

# 4083 37<sup>th</sup> Street North Fargo, ND 58102 701.298.0349

# **Driver Application**

It is the policy of Royal Logistics to provide equal employment opportunities to all applicants and employees without regard to any legally protected class not to exclude race, color, religion, gender, national origin, age, disability or veteran status.

veteran sta	icas.				
			Applicant Information	n	
i					
Full Name:				Įτ	oday's Date:
	First	M.I	Last	•	day/month/year
Address:					
	Street Address				Apt/Unit #
	City		State		Zip Code
	•				•
Number of	years at this addre	ess:	Email		
	,				
Home Phor	ne #		Cellular Ph	one #	
nome Filor	ile #		Cellulal FI	T	
Social Secu	irity #			Date of Birth:	
					day/month/year
	_	Reside	ences-Please list last 3	3 years	
Address:					6
	Street Address				Apt/Unit #
	City		State		Zip Code
Dates at th	is address:				
		dav	/month/year	to	day/month/year
		,,	, ,		
Address:					
	Street Address				Apt/Unit #
	City		Ctata		Zip Code
	City		State		Zip Code
Data a at th	to adduces.				
Dates at th	is address:				
		day,	/month/year	to	day/month/year
Address:	Charact Address				A - 1 / 11 - 11 / 11
	Street Address				Apt/Unit #
	City		State		Zip Code
Dates at th	is address:				
1		day	/month/vear	to	dav/month/vear

	plied for:				Date Availa	ble:		
						T	ay/month/ye	rar
Are you a c	itizen of the circle of	ne:		If no, are y	ou authorize	ed to work in	•	
United Stat	_	es no		the US?			yes	no
				circle one:				
Have you e	ver worked for ou	r company before?		yes	no	When?		
Have you ever applied for our company before?			yes	no	When?	day/month/ye	ear	
Are vou cur	rrently employed?			yes	no	If so	,,	
If so, do you need to give notice?			yes	no	how long?			
	, ,	circle one:		,		1	circle one:	
Are you at I	least 18 years old?	yes yes	no	Do yo	ou have a va	lid CDL?	yes	no
Are you abl	<del>-</del>	essential functions of me: yes	of the job no	applied for	with or wit	nout reasona	ble	
lave you e	ver been convicted if yes, please exp	· ·		circle one:	yes	no		
		Exper	rience an	nd Qualifica	itions			
	State		rience an	nd Qualifica			Expiration	Date
	State	Exper	rience an	nd Qualifica	itions Type		Expiration	Date
	State		rience an	nd Qualifica			Expiration	Date
	State		rience an	ıd Qualifica			Expiration	Date
	State		rience an	nd Qualifica			Expiration	Date
	State		rience an	nd Qualifica			Expiration	Date
	State	License #			Туре		Expiration	Date
	State	License #	rience an	nd Qualifica	Туре			
Licenses		License #  Exper	rience an	nd Qualifica	Туре		Approx. # c	
icenses		License #	rience an	nd Qualifica	Type	То		
Licenses  Class of Equ	uipment	License #  Exper	rience an	nd Qualifica	Type tions Dates:	То	Approx. # c	
Licenses  Class of Equ	uipment	License #  Exper	rience an	nd Qualifica	Type tions Dates:	То	Approx. # c	
Drivers Licenses Class of Equ Straight Tru Tractor and	uipment uck d Semi Trailer	License #  Exper	rience an	nd Qualifica	Type tions Dates:	То	Approx. # c	

## **Employment History** (start wit most resent employer first)

Include all employers from the past 10 years. If mores space is needed, please attach a separate sheet.

Dates of employment	From:	Го:		
Employer Name				
Address				
City/State/Zip				
Company Phone #				
Job Duties				
Reason for Leaving				
Name of Supervisor				
While employed by this Regulations?	s employer were you subject to the Federal Mo	otor Carrier Safety	YES circle one:	NO
, ,	d as a safety sensitive function in any DOT regu substances testing requirements as required b	· · · · · · · · · · · · · · · · · · ·	YES circle one:	NO
Dates of employment	From:	Го:		
Employer Name				
Address				
City/State/Zip				
Company Phone #				
Job Duties				
Reason for Leaving				
Name of Supervisor				
While employed by this Regulations?	s employer were you subject to the Federal Mo	otor Carrier Safety	YES circle one:	NO
, ,	d as a safety sensitive function in any DOT regu substances testing requirements as required b	· · · · · · · · · · · · · · · · · · ·	YES circle one:	NO
Dates of employment	From:	Го:		
Employer Name				
Address				
City/State/Zip				
Company Phone #				
Job Duties				
Reason for Leaving				
Name of Supervisor				
While employed by this Regulations?	s employer were you subject to the Federal Mo	otor Carrier Safety	YES circle one:	NO
•	d as a safety sensitive function in any DOT regues testing requirements as required b	· · · · · · · · · · · · · · · · · · ·	YES circle one:	NO
	Employment History <i>(conti</i>	•		
Dates of employment	From:	Го:		

Employer Name				
Address				
City/State/Zip				
Company Phone #				
Job Duties				
Reason for Leaving				
Name of Supervisor				
While employed by thi Regulations?	s employer were you s	ubject to the Federal Motor Carrier Safety	YES circle one:	NO
, ,	•	function in any DOT regulated mode subject to uirements as required by 49 CFR part 40?	YES circle one:	NO
Dates of employment	From:	То:		
Employer Name		•		
Address				
City/State/Zip				
Company Phone #				
Job Duties				
Reason for Leaving				
Name of Supervisor				
While employed by thi Regulations?	s employer were you s	ubject to the Federal Motor Carrier Safety	YES circle one:	NO
•	•	function in any DOT regulated mode subject to uirements as required by 49 CFR part 40?	YES circle one:	NO
Dates of employment	From:	То:		
Employer Name	110111.	110.		
Address				
City/State/Zip				
Company Phone #				
Job Duties				
Reason for Leaving				
Name of Supervisor				
While employed by thi Regulations?	s employer were you s	ubject to the Federal Motor Carrier Safety	YES circle one:	NO
	•	function in any DOT regulated mode subject to	YES	NO
aiconoi and controlled	substances testing req	uirements as required by 49 CFR part 40?	circle one:	

Dates of employment prom:   From:   To:		Employment History <i>(continued)</i>		
Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employment From: To:  To:  To:  To:  To:  To:  To:  T	Dates of employment	From: To:		
City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor While employed by this employer were you subject to the Federal Motor Carrier Safety Reason for Leaving at a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety PES NO Regulations?  To:  YES NO  **Test No Regulations**  YES NO  **Test No Regulations**  To:  To:  To:  To:  To:  To:  To:  T	Employer Name			
Company Phone #	Address			
Amage of Supervisor   While employed by this employer were you subject to the Federal Motor Carrier Safety   YES   NO   orde one:	City/State/Zip			
Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  VES NO Regulations?  VES NO Regulations?  VES NO Dates of employment Employer were you subject to the Federal Motor Carrier Safety Regulations?  VES NO Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Regulations?  VES NO Regulations?  VES NO Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  VES NO Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  VES NO Was this job designated as a safety sensitive function in any DOT regulated mode subject to Societ one:  VES NO Order one:	Company Phone #			
Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  To:  To:  To:  To:  To:  To:  NO  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  To:  To:  To:  NO  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment From:  To:  To:  To:  To:  To:  To:  To:	Job Duties			
While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment   From:   To:	Reason for Leaving			
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment   From:   To:	Name of Supervisor			
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Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment   From:   To:			YES	NO
Dates of employment   From:   To:   Employer Name   Address   City/State/Zip   Company Phone #   Job Duties   Reason for Leaving   Name of Supervisor   VES   NO alcohol and controlled substances testing requirements as required by 49 CFR part 40?   Circle one:   To:   Employer Name   Address   City/State/Zip   Company Phone #   Job Duties   To:   Employer Name   Address   City/State/Zip   Company Phone #   Job Duties   To:   To:   Employer Name   Address   City/State/Zip   Company Phone #   Job Duties   Reason for Leaving   Now   To:   To:   Employer Name   City/State/Zip   Company Phone #   Job Duties   Reason for Leaving   Now   Now	Was this job designate	d as a safety sensitive function in any DOT regulated mode subject to		
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Address  City/State/Zip  Company Phone #  Job Duties  Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Dates of employment From:  Employer Name Address  City/State/Zip  Company Phone #  Job Duties  Reason for Leaving No  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  To:  Employer Name Address  City/State/Zip  Company Phone #  Job Duties  Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  We safety sensitive function in any DOT regulated mode subject to the Federal Motor Carrier Safety YES No  circle one:  YES NO  Victe one:  VYES NO  Circle one:	Dates of employment	From: To:		
City/State/Zip  Company Phone #  Job Duties  Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Area one:  Was this job designated as a safety sensitive function in any DOT regulated mode subject to the Federal Motor Carrier Safety  YES NO  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  YES NO  YES NO  YES NO  YES NO  YES NO  YES NO  Regulations?	Employer Name			
Company Phone #  Job Duties  Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety YES NO circle one:  Was this job designated as a safety sensitive function in any DOT regulated mode subject to YES NO circle one:  Was this job designated as a safety sensitive function in any DOT regulated mode subject to YES NO	Address			
Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment From: Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to YES NO circle one:	City/State/Zip			
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Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment Employer Name Address City/State/Zip Company Phone # Job Duties Reason for Leaving Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to YES NO  YES NO  YES NO  YES NO  YES NO  YES NO	Job Duties			
While employed by this employer were you subject to the Federal Motor Carrier Safety  Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment   From:   To:	Reason for Leaving			
Regulations? circle one:  Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment	Name of Supervisor			
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Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Dates of employment	Regulations?		circle one:	
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Address  City/State/Zip  Company Phone #  Job Duties  Reason for Leaving  Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES  NO	Dates of employment	From: To:		
City/State/Zip  Company Phone #  Job Duties  Reason for Leaving  Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety  Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES NO	Employer Name		<del>,</del>	
Company Phone #  Job Duties  Reason for Leaving  Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety  Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES  NO	Address			
Job Duties  Reason for Leaving  Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety  Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES  NO	City/State/Zip			
Reason for Leaving  Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety  Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES  NO				
Name of Supervisor  While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to YES NO				
While employed by this employer were you subject to the Federal Motor Carrier Safety  Regulations?  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES  NO	Reason for Leaving			
Regulations? circle one:  Was this job designated as a safety sensitive function in any DOT regulated mode subject to  YES  NO	Name of Supervisor			
Was this job designated as a safety sensitive function in any DOT regulated mode subject to YES NO		s employer were you subject to the Federal Motor Carrier Safety	YES	NO
aiconoi and controlled substances testing requirements as required by 49 CFR part 40?				NO
	alcohol and controlled	substances testing requirements as required by 49 CFR part 40?	circle one:	

		ctions and Forfeitures (for past 3 ye			
Location	Date	Charge		Penalty	
If you have had	no traffic conviction	ns or forfeitures in the past 3 years			
	I	please initial in the box to the right			
			Ple	ase initial	
		t or privilege to operate a motor vehic	cle? If yes,	YES	NO
ease provide details	:			circle one:	
	it or privilege ever bee	en suspended or revoked? If yes, plea	se provide	YES	NO
	it or privilege ever bee	en suspended or revoked? If yes, plea	se provide	YES circle one:	NO
tails:					NO
tails: we you ever tested employer that you	positive or refused to	en suspended or revoked? If yes, plea be tested on a Pre-employment Drug or? If yes, give the date and the name	Screen for		NO NO
ve you ever tested employer that you	positive or refused to	be tested on a Pre-employment Drug	Screen for	circle one:	
ve you ever tested employer that you	positive or refused to did NOT go to work fo	be tested on a Pre-employment Drug or? If yes, give the date and the name	Screen for	circle one: YES	
tails: we you ever tested employer that you aployer:	positive or refused to did NOT go to work fo Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years)	Screen for of the	circle one: YES	NO
tails: ave you ever tested employer that you	positive or refused to did NOT go to work fo Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name	Screen for of the	YES circle one:	NO Property
tails: ave you ever tested employer that you aployer:	positive or refused to did NOT go to work fo Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years)	Screen for of the	YES circle one:	NO Property
tails: we you ever tested employer that you aployer:	positive or refused to did NOT go to work fo Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years)	Screen for of the	YES circle one:	NO Property
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tails:  nve you ever tested employer that you nployer:  Date	positive or refused to did NOT go to work for Acci Nature of Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years) ident (head on, rear end, etc.)	Screen for of the Fatalities	YES circle one:	NO Property
tails:  ve you ever tested employer that you ployer:  Date	positive or refused to did NOT go to work for Acci Nature of Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years)	Screen for of the Fatalities	YES circle one:	NO Property
tails:  Ive you ever tested employer that you apployer:  Date	positive or refused to did NOT go to work for Acci Nature of Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years) ident (head on, rear end, etc.)	Screen for of the Fatalities	YES circle one:	NO Property
ve you ever tested employer that you ployer:	positive or refused to did NOT go to work for Acci Nature of Acci	be tested on a Pre-employment Drug or? If yes, give the date and the name dent Record (for past 3 years) ident (head on, rear end, etc.)	Screen for of the Fatalities	YES circle one:	NO Property

### To Be Read And Signed By Applicant

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Royal Logistics; 1) the right to review the information provided by previous employers; 2) the right to have errors in the information correctly by the previous employer and for that previous employer to re-send the corrected information to Royal Logistics; 3) the right to have a rebuttal statement attached to alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Royal Logistics, which 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. Royal Logistics will provide this information within five business days of receiving my written request. If Royal Logistics has not yet receive the requested information from the previous employer(s), then the five-business day deadline will begin when Royal Logistics receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty(30) days of Royal Logistics making them available, Royal Logistics may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

This also certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

Signature:	Date:

## FAIR CREDIT REPORTING ACT

# **DISCLOSURE STATEMENT**

In accordance with the provisions of Section 605(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter JI, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382, 413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Signature:	
Print Name <sup>.</sup>	
Date:	Social Security Number:
	DRIVER'S LICENSE INFORMATION
Driver's License Number:	
Issuing State:	
Driver's License Expiration:	
Date of Birth:	

Please fill out a separate form for each employer for the past three years.					
Previous Employer:					
Address:			Pho	ne #	
City:	State:	Zip:	Fax	#	
Employee's Name:			Social Security #		
Position or Job Held:		Dates of Er	nployment:	to	
I herby authorize all previo performance, commercial hereby release this compar Logistics.	driving, general work ab	oility/fitness and dru	g and alcohol histo	ory to Royal Logistic	cs. I
I also understand that I have Logistics: 1) the right to revinformation corrected by to to Royal Logistics; 3: the right previous employer and I can	view information provid he previous employer a ght to have a rebuttal st	ed by previous emp nd for that previous atement attached to	loyers; 2) the right employer to re-se o the alleged error	to have errors in tend the corrected in	he nformation
In order to review previous Logistics, which may be do being notified of denial of of receiving my written recemployer(s), then the five-performance history informatys of Royal Logistics make the records.	ne at any time, including employment. Royal Log quest. If Royal Logistics business day deadline w nation. If I have not arra	g when applying, or gistics will provide th has not yet receive vill begin when Roya anged to pick up or	as late as 30 days is information to rethe requested infout logistics receives receive the requested in the	after being employ ne within five busir rmation from the p s the requested saf- sted records within	red or ness days previous ety thirty(30)
I also understand that misr	epresentation or omissi	ion of information o	r facts may result i	in my rejection or d	'ismissal.
Applicant				Dato	

This section is to be filled out by the driver.

Please fill out a separate for	orm for each employer f	for the past three yea	rs.		
Previous Employer:					
Address:			Phone #	_	
City:	State:	Zip:	Fax #	_	
Employee's Name:		Sc	ocial Security #		
Position or Job Held:		Dates of Emp	loyment:	to	
I herby authorize all previous performance, commercial hereby release this compa Logistics.  I also understand that I ha	driving, general work ab ny from any and all liabil	ility/fitness and drug a lity as a result of provi	and alcohol history to ding the requested inf	Royal Logistics. Formation to Rov	l yal
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Applicant Signature:			Date		

This section is to be filled out by the driver.

This section is to be filled ou Please fill out a separate for	•	for the past three yea	ırs.	
Previous Employer:				
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Applicant Signature:			Date	e:

# IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with Royal Logistics, Inc, it's 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 Royal Logistics uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Royal Logistics 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 on your driving history or safety report, Royal Logistics 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 Royal Logistics uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Royal Logistics 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 any may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from Royal Logistics, who procured the report, then within 3 business days of receiving your request, together with proper identification, Royal Logistics must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither Royal Logistics nor the FMCSA contractor suppling the crash and safety information has the capability to correct any of the 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 (FMCRS) violations that have been adjudicated by a court of law will also appear, and remain on a PSP report.

Royal Logistics cannot obtain background reports from FMCSA without your authorization.

#### **AUTHORIZATION**

If you agree that Royal Logistics may obtain such background reports, please read the following and sign below:

I authorize Royal Logistics, Inc 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 date 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 Royal Logistics to make a determination regarding my suitability as an employee.

I further understand that neither Royal Logistics 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 http://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 of 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 codriver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspection ,with or without violations, will appear on my PSP report, and State citation 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 Royal Logistics and I understand that if I sign this Disclosure and Authorization, Royal Logistics may obtain a report of my crash and inspection history. I hereby authorize Royal Logistics and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:	Signature:
	Printed Name: