

# Allstates Rigging, Inc.

## PREVIOUS EMPLOYER HISTORY RECORDS REQUEST – PAGE 1

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE		
I, (Print Name) _____ First, M.I., Last _____ Social Security Number _____ Date of Birth _____			
hereby authorize:			
Previous Employer: _____		Email: _____	
Street: _____		Telephone: _____	
City, State, Zip: _____		Fax: _____	
to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from _____ date of employment application			
To:			
Prospective Employer: _____		Telephone: _____	
Attention: _____		Street: _____	
City, State, Zip: _____			
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email, or letter.			
Prospective employer's confidential fax number: _____			
Prospective employer's confidential email address: _____			
Applicant's Signature: _____		Date: _____	
<i>This information is being requested in compliance with §40.25(g) and 391.23(h).</i>			

**SECTION 2:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above was employed by us. Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here.

1. Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semi Trailer

Bus  Cargo Tank  Doubles/Triples  Other (Specify): \_\_\_\_\_.

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

**If there is NO safety performance history to report, check here  , sign below and return.**

**Accidents:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any Other Remarks:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If driver was **not** subjected to Department of Transportation testing requirements while employed by this employer, please check here , If the employee was subject, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |    |  | <b>YES</b>               | <b>NO</b>                |
|----|--|--------------------------|--------------------------|
| 1. | Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has this person committed other violations of Subpart B of Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?         | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date on Side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one):  Faxed to previous employer     Mailed     Emailed     Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information obtained from: \_\_\_\_\_

Recorded By: \_\_\_\_\_ Method:  Fax     Mail     Email     Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS: COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SIDE 1 SECTION 1:** Prospective Employee  
 Complete the information required in this section  
 Sign and Date  
 Submit to the Prospective Employer

**SIDE 2 SECTION 3:** Previous Employer  
 Complete the information required in this section  
 Sign and Date  
 Return to Prospective Employer

**SIDE 2 SECTION 4a:** Prospective Employer  
 Complete the information  
 Send to Previous Employer

**SIDE 2 SECTION 4b:** Prospective Employer  
 Record receipt of information  
 Retain the form

**SIDE 1 SECTION 2:** Previous Employer  
 Complete the information requested in this section  
 Sign and Date  
 Turn form over to complete SIDE 2 SECTION 3

# Allstates Rigging, Inc.

## DRIVERS “DUE PROCESS RIGHTS” STATEMENT

**Prologue:** World events over the past decade have virtually re-shaped the landscape of our employment environment and its corresponding process. The horrific and tragic events that occurred on September 11, 2001, have accelerated the implementation of Federal and State regulations, that have changed how we the employer, and you the employee/contractor, must cooperatively share information back and forth, making sure we are who we say we are. The regulations have made provisions for the protection of personal rights, and the right to due process in dealing with any and all information shared, whether it be right or wrong. **Federal Motor Carrier Safety Regulation 49 CFR Part 391.23(i)(j)(k)** specifically provides for the due process rights for you, our prospective driver/employee/contractor. In complying with all parts of this specific regulation, Our Company is providing the following “Due Process Statement” that will outline your individual rights and the procedures for enacting them. If you have questions, or need clarification on anything that is written here, please bring it immediately to the attention of your recruiter or the administrator assisting you in this hiring process.

## EXPRESSED NOTIFICATION

**391.23(i)(1):** *If, on our drivers application, you disclose that you have been employed or contracted in a position that was specifically regulated by the Department of Transportation in the preceding three years of the date of the application, then you are hereby advised of your right to due process regarding any and all data obtained through investigative means used during the pre-employment hiring process.*

**391.23(i)(1)(i):** *Provides you the right to review any and all information that upon our investigative request, was provided by your previous Department of Transportation regulated employers;*

**391.23(i)(1)(ii):** *This rule provision affords you the right to have errors in the information that we obtained from all previous DOT Regulated employers, be corrected by that previous employer, and to resend the corrected information to us, your prospective employer;*

**391.23(i)(1)(iii):** *This particular part of 391.23 allows you the right to have a rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree on the accuracy of the information.*

**391.23(i)(2):** *If you wish to exercise your right to due process and review safety related information provided by those previous Department of Transportation regulated employers you have disclosed being employed by for the previous three years, then you must submit a written request to our recruiter or the supervisor we have indicated to you who would be responsible for this information. You can make your request at any time, including during this application process, or as late as 30 days after being employed or being notified of denial of employment with our company. If your request is made in writing and submitted within the time frame allowed by rule, and if we have received the information you are requesting from your previous Department of Transportation regulated employers, we then will make the specific information you are requesting available to you within 5 days of having made your request. If you have not made suitable arrangements with our Safety Department or Personnel Department to view the requested records at our main office within thirty (30) days after we have indicated they were available for you, then we will automatically assume that you have waived or abandoned your right to due process regarding your specific request.*

**391.23(j)(1):** *If you wish to have your previous employer retract, alter, or otherwise correct any erroneous information in your safety performance history provided by that previous Department of Transportation regulated employer pursuant to paragraph (i) of this section, then you must send the request for said correction to that previous employer that provided the records to our company.*

**391.23(j)(2):** *After October 29, 2004, the previous Department of Transportation Regulated employer must either correct and forward the information to our company or notify you personally within 15 days of receiving your written request that they, your previous employer, do not agree to correct the data, and that they stand by their original submission.*

**391.23(j)(3):** *If you wish to offer up, or have entered into the record a statement that rebuts information received pursuant to paragraph (i) of this section, then you must send your rebuttal to that previous Department of Transportation employer who submitted the information you're intending to rebut. You must send along specific instructions to include the rebuttal in your safety performance history record/file.*

**391.23(j)(4):** *So that this notification fully informs you of all your rights within this regulatory due process, we ask that you be advised that as of October 29, 2004, and beyond, your previous Department of Transportation employer(s) must, within five business days of receiving a rebuttal from you, do the following:*

*(i) Forward a copy of the rebuttal to us, your prospective motor carrier employer;*

*(ii) We will then include the rebuttal in your driver's information file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period.*

**391.23(j)(5):** *You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.*

**391.23(j)(6):** *You may report failures of previous employers to correct information or to include your rebuttal(s) as part of the safety performance information, to the FMCSA following procedures specified at §386.12.*

**391.23(k)(1):** *We here, or any other future prospective motor carrier employer must use the information only as part of deciding whether to extend you an offer of employment or not.*

**391.23(k)(2):** *This section of the rules obligates us, as your prospective employer, to take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire you or not. We also disclose to you that this part of the rules restricts us from providing any alcohol or controlled substances information to our insurance carrier.*

**391.23(l)(1):** *This part advises and informs you that "no" action, or proceedings for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against—*

*(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,*

*(ii) A person who has provided such information; or*

*(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.*

**391.23(l)(2):** *The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.*

# Allstates Rigging, Inc.

## ***FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT***

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

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Printed Name

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Social Security #

# Allstates Rigging, Inc.

## ***CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS***

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 of the Federal Motor Carrier Safety Regulations (FMCSR), apply to every driver who operates in intrastate, interstate, or foreign commerce, and operates a vehicle weighing 26,001 lbs. or more, can transport more than 15 people, or transports hazardous materials that requires placarding.

The requirements in Part 391 of the FMCSR, apply to every driver who operates in interstate commerce, and operates a vehicle weighing 10,001 lbs. or more, can transport more than 15 people, or transports hazardous materials that requires placarding.

**DRIVER REQUIREMENTS:** Parts 383, and 391, of the FMCSR contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987, and they are as follows:

- 1) As a commercial motor vehicle driver, you may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1st, 1980.

If you have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Sections 392.42, and 383.33, of the Federal Motor Carrier Safety Regulations (FMCSR), requires that you notify your employer or the operating carrier the NEXT BUSINESS DAY of any revocation or suspension of your operating privileges. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than a parking violation), you must report it to the operating motor carrier and the state that issued your license within 30days.

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements. The following license is the only one I will possess:

License No# \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Drivers Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Allstates Rigging, Inc.

## MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

### EMPLOYER

Allstates Rigging, Inc.  
400 Columbus Street  
Two Rivers, WI 54241

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

FULL NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

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 \_\_\_\_\_ (“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 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 to you 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 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 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 \_\_\_\_\_ (“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 to make 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.

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.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

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.

LAST UPDATED 12/22/2015

# Allstates Rigging, Inc.

## ***PRE-EMPLOYMENT DRUG & ALCOHOL TEST CONSENT FORM***

I, \_\_\_\_\_, hereby give my full consent to submit to a substance abuse drug test in accordance with the requirements of the Federal Motor Carrier Safety Regulations, Title 49 CFR Part 40, and this company's Drug & Alcohol Abuse Policy.

I understand that all prospective drivers must submit to a substance abuse drug test and that a urine sample will be collected and tested for controlled substances.

I give my full consent to the release of my substance abuse drug test results to the carrier's authorized Medical Review Officer(s), who will then release the audited results to an authorized agent of the carrier listed above.

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I agree that if I test positive for use of controlled substances, or do not pass my physical examination, or disagree to sign a written authorization for the release of my past 2 years of drug test results, I will not be considered for employment by the carrier listed above.

Agreed to: \_\_\_\_\_  
*Date:*

By: \_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Printed Applicants Name*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*