

Driver disclosure and authorization form: Release Form: 3 D Express 9108 Hwy 165 No. Little Rock, AR 72117 (Fax number -501-455-5640 Recruiting number-800-950-8326)

Employer _____ **Recruiter** _____

Fax# _____ **Fax** _____

To Obtain Background Information:

Please read the disclosure and authorization statement before signing:

I have read and understand the disclosure and authorization statement. By my signature below, I consent to the release of consumer reports, investigative, and other personal history reports prepared by a consumer reporting agency, government agency or department or entity to company. I understand that if I am hired, my consent will apply, and the company may obtain reports throughout my employment/contractual relationship. I understand that information contained in my application, or otherwise disclosed by me before or during my employment/contractual relationship may be used for the purpose of obtaining consumer reports and or investigative consumer reports. I authorize measurements required to verify past or current employment, criminal background check, and Motor Vehicle Reports. I will allow a PSP (Pre-employment Screening Program) check on crash data from the previous (5) years, and inspection history from the previous (3) years. I agree to allow the company to provide my work history information to a consumer reporting agency.

I understand under the FCRA (Fair Credit Reporting Act), I have a right to review information provided by my previous employers, and PSP data and resent to the company once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I understand that the information provided by me will be used in making employment/contractual relationship determinations and that my previous employer will be contacted for the purpose of investigating my safety performance, history information as required by paragraphs (d) and (e) of 49CFR part 391.23.

I certify the information on my application is true and correct to the best of my knowledge and any misrepresentation or omission on my part is cause for rejection or termination of employment or contractual relationship. I agree that this disclosure and authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by the company.

Drug/Alcohol: I hereby authorize any person or company for whom I have worked, or to whom I have applied to work in the past three years, to release the date and type of any drug test with a positive result, any alcohol test with a concentration of 0.04 or greater, or any refusal to take a test. This list should include all test required by the FMCSR or conducted by the company under their company policy, and any State that has a drug/alcohol database search. I authorize the release of all information concerning my referral to Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment.

I authorize this release by whatever means is most expedient and agree to hold harmless any person or company for whom I have worked or with whom I have applied, as well as their employees, agents, or representatives, from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant's Name: _____ SS # _____

Applicant Signature: _____ Date: _____