### **AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING**

## **Driver Record Screening Disclosure**

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion,

authorize the complete release of these rim, corporation, or public agency may have. I authorize the full release of the full release of the second agency may have. I authorize the full release of the second agency may have. I authorize the full release of the second agency may have. This authorization and formation is required by law enforcement agencies and other ention on fidential and will not be used for any other purpose.  ***California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box and provide your email address to have a copy of your report emailed directly to you.  ***California Applicants: Under section 1786.22 of Califor LC, upon proper identification, the nature and substance of all infonformation, and recipients of any reports on you, which Embark Sal receding your request. You may view the file maintained on you by btain a copy of this file upon submitting proper identification. Upor eport.  ***Idetice to Maine Applicants: Under Chapter 210 Section 1314 of the propert identification is agency.	lease of the informal K FARMS TRUCI d consent shall be vities for identification  Last Name  License State  Email	tion described above, without any reservation KING I certify that all information provided alid in original, fax, or copy form. The following purposes when checking records. It is  Maiden/AKA/Previous Name(s)  Date of Birth
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Iformed within 5 business days of such a request to whether or not as obtained, you may contact the Consumer Reporting Agency an otice to Massachusetts Applicants: Under Mass. Ann. Laws chappers if intended to be utilized for employment purposes.	y Embark Safety LLC n making a written ro Maine revised Statut t an investigative co d request a copy.	isly furnished within the two-year period couring normal business hours. You may also equest, you may receive a summary of your tes, you have the right, upon request, to be insumer report was requested. If such report
gnature ectronic signatures are NOT acceptable - This document must be physically signed	d by applicant)	Date

#### MANDATORY USE FOR ALL ACCOUNT HOLDERS

# IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service WILLOW CREEK

1. In connection with your application for employment with <u>FARMS TRUCKING</u> ("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 froms 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:

#### WILLOW CREEK

- 2. I authorize <u>FARMS TRUCKING</u> ("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 an 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.