

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER
INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of motor carrier for a continuous period which began before January 1, 1971.

*(a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years.

*(a)(2) an investigation of the driver's employment record during the preceding three years.

*(b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.

*(c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.

*(d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of employment application and any accidents the previous employer may wish to provide.

*(e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application on a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within 5 business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available. The prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of the document.

Driver's Signature _____ Date _____
Driver Name (printed) _____

Driving Experience

Dates

Class of Equipment	From	To	Approximate Number of Miles (total)
Straight Truck			
Tractor and Semi-trailer			
Tractor and two trailers (doubles)			
Tractor and Three trailers (triples)			
Other			

List special courses / training completed (PTD / DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three years (attach sheet if more space is needed)

Date of Accident	Nature of accidents (Head on, rear end, upset, etc)	Location of Accident	# of # of people	
			Fatalities	Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description) ? Yes No
- D. Have you ever been convicted of a felony? Yes No

If the answer to A,B,C, or D is "Yes", give details _____

Personal References

List three Persons for references (other than family members),who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

÷ Name _____ Address _____ Phone _____

÷ Name _____ Address _____ Phone _____

To be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____

Remarks (for office use only)

**MERCER TRUCKING COMPANY, INC.
CONVICTION DISCLOSURE STATEMENT**

As part of my application for a position with Mercer Trucking Company as a truck driver, I understand I may be required to cross the Canadian border in the course of my employment. Criminal convictions have been used as the basis to deny entry into Canada. In recognition of this fact, I hereby disclose that I have the following criminal convictions. Please include misdemeanor offenses, if they involve firearms, domestic violence, or DUI's. If none, please state "NONE".

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I understand a failure to answer this disclosure truthfully may be grounds for termination of my employment. I understand that listing any and all convictions will not necessarily prevent me from being employed by Mercer Trucking Company Inc. This information will be kept confidential and not shared with any other parties without my consent.

SS# _____ PRINT NAME _____
DATE _____ SIGNATURE _____

DISCLOSURE and RELEASE

In connection with my application for employment with Mercer Trucking Company, I understand consumer reports which may contain public record information may be requested from third parties. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies and state provided driving records.

I also understand that a claims history report may be requested from Great West Casualty Company. This report may include the following information with regard to my driving history, accident dates, state of accident location and a brief description of the accident.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY A THIRD PARTY TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to a third party, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information. I also reserve the right to the names of any recipients who have received the above information within the two year period preceding my request.

I also have the right to make a request to Great West Casualty Company, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

I hereby authorize procurement of consumer reports. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

SS# _____ PRINT NAME _____
DATE _____ SIGNATURE _____

