

DRIVER'S APPLICATION

Heart Break Trucking, LLC
149 CR120,
Alice, TX 78332

AUTHORIZATION (Sign and Date Below)

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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 **Heart Break Trucking, LLC**. 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 resend 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.

Signature _____ Date _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

| | | | | | | |
|--|--|-------------|--|-----------------------|-----------------|---------|
| LAST NAME APELLIDO _____ | | | FIRST NAME NOMBRE _____ | | MI _____ | |
| STREET ADDRESS DIRECCION NO. _____ | | | CITY CIUDAD _____ | | STATE ZIP _____ | |
| STREET ADDRESS DIRECCION NO. _____ | | | CITY CIUDAD _____ | | STATE ZIP _____ | |
| () -- HOME PHONE TELEFONO _____ | | | () -- ALT. PHONE OTRO TELEFONO _____ | | | |
| --- SOCIAL SECURITY SEGURO SOCIAL _____ | | | / / DATE OF BIRTH FECHA DE NACIMIENTO _____ | | | |
| LICENSE NUMBER _____ | | STATE _____ | CLASS _____ | EXPIRATION DATE _____ | | [] CDL |

DRIVING EXPERIENCE

| Type of Equipment TIPO DE EQUIPO | Years of Experience AÑOS DE EXPERIENCIA | Years/Miles Driven MILLAS MANEJADAS |
|-------------------------------------|--|--|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

ACCIDENT RECORD (Previous Three Years) *ACCIDENTES*

| Accident Dates | Type of Accident | Fatalities | Injuries |
|----------------|------------------|------------|----------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

TRAFFIC CONVICTIONS (Previous Three Years) *CITACIONES*
(Excluding parking violations)

| Location | Date | Charge |
|----------|-------|--------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

LICENSE AND CRIMINAL BACKGROUND

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ YES ☐ NO

B. Has any license, permit or privilege ever been suspended or revoked?

☐ YES ☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?

☐ YES ☐ NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____

PHONE: (____) _____ RELATIONSHIP: _____

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs¹ while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs¹ while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs¹ while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ State & Zip: _____
Position Held: _____ From: _____ To: _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs¹ while employed? ☐ Yes ☐ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs⁺ while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs⁺ while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs⁺ while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs⁺ while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs⁺ while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] while employed? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

This certifies 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.

X

Signature of Applicant *FIRMA*

Date *FECHA*

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, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Título II, Subtítulo D, el Capítulo I, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.

Applicant's Signature *FIRMA*

Date *FECHA*

Print Name *NOMBRE*

Social Security Number

SAFETY PERFORMANCE HISTORY

TO BE COMPLETED BY: **APPLICANT**

Printed Name: _____ SSN: _____ DOB: _____

Signature: _____ Date: _____

I hereby authorize previous employers to release and forward the information requested by concerning my
Alcohol and Controlled Substances testing records within the previous three (3) years from date of application
To:

Heart Break Trucking, LLC
149 CR120,
Alice, TX 78332

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in
Written form that ensures confidentiality such as fax, email, or letter.

PREV. EMPLOYER: _____ Phone: _____

STREET: _____ Fax: _____

CITY, STATE, ZIP: _____ Email: _____

TO BE COMPLETED BY: **PREVIOUS EMPLOYER**

Section I Employment Verification

☐ The applicant named above WAS/IS NOT employed/contracted by the Company.

☐ The applicant named above WAS/IS employed/contracted by the Company:

Employed from: _____ to _____ as a _____

Section II Experience

Did he/she drive a motor vehicle for you? ☐ Yes ☐ No. If yes, what type?

☐ Tractor-Semi trailer ☐ Straight truck ☐ Bus ☐ Cargo Tank ☐ Other: _____

LENGTH AND TYPE OF TRAILER PULLED: _____

Section III Separation Reason

Reason for leaving your employment: ☐ Quit ☐ Resigned ☐ Lay Off

Comments: _____ ☐ Co. Terminated ☐ Still Employed

Section IV Accident Register (390.15(b))

☐ None to Report (Sign Below)

☐ Applicant was involved in the following accidents in the last three years:

| Date | Location | Injuries | Fatalities | Hazmat Spill? |
|-------|----------|----------|------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Section V Certification

Signature: _____ Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY

APPLICANT NAME: _____ SSN: _____ EMPLOYER: _____

TO BE COMPLETED BY: PREVIOUS EMPLOYER

Section I: DRUG AND ALCOHOL HISTORY

☐ Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. Fill out Section II DATES OF EMPLOYMENT: _____ TO: _____

☐ Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he/she was under employment/contract: In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

Section II If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:

| | | |
|-----------------|---------------|------------|
| NAME _____ | ADDRESS _____ | CITY _____ |
| STATE-ZIP _____ | PHONE _____ | |

Section III Affirmation: This form was filled out by:

Name: _____ Title: _____ Company: _____
Signature: _____ Date: _____

THIS FORM WAS:

☐ FAXED ☐ MAILED ☐ EMAILED ☐ VERBALLY ☐ (OTHER) _____

DATE: _____ TIME: (IF VERBAL) _____ BY: _____

INFORMATION OBTAINED FROM: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

| Date | Offense | Location | Type of Vehicle Operated |
|-------|---------|----------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Driver's Signature)

(Date of Certification)

Heart Break Trucking, LLC, 149 CR120, Alice, TX 78332
(Motor Carrier's Name and Motor Carrier's Address)

(Reviewed by: Signature)

SAFETY
(Title)

U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW OF DRIVING RECORD 391.25

X _____
Name (Last, First, M.I.)

X _____
(SSN)

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

☐ the driver meets the minimum requirements for safe driving, or

☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Heart Break Trucking, LLC
Motor Carrier's Name

Reviewed by: Signature and Title

SAFETY

MANDATORY USE FOR ALL ACCOUNT HOLDERS
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 **Heart Break Trucking, 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 Data Qs 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 **Heart Break Trucking, 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 Data Qs 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.

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

PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Prospective Employee/Contractor Name: _____

Social Security Number: _____

The prospective employee/contractor is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No ☐ Not Applicable

I certify that the information provided on this document is true and correct.

Signature: _____

Date: _____

Witnessed By: _____
(Signature)

Date: _____

**CONSENT FOR DOT MANDATED
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
(*Electronic signatures will not be accepted*)

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310
Email: MCB.VPR@dps.texas.gov

☐ Check here if CDL Holder
is requesting results on self

Print Name of CDL Holder

Phone Number

Print full Address, City, State and Zip Code of CDL Holder

Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or
controlled substance test results reported under Texas state law to

Heart Break Trucking, LLC

(281) 272-1803

Print Motor Carrier's Name

Phone Number

149 CR120, Alice, TX 78332

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.dps.texas.gov.htm>.

MCS-21 (Rev 10/17)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| <p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p> | <p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p> |
| <p>4. Creditors Subject to the Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p> |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p> | <p>Nearest Packers and Stockyards Administration area supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p> |

Heart Break Trucking

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

I, _____ (Driver Name), hereby provide consent to Heart Break Trucking to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I consent to multiple limited queries. Driver consents to multiple limited queries while driver is employed by Heart Break Trucking. I understand that if the limited query conducted by Heart Break Trucking indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Heart Break Trucking without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Heart Break Trucking to conduct a limited query of the Clearinghouse, Sanitary must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature



BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

Heartbreak Trucking LLC

(the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

Signature: _____ Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last) _____

Maiden / AKA / Previous Name(s) _____

Social Security Number (SSN) _____

Date of Birth (MM/DD/YYYY) (This will not affect hiring decision) _____

Driver's License Number _____

State of Issue _____

Current Address _____

City _____

State _____

ZIP/Postal Code _____

(_____) _____
Phone Number

☐ I wish to receive a copy of any Consumer Report and/or Investigative Consumer Report if one is obtained by the company. (check the box)

Corra Group Background Checks

TEL (310) 524-9800

201 Continental Blvd, Ste 107, El Segundo, CA 90245-4598

FAX (310) 774-3970 www.corragroup.com