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2906 Elmhurst Lane \* Portsmouth, VA 23701 \* Local: 757-465-2200 \* Toll Free: 800-849-2178 \* Fax: 757-465-2210 \* Web: [www.ectts.com](http://www.ectts.com)

### **Pre-Employment Notification**

In accordance with the Fair Credit Reporting Act, East Coast Truck & Trailer Sales, Inc. requires that background screenings be performed prior to employment.

Should your application be reviewed and accepted, you will be asked to fill out a release form which allows East Coast Truck & Trailer Sales, Inc. to submit your personal information to perform/obtain background checks, criminal records, credit reports, social security traces, driving records, civil and federal court records or resume verification, whichever is appropriate for the job or enrollment position for which you have applied.

East Coast Truck & Trailer Sales, Inc. practices a drug free workplace and drug testing will be performed prior to employment. In addition, East Coast Truck & Trailer Sales, Inc. performs random drug screenings on a monthly basis.

Please note that East Coast Truck & Trailer Sales, Inc. has the right to deny employment based upon information obtained from the above noted reports. In case the job applicant is denied employment, he/she may ask for a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act*.

### **THE FAIR CREDIT REPORTING ACT**

As a public service, the staff of the Federal Trade Commission (FTC) has prepared the following complete text of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq. Although staff generally followed the format of the U.S. Code as published by the Government Printing Office, the format of this text does differ in minor ways from the Code (and from West's U.S. Code Annotated). For example, this version uses FCRA section numbers (§§ 601-625) in the headings (The relevant U.S. Code citation is included with each section heading and each reference to the FCRA in the text).

This version of the FCRA is complete as of January 7, 2002. It includes the amendments to the FCRA set forth in the Consumer Credit Reporting Reform Act of 1996 (Public Law 104-208, the Omnibus Consolidated Appropriations Act for Fiscal Year 1997, Title II, Subtitle D, Chapter 1), Section 311 of the Intelligence Authorization for Fiscal Year 1998 (Public Law 105-107), the Consumer Reporting Employment Clarification Act of 1998 (Public Law 105-347), Section 506 of the Gramm-Leach-Bliley Act (Public Law 106-102), and Sections 358(g) and 505(c) of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act) (Public Law 107-56).

Please sign below acknowledging that you have received a copy of this pre-employment notification informing you that 1) background checks will be performed, and 2) drug screenings are performed as stated above, and you agree and consent to the terms of pre-screening verifications prior to employment with East Coast Truck & Trailer Sales, Inc.

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Applicant's Signature

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Date



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### **Consent to Background, Character, Credit Investigation and Drug Testing**

I hereby consent and authorize East Coast Truck & Trailer Sales, Inc. to have a background, character, or credit investigation (whichever is appropriate for the job or enrollment position for which I am applying) conducted of me by a credit reporting agency, private investigation agency, police agency or any other person who is suitable to and chosen by East Coast Truck & Trailer Sales, Inc. I hereby authorize my former employers to release information that will allow East Coast Truck & Trailer Sales, Inc. to verify the information I provided to East Coast Truck & Trailer Sales, Inc. in my pre-employment questionnaire.

I understand that East Coast Truck & Trailer Sales, Inc. adheres to a drug free workplace and I will be subject to a pre-employment drug test. In addition, if employment is pursued and I am hired, I hereby consent and authorize East Coast Truck & Trailer Sales, Inc. to perform random drug screenings on a monthly basis, or as deemed necessary by East Coast Truck & Trailer Sales, Inc.

I understand that East Coast Truck & Trailer Sales, Inc., in its sole discretion, may deny me employment or enrollment based on the results of the background, character, credit investigation and/or result of pre-employment drug test.

I understand that my refusal to sign this form and submit to the investigation and drug testing as stated above, will result in me not being considered for employment or enrollment with East Coast Truck & Trailer Sales, Inc.

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Today's Date (Month/Day/year)

# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with named company listed below, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Shepherd Insurance & Financial Services or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Company's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Name of Company: **East Coast Truck & Trailer Sales, Inc.**

Address: **2906 Elmhurst Ln, Portsmouth, VA 23701**

Date: \_\_\_\_\_ Fax # **757-465-2211** Phone # **757-465-2200**

Contact person to receive information on MVR **Stacey Decker, [sdecker@ectts.com](mailto:sdecker@ectts.com)**

### Authorization to Release "Motor Vehicle Report"

To be completed by current/prospective employee.

Individual's Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_  
MMDDYY

☐ Employee      ☐ Prospective Employee

I hereby grant permission for Shepherd Insurance to secure my Motor Vehicle Report (MVR) to determine my "driving" insurability under the automobile policy of the above named company. I also affirm that the statements made above are stated truthfully and without reservation. I understand that my MVR is likely to contain my driving record, including a record of arrests for driving offenses, and that Shepherd Insurance will let my employer know (by a yes/no) if I am eligible as a driver on my employer's Commercial Auto policy. Additionally, I understand that the contents of my MVR may be used to underwrite Company's commercial insurance.

(Signature of current/prospective employee)



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### **PRE EMPLOYMENT QUESTIONNAIRE**

**ECTTS IS AN EQUAL OPPORTUNITY EMPLOYER:** In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**TODAY'S DATE:** \_\_\_\_\_ **SOCIAL SECURITY NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NAME:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
STREET NO. CITY STATE ZIP

**Home Telephone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**ARE YOU 18 YEARS OF AGE OR OLDER?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If hired, can you provide documentation that you are authorized to work in the U.S? ☐ **YES** ☐ **NO**

**Position(s) you are Applying for:** \_\_\_\_\_

**Date you are available to start:** \_\_\_\_\_ **Rate of Pay Expected:** \$ \_\_\_\_\_

**Are you presently employed?** ☐ **YES** ☐ **NO**

**If so, may we contact your present employer?** ☐ **YES** ☐ **NO**

**Is there any information that we would need about your name, or use of another name, for us to be able to check your work record?** ☐ **YES** ☐ **NO**

**If yes, specify:** \_\_\_\_\_

**Hours of position desired:** \_\_\_\_\_

**How were you referred to our organization:** \_\_\_\_\_

**Do you have any relatives employed by our organization?** ☐ **YES** ☐ **NO**

**If so, who are they?** \_\_\_\_\_

**Have you ever been convicted of a felony? (Answering yes will not automatically disqualify you from being considered for employment):** ☐ **YES** ☐ **NO**

**If yes, specify:** \_\_\_\_\_

**Please list any additional information that relates to your ability to perform the job that you have applied for, such as licenses, professional memberships, hobbies, etc.:**

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

## **EMPLOYMENT HISTORY RECORD**

**LIST YOUR LAST THREE (3) EMPLOYERS WITH THE MOST RECENT FIRST**

<b>EMPLOYER:</b>		<b>DATES:</b>	
<b>NAME:</b>		<b>FROM:</b> MO.   YR.	<b>TO:</b> MO.   YR.
<b>ADDRESS (Street, City, State, Zip):</b>		<b>POSITION HELD:</b>	
		<b>RATE OF PAY:</b>	
<b>CONTACT PERSON:</b>	<b>PHONE NUMBER:</b>	<b>REASON FOR LEAVING:</b>	
<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER:</b>		<b>DATES:</b>	
<b>NAME:</b>		<b>FROM:</b> MO.   YR.	<b>TO:</b> MO.   YR.
<b>ADDRESS (Street, City, State, Zip):</b>		<b>POSITION HELD:</b>	
		<b>RATE OF PAY:</b>	
<b>CONTACT PERSON:</b>	<b>PHONE NUMBER:</b>	<b>REASON FOR LEAVING:</b>	
<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER:</b>		<b>DATES:</b>	
<b>NAME:</b>		<b>FROM:</b> MO.   YR.	<b>TO:</b> MO.   YR.
<b>ADDRESS (Street, City, State, Zip):</b>		<b>POSITION HELD:</b>	
		<b>RATE OF PAY:</b>	
<b>CONTACT PERSON:</b>	<b>PHONE NUMBER:</b>	<b>REASON FOR LEAVING:</b>	
<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

## **EDUCATION**

**Circle Highest Grade Completed:** 1 2 3 4 5 6 7 8 - **High School:** 1 2 3 4 - **College:** 1 2 3 4

Last School Attended: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

## **REFERENCES (Do Not Include Relatives)**

1. NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHONE NUMBER OR EMAIL ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHONE NUMBER OR EMAIL ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHONE NUMBER OR EMAIL ADDRESS: \_\_\_\_\_

## **APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal laws; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operation officer of this organization. I understand that this questionnaire is not a contract of employment, nor an offer of employment. I understand all persons hired must submit satisfactory proof of employment authorization and identification to work in the U.S. and failure to submit such proof will result in denial of employment.

I understand that East Coast Truck & Trailer Sales, Inc. will thoroughly investigate my work and personal history and verify all data given on this application, related papers, and in interviews. I authorize all individuals, schools, former employers, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsifications or willful omission shall be sufficient cause for dismissal or refusal of employment.

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

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**FOR COMPANY USE ONLY:**

Interviewed by: \_\_\_\_\_

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

Applicant Hired:    ☐ YES                      ☐ NO

If yes:

Date to start Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

Remarks/Comments:

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For Administrative Use:

Former Employers verified:



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**FMCSA Commercial Driver's License  
Drug & Alcohol Clearinghouse  
Limited Query Consent Form**

I, \_\_\_\_\_, hereby provide consent to East Coast Truck & Trailer Sales, Inc., ("ECTTS") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse for the duration of my employment with ECTTS for the following reasons:

- Annual Check: to be conducted on my yearly anniversary
- Reasonable Suspicion/Cause: as stated by the U.S. Department of Transportation (DOT) guidelines
- Post-Accident: as stated by the U.S. Department of Transportation (DOT) guidelines
- Return to Duty: as stated by the U.S. Department of Transportation (DOT) guidelines

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

I understand that if I refuse to provide consent within 24 hours of Clearinghouse's notification, for ECTTS to conduct a full query, East Coast Truck & Trailer Sales, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations and could result in the immediate termination of my employment with ECTTS.

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Employee Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

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

In connection with your application for employment with ECTS ("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 ECTS ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*