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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

### **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 \_\_\_\_\_  
Last First Middle

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><br>MO. YR. | <b>TO:</b>                 | <b>MO. YR.</b> |
| <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:   <input type="checkbox"/> YES                      <input type="checkbox"/> NO</b> |                         |                            |                |

| <b>EMPLOYER:</b>   |                         | <b>DATES:</b>              |                |
|--|-------------------------|----------------------------|----------------|
| <b>NAME:</b>   | <b>FROM:</b><br>MO. YR. | <b>TO:</b>                 | <b>MO. YR.</b> |
| <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:   <input type="checkbox"/> YES                      <input type="checkbox"/> NO</b> |                         |                            |                |

| <b>EMPLOYER:</b>   |                         | <b>DATES:</b>              |                |
|--|-------------------------|----------------------------|----------------|
| <b>NAME:</b>   | <b>FROM:</b><br>MO. YR. | <b>TO:</b>                 | <b>MO. YR.</b> |
| <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:   <input type="checkbox"/> YES                      <input type="checkbox"/> NO</b> |                         |                            |                |

## 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: