

**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 Dunn Roadbuilders, 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 Dunn Roadbuilders, 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 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.

Please sign on reverse side.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. The company, business, or organization at which you applied will provide this information for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources, and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name: _____
 Applicant Signature _____ Soc. Sec.#: _____
 Address: _____
 Date of Birth (for criminal and driving record checks) _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____
 Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

- | | |
|--|---|
| <input type="checkbox"/> Previous Employment Verification* | <input type="checkbox"/> Driving Record Check |
| <input type="checkbox"/> D.O.T. (Special Screening for Commercial Drivers)* | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Education Verification* | <input type="checkbox"/> Employment Credit Report |
| <input type="checkbox"/> Professional/Personal References* | |
| <input type="checkbox"/> Professional License & Credential Check* | |
| <input type="checkbox"/> Official Education Transcripts | |
| <input type="checkbox"/> CRIMINAL RECORD CHECKS (below) | |
| <input type="checkbox"/> CrimeChex Multi-State Criminal Index Check | |
| <input type="checkbox"/> CrimeChex PLUS Multi-State Criminal Index Check | |
| <input type="checkbox"/> List Other Jurisdictions To Be Checked Here: | <input type="checkbox"/> National Address Search & Social Security # Validation |
| <input type="checkbox"/> Nationwide Federal Violations Criminal Record Check | |

***If you are not using the website to place orders for these levels of screening, please include the completed job application in your FAX to LABORCHEX.**

Signature of Official Authorizing Investigation _____

REQUEST FOR DRIVER BACKGROUND INFORMATION VERIFICATION

TO THE PERSON COMPLETING THIS REQUEST: In compliance with Federal regulations our company is seeking information concerning a commercial driver that was previously employed by your company and has applied for employment with our company. The applicant below has signed this release granting us permission to request this information and giving you permission to provide it to us. Please complete this form and return it to the address shown below fax to the number listed or E-mail to the address below. If you need additional information concerning this request please contact our company.

COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

PRINT NAME	SOCIAL SECURITY #	SIGNATURE

Complete ONLY the above line.

PREVIOUS EMPLOYER INFORMATION

COMPANY NAME	ADDRESS	CITY-ST-ZIP	FAX #

INFORMATION REQUESTED

HIRE DATE	DATE TERMINATED	REASON FOR TERMINATION (Optional)		
ANSWER YES OR NO TO THE FOLLOWING			YES	NO
1. Would you rehire this driver?				
2. Was this driver involved in a vehicular accident while employed by your company?				
3. Did this driver ever have his/her CDL suspended while employed by your company?				
4. Did this person ever receive an out of service DOT violation while employed by your company?				
5. Was this driver ever disqualified from driving duties while employed by your company?				
6. Was this driver a qualified commercial driver when last employed at your company?				
7. Did this driver ever fail a DOT physical examination while employed by your company?				
8. Did this driver ever test positive for drugs or alcohol while employed by your company?				
9. Was this driver in your random drug and alcohol program when last employed at your company?				
10. Did this driver ever refuse a drug or alcohol test while employed by your company?				

PLEASE RETURN THIS FORM BY MAIL, FAX OR E-MAIL AS SOON AS POSSIBLE

COMPANY REQUESTING INFORMATION		ATTENTION	
Dunn Roadbuilders LLC		Christy Drennan	
ADDRESS	CITY	STATE	ZIP
P.O. DRAWER 6560	LAUREL	MISSISSIPPI	39441
OFFICE PHONE NUMBER	FAX PHONE NUMBER	E-MAIL ADDRESS	
601-425-5890	601-649-8596	cdrennan@dunnroadbuilders.com	

Internal Use Only

Date Sent	Sent by	Signature of Sender
	FAX <input type="checkbox"/> MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/>	