job was full-time or part-time on each employer.

The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

YOU MUST SHOW ALL EMPLOYERS FOR THE PAST TEN (10) YEARS. THIS IS A FEDERAL MOTOR CARRIER REQUIREMENT. ALSO - INCLUDE ANY PERIODS OF TIME IN WHICH YOU WERE UNEMPLOYED.

Present or last employer – or – unemployment period of time

Mo/Yr Mo/Yr
From _____ To _____ Company Name: _____

Position held: _____ Address: _____
Supervisor Name: _____ Street City State

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes ___ No ___

2nd most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Company Name: _____

Position held: _____ Address: _____
Supervisor Name: _____ Street City State

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes ___ No ___

3rd most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Company Name: _____

Position held: _____ Address: _____
Supervisor Name: _____ Street City State

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes ___ No ___

4th most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Company Name: _____

Position held: _____ Address: _____
Supervisor Name: _____ Street City State

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes ___ No ___
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR - Part 40? _____ Yes ___ No ___

Must Be Complete w/ Telephone, address etc

5th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Company Name: _____

Position held: _____ Address: _____
Supervisor Name: _____ Street _____ City _____ State _____

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR - Part 40? _____ Yes _____ No _____

6th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Company Name: _____

Position held _____ Address _____
Supervisor Name: _____ Street _____ City _____ State _____

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of CFR 49, Part 40? _____ Yes _____ No _____

7th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From _____ To: _____ Company Name: _____

Position held _____ Address: _____
Supervisor Name: _____ Street _____ City _____ State _____

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of CFR Title 49, Part 40? _____ Yes _____ No _____

8th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From _____ To: _____ Company Name: _____

Position held: _____ Address: _____
Supervisor Name: _____ Street _____ City _____ State _____

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of CFR 49, Part 40? _____ Yes _____ No _____

9th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From _____ To _____ Company Name: _____

Position held _____ Address _____
Supervisor Name: _____ Street _____ City _____ State _____

Reason you left: _____ Phone No: (_____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of CFR 49, Part 40? _____ Yes _____ No _____

Note: If additional space is needed to list ten years prior employers, ask a Knight Trucking representative for an additional employer sheet.

Note: – Incomplete application forms will be delayed or not considered at all

ACCIDENT RECORD

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

TRAFFIC CONVICTIONS and FORFEITURES

(list all for past three (3) years)

Date	Location	Charge	Penalty

EDUCATION

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

EXPERIENCE – QUALIFICATIONS

List all drivers' Licenses issued to you in the last five (5) years

State	License Number	Type of License	Expiration Date	Endorsements

List states you have operated in during the last five years: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer 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. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as a driver applicant for Knight Trucking LLC, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I understand a job offer may be conditioned on the results of a physical examination and drug test. I understand Knight Trucking LLC will not accept a **Negative-Diluted** pre-employment drug test result and should such a drug test result be found, I will not be considered for employment. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

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

(Date)

X

(Applicants Signature)

APPLICANT WORK HISTORY
AND
DRUG & ALCOHOL RELEASE FORM

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years. 1. Alcohol tests with a result of 0.04 or higher alcohol concentration. 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentation, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.

I understand consumer reports that may contain public record information, may be requested from consumer organizations or state agencies. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. Federal, State and other agencies that maintain such records concerning previous driving record requests made by others from such agencies and states providing driving records can furnish such reports.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY OR STATE AGENCIES CONTACTED TO FURNISH THE ABOVE REFERENCED INFORMATION.

In compliance with FMCSA regulation 391.23 part (i) (1) you have certain rights regarding the investigative information that will be provided to the prospective employer: 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 the prospective employer; 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 investigative information must submit a written request to the prospective employer. 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. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Knight Trucking LLC to procure consumer reports including MVR reports, at any time during my employment (or contract) period.

I understand my employment with Knight Trucking LLC will be pending a **NEGATIVE** pre-employment drug test result.

(Print Name – Last, First, Middle Initial)

(Social Security Number)

(Applicants Signature)

(Date – dd,mm,yy)

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER PART
391.23 - FEDERAL MOTOR CARRIER SAFETY REGULATIONS EFFECTIVE OCTOBER 29, 2004**

All Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of each state in which the driver held a motor vehicle operator's license or permit during the three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification file within 30 days of the date the driver's employment begins and be retained in compliance with 392.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History file within 30 days of the date the driver's employment begins. The effective date for this requirement is October 29, 2004.
- (d) A prospective motor carrier must investigate the work performance history from all previous employers of the applicant for which the applicant operated a Commercial Motor Vehicle. The information must also include verification of employment period, general driver identification and employment verification, information pertaining to requirements in part 390.15 - accident involvement information for the previous three years.
- (e) Prospective motor carriers must inquire of past employers as to whether the job performed by the applicant was designated as a safety-sensitive function regulated under Department of Transportation requirements Part 40 FMCSR drug and alcohol testing.

DRIVERS HAVE THE FOLLOWING RIGHTS

1. The right to review information provided by previous employers.
2. 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 the prospective employer.
3. 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.

Drivers who wish to review previous employer provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT

✓ Driver's Signature: _____

✓ Date: _____

✓ Driver's Name as it appears on your CDL license (Print) _____

PREVIOUS EMPLOYER – SAFETY PERFORMANCE HISTORY REQUEST

PREVIOUS EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF VERIFICATION

Applicant Name:	
Date of Birth:	
Social Security Number:	

Applicant please read before signing this release

I authorize Knight Trucking LLC and Safety Management Services, an authorized employment screening agent for Knight Trucking LLC, to obtain information pertaining to my employment from any **and** all previous employer(s). Information requested could include questions relating to whether my employment included safety sensitive functions as described in FMCSA regulations, dates of employment, scope of employment, safety information including accident and driving record information and drug/alcohol testing information for the previous three- (3) years. I also authorize release of other reports pertaining to my employment with my previous employers. I will hold all providers of such information harmless and non-lia- ble as verified by my signature below.

Applicant Signature: _____

Date: _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

Previous Employer Name:	
Address:	
City & State:	
Telephone Number:	
Fax Number:	

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Dates of employment with your company: From: _____ To: _____ : From: _____ To: _____

Was applicant subject to Federal Motor Carrier Safety regulations while employed by your company?..... Yes ___ No ___

Was the job function performed by applicant subject to drug and alcohol-testing requirements, 40 CFR. Yes ___ No ___

Applicant job function with your company: Driver ___ Full time ___ Part time: ___ Other: _____ (explain)

Company driver: ___ Owner/operator: ___

Type power unit operated: Tandem axle: ___ Single axle: ___ Sleeper cab: ___ Day cab: ___ Other: _____

Type trailer(s) pulled: 48 ft. van: ___ 53 ft. van: ___ Doubles: ___ Triples: ___ Flat bed: ___ Pneumatic bulk: ___

Rear dump: ___ Refrigerated: ___ 28 ft. van: ___ Other: Please specify: _____

Straight Truck: ___ Passenger Bus: _____

What general area of operation did the person named above include: Local P & D ___ Over-the-road: _____

Was the general conduct of the person named above satisfactory? Yes ___ No ___

Was the person named above a safe driver? Yes ___ No ___

During the previous three (3) years, was the person named above involved in any vehicle accidents? Yes ___ No ___

(if yes, please provide accident information)

Accident Date	City & State	Preventable	Description
		Yes: ___ No: ___	
		Yes: ___ No: ___	
		Yes: ___ No: ___	
		Yes: ___ No: ___	

Reason for leaving your employment Discharged: ___ Resigned: ___ Laid off: ___ Still employed: ___

Other: (please explain) _____

Did the person named above sustain any on-the-job injuries while with your company? Yes ___ No ___

If employment separated, is the person named above eligible for rehire? Yes ___ No ___

Your Name: _____ Title: _____ Signature: _____

Telephone Number: () _____ Extension: _____ Date: _____

RETURN COMPLETED FORM TO FAX NUMBER: (620) 256-6140

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT

Pre-employment history of applicant

CFR 49 Sec. 40.25(j) – As an employer, we must ask a driver applicant you if you have 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 Department of Transportation drug and alcohol testing rules, during the past three years.

Note: If the applicant/employee admits that he or she had a positive test or a refusal to test, we cannot use the applicant/employee to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of section 40.25).

Knight Trucking LLC
2424 Fauna Road – Lebo, Kansas 66856

Applicant Name	
Social Security Number	

The prospective employee is required by Section 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 Department of Transportation agency drug and alcohol testing rules during the past three years?

Check One: Yes ____ No ____

2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation, return-to-duty requirements?

Check One: Yes ____ No ____

X _____
(Signature of Applicant)

(Date)

(Witness– Signature)

(Date)

Knight Trucking LLC
2424 Fauna Road – Lebo, Kansas 66856

<div style="text-align: left; margin-left: 5px;">X</div> Applicant Name	<div style="text-align: left; margin-left: 5px;">X</div> Social Security Number
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Pre-Employment Controlled Substance Testing Notification and Consent Agreement

Knight Trucking LLC, in compliance with the U S DOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C, is required to administer a prescribed controlled substances test as part of the mandatory pre-employment screening process. No offer of employment may be tendered to you, nor may employment commence until the controlled substances test has been taken, and Knight Trucking LLC has been advised of the results, which must be "NEGATIVE".

I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by Knight Trucking LLC, on the scheduled date and appointment time. I understand that the results of this testing procedure are confidential, and are only for the use of Knight Trucking LLC, its Medical Review Officer and me. I also understand that a "POSITIVE" result will disqualify me from operation of a commercial motor vehicle for Knight Trucking LLC and therefore will exclude me from employment for the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS

INSTRUCTIONS: FMCSR Part 382.601 requires Knight Trucking LLC to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation which apply to the company's drivers. This form will document the receipt of the required materials.

TO THE DRIVER: The Federal Motor Carrier Safety regulations require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records maintained, pertaining to the mandated drug and alcohol-testing program. Drivers may request a copy of this certification.

DRIVER'S CERTIFICATION

The undersigned hereby certifies the receipt of the educational materials, which the company is required to provide in accordance with 49 CFR Part 382.601. I acknowledge and agree that I am responsible for reading, understanding and complying with all company policies and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and the company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and/or the company's policies.

Any questions or comments on drug and alcohol policies should be referred to the Drug and Alcohol Program contact person listed in the materials provided to you.

Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.

X _____ Applicants Signature	X _____ Date
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Witness: _____ (Knight Trucking representative)	_____ Date
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PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST RESULTS

Applicant Name:			
Results Received from:			
Test Results:	Negative: _____	Positive: _____	
Eligible for Hire?	Yes: _____	No: _____	
Results received by:			

PREVIOUS EMPLOYER DRUG AND ALCOHOL RELEASE FORM

NOTE: All employers you list on this application will be contacted for Drug and Alcohol testing history as required by DOT regulation 49 CFR Part 40, Section 40.25 FMCSR

In accordance with DOT regulation 49 CFR Part 40, Section 40.25, I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years. (1) Alcohol tests with a result of 0.04 or higher alcohol concentration. (2) Verified positive drug tests. (3) Refusals to be tested. (4) Other violations of DOT agency drug and alcohol testing regulations. (5) Documentation, if any, of completion of the return-to-duty process following a rule violation. (6) Information obtained from previous employers of a drug and alcohol rule violation. I hold the previous/present employer named below, non-labile for the information provided.

Applicant Name:	
Date of Birth:	
Social Security Number:	

Applicant Signature: **X**

Date:

APPLICANT - DO NOT WRITE BELOW THIS LINE

Prior Employer Name	
Address:	

This person has indicated he/she was/is a former/present employee of your company. The applicant named has signed this release authorizing you to furnish information as requested below to Knight Trucking LLC. The fax number provided is a secure fax for privacy purposes: (620) 256-6140

IN THE PAST THREE (3) YEARS, HAS THE PERSON NAMED ABOVE EVER:

Yes: ☐ No: ☐ Tested with an alcohol concentration of 0.04 or higher.

Yes: ☐ No: ☐ Tested positive or adulterated or substituted a test specimen for controlled substances?

Yes: ☐ No: ☐ Refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?

Yes: ☐ No: ☐ Committed other violations of Subpart B, Part 382 or Part 40 FMCSR?

Yes: ☐ No: ☐ If the person named above violated a DOT drug and/or alcohol regulation, did the person complete a SAP-prescribed rehabilitation program, including return-to-duty and follow-up tests?

Yes: ☐ No: ☐ If person named above completed a SAP rehabilitation referral, did this person subsequently have an alcohol test result of 0.04 or greater, or a verified positive drug test, or refuse to be tested?

Yes: ☐ No: ☐ Have any violations of drug and/or alcohol regulations from employer previous to you?

Date: _____ Your Name: _____ Signature: _____

Title: _____ Your telephone number: () _____ Ext: _____

Please return completed forms to: Fax: 620-256-6140

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **Knight Trucking LLC** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability that may result from furnishing this prospective employer such information.

X _____
(Applicant Name)

X _____
(Date)

I certify the following to be in accordance with the provisions of Sections (604) and (607) 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 1, of the Public Law 104-208.

1. The applicant/employee has authorized in writing the procurement of this report.
2. The applicant/employee has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" such as information for employment purposes and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I certify this report request and the above applicant/employee's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the driver's privacy protection act of 1994 – public law 103-322, title xxx, section 300002(a).

(Requestor Signature)

(Date)

TO:

- ☐ The following named person has made application with our company for the position of driver. In accordance with section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- ☐ The following named person is employed with our company in the position of driver. In accordance with section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

-Name of Applicant / Driver: _____

' Address: _____ City _____ State _____ Zip _____

{ Former address: _____ City _____ State _____ Zip _____

Date of Birth: _____ SSN _____ License No: _____

Requested By:

Knight Trucking LLC - 2424 Fauna Road NW - Lebo Kansas 66856

(Signature)

(Title)

MVR REPORT AUTHORIZATION

I hereby authorize Knight Trucking LLC and Safety Management Services to obtain information pertaining to my driving record (MVR Reports) for purposes of employment and (if hired) subsequent annual reviews as required by Federal Motor Carriers Safety regulations (Department of Transportation), sections 391.23 and 391.25. This authorization will remain in effect during my employment with Knight Trucking LLC. I authorize the release of information contained in the State Motor Vehicle Department records for all states in which I have held a license to operate a motor vehicle. I release the states in which I have held a license to operate a motor vehicle. I release the state agencies furnishing MVR reports and Insurance Information Exchange, from any and all liability, which may result from furnishing such information.

Date: _____

Name: _____

Signature: _____

Section: 391.23 – Investigation and inquires

Section: 391.25 – Annual inquiry and review of driving record

In accordance with the provisions of Section 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

1. Consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested will be used for a permissible purpose (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I hereby certify the report request and the above applicant's release notice meet the definition of permissible uses of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a))

Janice Knight

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with KNIGHT TRUCKING 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.

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:

2. I authorize KNIGHT TRUCKING ("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.

3. 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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)

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.