



Zeeland Freight Services, LLC

2500 - 84th Avenue Zeeland, MI 49464
Phone: (800) 748-0595

Owner/Operator Application for Subcontracting

Application must be completed even if submitting a resume.

Personal Information

Date of Application Is the driver the owner? Yes No
Name Home Phone: Cell Phone:
Current address City State Zip
Previous address (if less than 3 years at current) City State Zip
DOB (Required for commercial drivers) SSN#
Email

Have you been convicted of a crime in the last 10 years (excluding a minor traffic violation)? Yes No (A conviction will not necessarily automatically disqualify you. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) If yes, briefly explain

Are you at least 21 years of age? Yes No (If not, you may be required to provide authorization to work.)
How did you hear about us? Referred by

Can you perform the essential functions of the position for which you are applying? Yes No (If you have any question as to what functions are applicable, please ask interviewer.) If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

CDL/Driving Information

Driver's license # Class (A, B, C) Endorsements
Issuing state Expiration date Years of driving experience
List all traffic violations in the past 3 years that resulted in a conviction or a guilty plea (other than parking violations)
How many accidents have you had in the last 3 years? Who's fault? Mine Other driver(s)
Briefly describe
Have you ever been convicted of a DUI/DWI? If yes, date of conviction:
Has any license, permit, or privilege ever been suspended or revoked? Yes No
If yes, explain

Equipment Information

Company name (if different than owner's name) Federal ID
Tractor make Model Year Miles
Trailer make Model Year Miles
Do you have AppORTioned Plates IFTA permit Bobtail insurance

**Employment Information**

Provide 10 years of employment history (add another sheet if needed).

Have you worked for Zeeland Freight Services, LLC before?  Yes  No If yes, when? \_\_\_\_\_

Previous employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ Wage \_\_\_\_\_  Full-time  Part-time

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

While employed, were you subject to FMCSA Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing?  Yes  No

Previous employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ Wage \_\_\_\_\_  Full-time  Part-time

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

While employed, were you subject to FMCSA Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing?  Yes  No

Previous employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ Wage \_\_\_\_\_  Full-time  Part-time

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

While employed, were you subject to FMCSA Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing?  Yes  No

Previous employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ Wage \_\_\_\_\_  Full-time  Part-time

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Reason for leaving \_\_\_\_\_

While employed, were you subject to FMCSA Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing?  Yes  No

**Authorization**

Please read the following statement carefully before signing to indicate your understanding.

I certify that I personally completed this form and that all of the information is true and correct. I authorize Zeeland Freight Services, LLC to conduct a thorough background investigation in accordance with the state and federal laws and authorize my previous employers to release any information requested by Zeeland Freight Services, LLC and hold them harmless of all liability from the release of said information.

Also, in accordance with the provisions of 49 CFR Part 382.413, I hereby authorize and require my previous and/or current employers specifically listed by me on this application to release the results (including any refusal to test) of all drug and alcohol tests taken by me pursuant to the provisos of 49 CFR while in their employment to Zeeland Freight Services, LLC by whatever means is most expedient.

Owner/Operator Signature \_\_\_\_\_ Date \_\_\_\_\_



Zeeland Freight Services, LLC

## Fair Credit Reporting Act Notice and Authorization

### Notice

In order for Zeeland Freight Services, LLC. or its affiliated entity ("ZFS") to evaluate you for possible employment, and if you are hired to make future decisions concerning your employment, ZFS may from time to time obtain a consumer report about you. The initial report will be requested from GlobalHR Research a consumer reporting agency and may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal background, work background, personal characteristics or mode of living.

### Authorization

I hereby authorize ZFS from time to time to obtain a consumer report about me for employment purposes. I understand that if my application is denied on the basis of information contained in a consumer report or if an adverse action is taken against me regarding my employment based on information contained in a consumer report, ZFS will provide me with a copy of the report and a description of my rights under the Fair Credit Reporting Act.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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

Zeeland Freight Services, LLC is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

## Request for Information from Previous Employer

I hereby authorize you to release the following information to ZEELAND FREIGHT SERVICES, LLC for purposes of investigation as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. You have the right to review the information obtained from previous employers, to correct errors in that information, and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous information. If the driver chooses to submit a rebuttal, the previous employer has five days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Past Employment Information

Company name \_\_\_\_\_

Applicant's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employment dates \_\_\_\_\_ to \_\_\_\_\_ Position held \_\_\_\_\_

What did he/she operate?  Straight truck  Tractor/trailer  Tractor/dump trailer  Other

Type of driving  Local  Over-the-road Was he/she a safe and efficient driver?  Yes  No

Did he/she have any accidents while working for you?  Yes  No If yes, describe briefly \_\_\_\_\_

Reason for leaving employer?  Discharged  Resignation  Layoff  Other

Was his/her conduct satisfactory?  Yes  No If no, please explain \_\_\_\_\_

Did he/she get along with co-workers?  Yes  No With supervisors?  Yes  No

Did this driver have log problems?  Yes  No Late deliveries?  Yes  No

Would you rehire this driver?  Yes  No Upon review If no, why not? \_\_\_\_\_

While employed, was he/she subject to FMCSA Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing?  Yes  No

### Past Drug/Alcohol Results

1. Has this person tested positive for a controlled substance in the last three years?  Yes  No

2. Has he/she had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years?  Yes  No

3. Has he/she refused a required drug or alcohol test in the last three years (including verified adulterated or substituted drug test results)?  Yes  No

4. Has he/she violated any other DOT drug/alcohol regulation?  Yes  No

5. Have you received verification from any previous employers of this person that he/she violated DOT drug and/or alcohol regulations?  Yes  No If yes, see below

If you answered yes to questions 1-4, please list the SAP (Substance Abuse Professional) for further reference.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you answered yes to question 5, list past employer's name and phone number and which regulation was violated.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Regulation violated \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department Of Transportation's regulations and may result in a fine and/or civil liability.

Zeeland Freight Services, LLC® is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Revised 09-30-2020



**TRUCKING INDUSTRY:  
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>	
<b>Company Name:</b>	<u>Zeeland Freight Services LLC</u>
<b>Company Contact Name:</b>	<u>Diana Smith</u>
<b>Fax #:</b>	<u>( 616 ) 748 - 3920</u>
<b>HireRight Account Code:</b>	<u>ZEELA</u>

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Part 2 - FMCSA Notification of Driver Rights**

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.



Zeeland Freight Services, LLC

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR  
EMPLOYMENT PURPOSES**

**Disclosure**

Zeeland Freight Services, LLC (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



Zeeland Freight Services, LLC

## **OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

### **Disclosures**

#### **Investigative Consumer Report:**

Zeeland Freight Services, LLC (the "Company") may request an investigative consumer report about you from HireRight, LLC ("HireRight"), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

#### **Ongoing Authorization:**

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

#### **Additional State Law Notices:**

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

#### **Summary of Rights under the Fair Credit Reporting Act:**

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

#### **San Francisco Fair Chance Ordinance Official Notice:**

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

#### **HireRight Privacy Policy:**

Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).



## Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

<p><input type="checkbox"/> California, Minnesota or Oklahoma consumers: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.</p>
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### Additional State Law Notices

Please also note the following:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

**MASSACHUSETTS:** Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

**NEW JERSEY:** You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

**NEW YORK:** You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*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 Zeeland Freight Services, LLC (“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 Zeeland Freight Services, LLC ("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

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

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.

**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_ (Driver Name), hereby provide consent to Zeeland Freight Services, LLC (ZFS), through its C/TPA HireRight, LLC, or direct through the FMCSA Clearinghouse website to conduct a full query for potential new hires or a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (the "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. If ZFS hires me, ZFS may conduct unlimited additional limited queries of the Clearinghouse for the duration of my employment.

I understand that if the limited query conducted by ZFS indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to ZFS without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for ZFS to conduct a limited query of the Clearinghouse, ZFS must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

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Driver Signature

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Date