

DRIVER'S APPLICATION FOR EMPLOYMENT

Transportation Services, Inc.
210 Schoolhouse Road
Souderton, PA 18964

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. **Please print and answer all questions.**

Date of application _____ Position applied for _____

Name _____ Social Security No. _____
Last First Middle

Maiden Name _____ Aliases _____

Date of Birth _____ Phone # _____ Cell # _____
(Required for Commercial Drivers)

Email Address: _____

List your addresses of residency for the past 3 years. Current Address:

_____ How long? _____
Street City State Zip Code

Previous Addresses:

_____ How long? _____
Street City State Zip Code

_____ How long? _____
Street City State Zip Code

_____ How long? _____
Street City State Zip Code

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

Have you worked for this company before? _____ Dates: From _____ to _____

Rate of pay _____ Position _____ Reason for leaving _____

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

Referred by _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of driving a school bus or van? _____

If yes, please explain _____

Have you ever been convicted of a felony? _____ If yes, please explain - all circumstances will be reviewed and considered.

Employment History

All driver applicants to drive a commercial motor vehicle in intrastate or interstate commerce must provide 10 years' information. List complete mailing address, city, state and zip code.

Starting with most recent, list your employers – use an extra sheet if necessary.

EMPLOYER			DATE					
NAME			FROM	M	YR	TO	M	YR
ADDRESS			POSITION HELD					
CITY	STATE	ZIP	SALARY/WAGE					
SUPERVISOR		PHONE NUMBER	REASON FOR LEAVING					
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			If terminated or asked to resign, please explain:					
Were you subject to the Federal Motor Carrier Safety Regs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety sensitive function in any DOT regulated mode? Were you subject to DOT required drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EMPLOYER			DATE					
NAME			FROM	M	YR	TO	M	YR
ADDRESS			POSITION HELD					
CITY	STATE	ZIP	SALARY/WAGE					
SUPERVISOR		PHONE NUMBER	REASON FOR LEAVING					
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			If terminated or asked to resign, please explain:					
Were you subject to the Federal Motor Carrier Safety Regs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety sensitive function in any DOT regulated mode? Were you subject to DOT required drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EMPLOYER			DATE					
NAME			FROM	M	YR	TO	M	YR
ADDRESS			POSITION HELD					
CITY	STATE	ZIP	SALARY/WAGE					
SUPERVISOR		PHONE NUMBER	REASON FOR LEAVING					
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			If terminated or asked to resign, please explain:					
Were you subject to the Federal Motor Carrier Safety Regs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety sensitive function in any DOT regulated mode? Were you subject to DOT required drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EMPLOYER			DATE	
NAME			FROM M YR	TO M YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR		PHONE NUMBER	REASON FOR LEAVING	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			If terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety sensitive function in any DOT regulated mode? Were you subject to DOT required drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM M YR	TO M YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR		PHONE NUMBER	REASON FOR LEAVING	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			If terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety sensitive function in any DOT regulated mode? Were you subject to DOT required drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**IN ADDITION TO THE 10 YEARS OF WORK HISTORY
 REQUIRED BY D.O.T., LIST ANY PREVIOUS EMPLOYMENT
 WORK HISTORY FOR SCHOOL ENTITIES AND/OR WHERE
 YOU HAD DIRECT CONTACT WITH CHILDREN AT ANY
TIME DURING YOUR EMPLOYMENT HISTORY
 (REQUIRED UNDER ACT 168 OF 2014)**

EMPLOYER			DATE	
NAME			FROM M YR	TO M YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR		PHONE NUMBER	REASON FOR LEAVING	
<i>CONTINUED ON NEXT PAGE</i>				

EMPLOYER			DATE	
NAME			FROM M YR	TO M YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM M YR	TO M YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM M YR	TO M YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
SUPERVISOR	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYMENT GAPS	DATE	
Explain any time periods that you were not working during the last 10 years:	FROM M YR	TO M YR

For the past three years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT regulated employer because you would perform safety sensitive transportation work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Companies applied to for driving positions and/or drug test taken in the last three years – if none check here <input type="checkbox"/>	Use another sheet if necessary
NAME	
ADDRESS	
CITY	STATE ZIP
CONTACT PERSON	PHONE NUMBER
<i>CONTINUED ON NEXT PAGE</i>	

Companies applied to for driving positions and/or drug test taken in the last three years.			
NAME			
ADDRESS			
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	

Companies applied to for driving positions and/or drug test taken in the last three years.			
NAME			
ADDRESS			
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	

ACCIDENT RECORD FOR PAST 10 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, CHECK HERE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, CHECK HERE

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY & STATE

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES OR PERMITS HELD IN THE PAST THREE YEARS	STATE	LICENSE #	CLASS	ENDORSEMENTS	EXP. DATE

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit or privilege to drive ever been suspended or revoked? Yes No

If the answer to either question is yes, give details: _____

COMMERCIAL DRIVING EXPERIENCE – IF NONE, CHECK HERE

CLASS OF EQUIPMENT	DATE FROM	DATE TO	APPROX. TOTAL # OF MILES
STRAIGHT TRUCK YES <input type="checkbox"/> NO <input type="checkbox"/> CIRCLE TYPE OF EQUIPMENT: VAN, TANK, FLAT, DUMP, REFER			
CLASS OF EQUIPMENT			APPROX. TOTAL # OF MILES
TRACTOR & SEMI-TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/> CIRCLE TYPE OF EQUIPMENT: VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – TWO TRAILERS YES <input type="checkbox"/> NO <input type="checkbox"/> CIRCLE TYPE OF EQUIPMENT: VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS YES <input type="checkbox"/> NO <input type="checkbox"/> MORE THAN 12 PASSENGERS			
MOTORCOACH – SCHOOL BUS YES <input type="checkbox"/> NO <input type="checkbox"/> MORE THAN 27 PASSENGERS			
OTHER _____			

LIST STATES OPERATED IN FOR LAST TEN YEARS _____

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

LIST SAFE DRIVING AWARDS AND AWARDED FROM: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in working for this company:

List courses and training other than shown elsewhere in this application:

By my signature, I certify 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. I also authorize Transportation Services, Inc. to make such investigations and inquiries of my personal, employment, financial, medical history and other related matters as may be necessary in arriving at an employment decision. 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. 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 employment is contingent upon obtaining acceptable motor vehicle records from any State I held a license in for the past 10 years if I do not have a CDL. The Company will receive a full driving history as released by PA DOT for individuals with a CDL. After training for and receiving a CDL license, the company will receive a full driving record for each employee with a CDL.

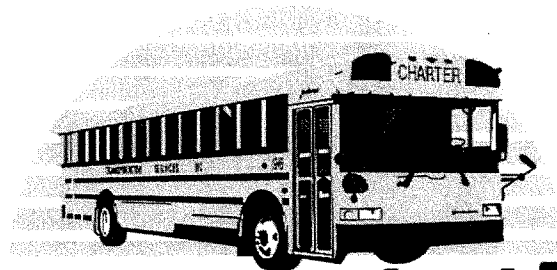
I understand and agree that I may be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

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.

Date

Applicant's Signature



**Transportation
Services Inc.**
School Bus Charters • Contracted Services

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, your driving record and all clearances may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations, PA Act 24 of 2011, Act 82 of 2012, Act 168 of 2014 and Section 111 of the Public School Code of 1949.

By my signature, I give permission for Transportation Services, Inc., to request these records and permission to request updated(current) driving records, updated(current) criminal history records and updated clearances during the course of my employment and/or as requested by our insurance company, Souderton Area School District or other school entities as required for their auditing purposes.

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

Transportation Services, Inc. for Souderton Area School District

School Employee Disclosure Statement
(Required by 23 PA C.S.A. 6356 (2) (II) and 24 PS 1-111)

24 PS 1-111 AS AMENDED

The following applies to all student teachers (participating in classroom teaching, internships, clinical or field experience) and prospective employees (including but not limited to administrators, teachers, substitutes, janitors, cafeteria workers, office employees) of public and private schools, Intermediate Units and area vocational-technical schools, including independent contractors and their employees and bus drivers who have direct contact with children.

Name _____ Social Security Number _____

Address _____ State _____ Zip _____

_____ I am _____ I am not a resident of the Commonwealth of Pennsylvania.

I swear or affirm that I have not been named as a perpetrator of a founded report of child abuse or have been named as the individual responsible for injury or abuse in a founded report for school employee.

24 PS 1-111 AS AMENDED

Subsection (b) Administrators of public and private schools, intermediate units and area vocational-technical schools shall require prospective employees to submit with their employment application, pursuant to 18 Pa.C.S. Ch.91 (relating to criminal history record information), a report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police central repository contains no such information relating to that person. Such criminal history record information shall be limited to that which is disseminated pursuant to 18 Pa.C.S. 9121(b)(2) (relating to general regulations) and shall be no more than one (1) year old. An applicant may submit a copy of the required information with the application for employment. Administrators shall maintain a copy of the required information and shall require each applicant to produce the original document prior to employment. Administrators shall require contractors to produce the original document for each prospective employe of such contractor prior to employment.

Subsection (c.1) Beginning April 1, 2007, administrators shall require the applicant to submit with the application for employment a copy of the Federal criminal history record in a manner prescribed by the Department of Education. When the applicant provides a copy of the Federal criminal history record, it shall be no more than one (1) year old. Administrators shall maintain a copy of the required information and shall require each applicant to produce a Federal criminal history record that may not be more than one (1) year old at the time of employment. The original Federal criminal history record shall be returned to the applicant.* (*The original will only be returned to the applicant if the applicant has paid the fee for the Federal Criminal History).

I swear or affirm that I have never been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.

A person convicted of a Subsection 111(e) crime will be permanently excluded from school employment. No person subject to this act shall be employed in a public or private school, intermediate unit or area vocational-technical school where the report of criminal history record information indicates the applicant has been convicted, of any of the following offenses:

(1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2709.1 (relating to stalking).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 2910 (relating to luring a child into a motor vehicle or structure).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3124.2 (relating to institutional sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 3129 (relating to sexual intercourse with animal).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under section 5902(b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301(a)(1) (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- Section 6318 (relating to unlawful contact with minor).
- Section 6319 (relating to solicitation of minors to traffic drugs).
- Section 6320 (relating to sexual exploitation of children).

(2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64) known as "The Controlled Substance, Drug, Device and Cosmetic Act."

(3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of: the United States; or one of its territories or possessions; or another state; or the District of Columbia; or the Commonwealth of Puerto Rico; or a foreign nation; or under a former law of this Commonwealth.

A reportable offense enumerated under 24 P.S. 1-111(f.1) consists of any of the following:

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. 1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. 1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. 1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) years has elapsed from the date of expiration of the sentence for the most recent offense.

PDE-6004 (8/28/12)

As required by subsection (j)(4) of 24 P.S. 1-111, PDE form 6004 must be utilized by employees to provide written notice within 72 hours after an arrest or conviction for an offense listed above occurring after 10/1/12. This form is available in the office and should be completed and returned.

The Childline clearance and my Pennsylvania Criminal History will be requested online. I understand that I can be provisionally employed for 90 days pending receipt of these two clearances. If the completed checks have not been received from the Pennsylvania State Police or the Department of Welfare by the 90th day, I will be terminated from my position at Transportation Services, Inc. Upon receipt of the satisfactory checks, I will be reinstated to my assignment.

I understand that the "official" FBI Fingerprint Clearance results will be held on file at the Souderton Area School District office. An "unofficial" results copy will be given to the driver/applicant and that I can be provisionally employed for 90 days (except during a lawful strike proceeding under the provisions of the act of July 23, 1970 (P.L. 563, No. 195), known as the "Public Employee Relations Act," provided that all of the following conditions are met:

- (1) the applicant has applied for the information required under subsection (b) and, where applicable, under subsection (c.1) and the applicant provides a copy of the appropriate completed request forms to the administrator;
- (2) the administrator has no knowledge of information pertaining to the applicant which would disqualify him from employment pursuant to subsection (e);
- (3) the applicant swears or affirms in writing that he is not disqualified from employment pursuant to subsection (e);
- (4) if the information obtained pursuant to subsection (b), or (c.1) reveals that the applicant is disqualified from employment pursuant to subsection (e), the applicant shall be suspended and subject to termination proceedings as provided for by law; and
- (5) the administrator requires that the applicant not be permitted to work alone with children and that the applicant work in the immediate vicinity of a permanent employe.

CONTINUED ON NEXT PAGE

I understand that, as a provisionally hired employee, I must work within eyesight of a permanent employee at all times.

I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse or named as the individual responsible for injury or abuse in a founded report for school employee.

I understand that my employment may be terminated if I have ever been convicted of any of the above crimes or named as the perpetrator of an indicated report of child abuse or named as the individual responsible for injury or abuse in an indicated report for school employee.

I hereby swear or affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

In addition, under Act 168 of 2014, relating to Direct Contact with Children which is defined as “the possibility of care, supervision, guidance or control of children or routine interaction with children,” and after an offer of employment has been extended, on a separate form provided by Transportation Services, Inc., I must provide information on the following: Have you ever:

- **Been the subject of an abuse or sexual misconduct investigation by an employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false).**
- **Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct.**
- **Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct.**

Signature _____

Date _____

Revised 7/17/2023

Attention CDL Drivers:

The DOT Drug & Alcohol Clearinghouse arrives January 6, 2020

What is it? An online database providing employers, licensing agencies, and enforcement officers with real-time information about truck and bus drivers who have violated DOT drug or alcohol testing rules. Employers must check the Clearinghouse when hiring each new CDL driver and *every year* for existing CDL drivers like you. **The Clearinghouse will affect you in several ways:**

- 1 You will need to register on the Clearinghouse website (available Fall 2019) in order to comply with item #2 below. Registration is optional unless you switch employers or have a DOT drug or alcohol violation. Registration will give you free access to your own Clearinghouse record.

clearinghouse.fmcsa.dot.gov

- 2 You will need to go to the Clearinghouse to grant electronic consent whenever your employer is required to purchase a full Clearinghouse report on you. You will not be allowed to continue operating a commercial motor vehicle (CMV) or perform other safety-sensitive duties if you refuse to grant this consent (§382.703(c)).

- 3 You will need to sign a separate consent form (annually or one-time) to allow your employer to obtain "limited" Clearinghouse reports that indicate whether there is information about you in the Clearinghouse (if there is, then a full report will be required – see #2 above) (§382.701(b)).

- 4 If you commit any of the following DOT violations or complete any of the following steps after January 6, 2020, it will be reported to the Clearinghouse:

- Any verified positive, adulterated, or substituted drug test
- Any confirmed alcohol test result of 0.04 or higher
- Any refusal to submit to a DOT-required test
- Any verified and documented "actual knowledge" that you violated the drug/alcohol rules:
 - Any on-duty alcohol use, including any citation for DUI/DWI while driving a CMV
 - Any alcohol use within 4 hours before going on duty
 - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
 - Any prohibited drug use while on duty
- Successful completion of the return-to-duty process following treatment*
- Any negative return-to-duty test*
- Successful completion of follow-up testing*

**Only reported if the underlying violation occurred after January 6, 2020.*

- 5 You will be notified whenever information about you in the Clearinghouse is added, removed, or revised. You can specify how you want to be contacted when you register.

I hereby acknowledge receiving educational information about the CDL Drug & Alcohol Clearinghouse as required under §382.601(b)(12).

Driver's name: _____ Date: _____

Driver's signature: _____

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DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)
Transportation Services, Inc.

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: N/A Date: _____

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