



Central Hauling Co. * PO Box 874 * Mabelvale, Arkansas 72103

Recruiting Number (800) 950-8326 * Fax Number (501) 455-5640

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

1. In connection with your application for employment with Central Hauling Co. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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 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.



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Employer		Recruiter	
Fax		Fax	

~~~~~DO NOT WRITE ABOVE~~~~~

**Driver disclosure and authorization form: Release Form**

To Obtain Background Information:

Please read the disclosure and authorization statement before signing:

I have read and understand the disclosure and authorization statement. By my signature below, I consent to the release of consumer reports, investigative, and other personal history reports prepared by a consumer reporting agency, government agency or department or entity to company. I understand that if I am hired, my consent will apply, and the company may obtain reports throughout my employment/contractual relationship. I understand that information contained in my application, or otherwise disclosed by me before or during my employment/contractual relationship may be used for the purpose of obtaining consumer reports and or investigative consumer reports. I authorize measurements required to verify past or current employment, criminal background check, and Motor Vehicle Reports. I will allow a PSP (Pre-employment Screening Program) check on crash data from the previous (5) years, and inspection history from the previous (3) years. I agree to allow the company to provide my work history information to a consumer reporting agency.

I understand under the FCRA (Fair Credit Reporting Act), I have a right to review information provided by my previous employers, and PSP data and resent to the company once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I understand that the information provided by me will be used in making employment/contractual relationship determinations and that my previous employer will be contacted for the purpose of investigating my safety performance, history information as required by paragraphs (d) and (e) of 49CFR part 391.23.

**I certify the information on my application is true and correct to the best of my knowledge and any misrepresentation or omission on my part is cause for rejection or termination of employment or contractual relationship.** I agree that this disclosure and authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by the company.

**Drug/Alcohol:** I hereby authorize any person or company for whom I have worked, or to whom I have applied to work in the past three years, to release the date and type of any drug test with a positive result, any alcohol test with a concentration of 0.04 or greater, or any refusal to take a test. This list should include all test required by the FMCSR or conducted by the company under their company policy, and any State that has a drug/alcohol database search. I authorize the release of all information concerning my referral to Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment.

I authorize this release by whatever means is most expedient and agree to hold harmless any person or company for whom I have worked or with whom I have applied, as well as their employees, agents, or representatives, from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_

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