

DRIVER'S APPLICATION FOR EMPLOYMENT

X Applicant Name _____ Date of Application _____
 (print)
 Company Schulz Transportation Services, Inc.
 Address 4301 W Adams
 City Lincoln State NE Zip 68524

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

> TO BE READ AND SIGNED BY APPLICANT <

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

X Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
 SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous
Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

** List complete 10 year work history. Explain any gaps. **

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

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 (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

SCHULZ TRANSPORTATION SERVICES, INC.

4301 W. ADAMS, LINCOLN, NE 68524

Applicant Certification

By signing this statement I certify that:

- This application for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by 383.21 of the FMCSA'S, CFR I only have one commercial motor vehicle operator's license.
- "**ALL**" violations other than parking violations have been listed in the above application for a period of no less than the last three(3) years.
- I have never tested positive on any pre-employment drug test during the application process, for any motor carrier, nor am I currently under the auspice or control of a Substance Abuse Program (SAP) as prescribed by 40 & 382 of the FMCSA'S CFR for a positive test result.

Furthermore, I authorize Schulz Transportation Services, Inc, or their designated agencies to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release any and all of: the employers, the school, the health care providers, Schulz Transportation Services, Inc, and their subsidiaries, as well as the other persons associated with or listed on this application for employment and the subsequent processes and procedures for continuous review and maintenance of records from all liability in response to inquiries and the releasing of information in connection with my application and other hiring or personnel documents, utilized in this the initial offer determination and possible future review. In the event of an employment offer, I understand that false or misleading information granted or given to this application or interview(s) may be considered fraud and could be construed as criminal, and will be grounds for termination and permanent discharge from this company or subsidiaries. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and guidelines.

I understand that information I provide regarding current and / or previous employers may be used , and those employer(s) will be contacted, for the purpose of investigation and evaluating my safety performance history as required by 49 CFR 391.23 (d) and furthermore I understand that I have the right to:

- a.) Review information provided by previous employers;
- b.) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- c.) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I cannot agree on the accuracy of the information.

Applicant's Signature: X _____ Date: _____

Schulz Transportation Services, Inc, is an equal opportunity employer. Schulz Transportation Services, Inc. does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

SCHULZ TRANSPORTATION SERVICES, INC.

4301 W. ADAMS, LINCOLN, NE. 68524

Certification of Compliance with Driver's License Requirements

MOTOR CARRIER INSTRUCTIONS:

Part 383 requirements apply to every driver who operates a vehicle weighing 26,001 lbs. or more, can transport more than 15 people, or transports hazardous materials that require placarding in intrastate, interstate, or foreign commerce.

Part 391 requirements apply to every driver who operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding in interstate commerce.

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) contain requirements with which you, as a driver, must comply. These requirements went into effect on July 1, 1987 and are as follows:

- 1.) **POSSESS ONLY ONE LICENSE:** As a commercial motor vehicle driver, you may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. Destroying a license does not close the record in the state that issued it; you must actually notify them via telephone or mail.

If a multiple license has been lost, stolen, or destroyed, you can close your record by notifying the state of issuance via telephone or mail that you no longer want to be licensed by that state.

- 2.) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** 391.15(b)(2) and 383.33 of the FMCSR's require that you notify your employer/company: Immediately you must contact no later than the **next business day** of any revocation or suspension of your driver's license. We additionally require that **"ALL"** violations too must be reported in like manner: Immediately, no later than the next business day.

In addition, 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing/contracting motor carrier and the state that issued your license (if the violation occurs in a state other than one which issued your license). Both notifications must be in writing.

The following license is the only one I will possess.

Driver's License No: _____ State of Issue: _____ Exp. Date: _____

Authorization for verification of driving record - (MVR Request Authorization)

I hereby authorize Schulz Transportation Services, Inc., to generate a Motor Vehicle Report for the purpose of investigation as required by 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations; at this time and any future or subsequent time during my employment or contract with, Schulz Transportation Services, Inc. You are released from any and all liability that may result from furnishing such information.

By signing below I certify that I have read and understand the above requirements and do also authorize a verification of my CDL and driving record, as defined above.

Applicant's Name (Printed): _____ Alias: _____ Date of Birth: _____

Applicant's Signature: X _____ Date: _____



Transportation
Services, Inc.

4301 WEST ADAMS • LINCOLN, NEBRASKA 68524 • (402)470-0600 • FAX (402) 470-0606

**DRIVER APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT**

Applicant Name: _____
Please Print

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the D.O.T. agency drug and alcohol testing rules during the past three years?

Yes No

- 2) If you answered yes, to the above question, can you provide proof that you've successfully completed the D.O.T. return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

X Applicant Signature: _____ Date: _____

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Schulz Transportation ("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 Schulz Transportation ("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.

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

AUTHORIZATION AND WRITTEN CONSENT TO BE COMPLETED BY APPLICANT

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.23, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382, and 383, *within the past three years*, from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I, (print first, middle and last name) _____,
hereby authorize the following company(s) to release all records of employment, including assessments of my job performance, ability and fitness; accident information; and dates of any and all alcohol or drug tests, positive results, my refusal to submit to any alcohol or drug tests, any violations of DOT drug and alcohol testing regs (Part 40 and 382), and any rehabilitation completed under the direction of a SAP to:

Schulz Transportation Services, Inc., 4301 W Adams, Lincoln, Ne 68524, Attention Michelle Drahota
secure fax 402-470-0606, confidential e-mail: mdrahota@schulztran.com, phone 402-470-0600

in connection with my application for employment. I hereby release the following company(s), and its employees, officers, directors, and agents from any and all liability as a result of providing the following information.

List Employers Within the Previous Three Years from Date of Application:

Previous Employer: _____ Contact: _____

Physical Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

I worked for this Company from the dates of ___/___/___ TO ___/___/___

Previous Employer: _____ Contact: _____

Physical Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

I worked for this Company from the dates of ___/___/___ TO ___/___/___

Previous Employer: _____ Contact: _____

Physical Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

I worked for this Company from the dates of ___/___/___ TO ___/___/___

X Applicant Signature _____ Date of Birth _____

X Social Security Number _____ Today's Date _____