



2906 Elmhurst Lane * Portsmouth, VA 23701 * Phone: (757) 465-2200 * 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, fraud investigations, 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, and to search public information data bases including but not limited to Lexis-Nexis.

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 or as deemed necessary.

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.

Applicant's Signature

Date (mm/dd/yyyy)



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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, fraud, or credit investigation (whichever is appropriate for the job or enrollment position for which I am applying) conducted of me and to search public information data bases including, but not limited to, Lexis-Nexis 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 Trial & 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 (Print)

Date of Birth (mm/dd/yyyy)

Applicant's Signature

Social Security Number

Today's Date (mm/dd/yyyy)



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 abovementioned 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

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 _____
MM/DD/YYYY

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

Date (mm/dd/yyyy)

**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 _____ **ECTTS** _____ ("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 on the whole of 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 you with 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 be displayed 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 _____ **ECTTS** _____ ("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 in making 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.

AUTHORIZATION *(CONTINUED)*

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.

Name (Print)

Signature

Date *(mm/dd/yyyy)*

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.

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per 5382.701 (b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per 5382.701 (b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's Printed Name)

EAST COAST TRUCK AND TRAILER SALES, INC.

(Name of Motor Carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

ORIGINAL - Motor Carrier

EMPLOYMENT HISTORY RECORD

LIST YOUR LAST THREE (3) EMPLOYERS, STARTING WITH THE MOST RECENT

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

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

EMPLOYER	DATES	
NAME:	FROM:	TO:
	/	/
	MONTH YEAR	MONTH YEAR
ADDRESS (Street, City, State, Zip):	POSITION HELD:	
	RATE OF PAY:	
CONTACT PERSON:	PHONE NUMBER:	REASON FOR LEAVING:
MAY WE CONTACT THIS EMPLOYER: <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: _____

