

CSC Transportation LLC
Job Description
Semi Tractor-Trailer Driver

Job Title: Driver of Semi Tractor-Trailer

Terminal Location: _____

Reports to: Terminal Manager/Dispatcher/Operations Supervisor

General Duties: Pick up and deliver to assigned locations in compliance with applicable D.O.T. rules and regulations.

This job description may be revised at any time as dictated by customer needs and management decision.

Essential Job Functions:

1. Receive and follow dispatch orders through EOBC (Electronic OnBoard Computer).
2. Pre and Post trip vehicle inspections.
3. Hook up to correct trailer as directed by dispatch.
4. Drive vehicle on specified route observing DOT and CSC Transportation LLC safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product or return to domicile location as directed.
8. Communicate with clients on directions, accidents, breakdowns, product spills, emergencies, and other problems.
9. Fuel vehicle as needed at approved locations.
10. Prepare trip record and DOT daily logs.
11. Be responsible for advance from company by obtaining receipts for expenses.
12. Participate in safety programs.
13. Comply with all DOT and FMCSR regulations.

Physical and mental requirements:

1. Demonstrate sound judgment in the operation of the vehicle.
2. Work 60 to 70 hours per week but remain within Hour of Service FMCSA regulations that could include nights and weekends.
3. Pull, twist, bend, and lift 35 pounds to shoulder height as a repeat motion as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection and securement.
5. Be able to sit up to 11 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand and write in English to perform essential job functions.
8. To Pass a DOT Extended Physical at Company's Expense at site Company assigns.

By signing this I, _____ am able to perform all of these duties outlined to the best of my knowledge.

Name: _____

Date: ____ / ____ / ____

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CSC TRANSPORTATION LLC
920 Second Ave South, Minneapolis, MN 55402

Location: SELECT YOUR LOCATION

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING
INFORMATION BY DRIVER / APPLICANT - Part 40.25(j).

(This form is used to fulfill the requirement of **Part 40.25(j)**). An employer must ask the driver whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

Date: _____

To be completed by driver / applicant.

During the past (2) two years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

Yes **No**

During the past (2) two years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

Yes **No**

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Print Legal Name of driver: _____

Signature of driver: _____

Social Security Number: _____

Witness/Management signature: _____

Witness/Management printed name: Doreen Dintelman

NH-4.1

CSC TRANSPORTATION LLC

920 Second Ave South, Minneapolis, MN 55402

Location: SELECT YOUR LOCATION

APPLICATION FOR EMPLOYMENT AS A TRUCK DRIVER (§391.21)

Full Legal Name: _____ SSN _____

Address: _____
(Present address, include street, city, state & zip code) PLEASE PRINT CLEARLY

*How long at this address: _____ Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Position applied for: _____ Date Available: _____

*Previous addresses for 3 years preceding the date of this application

Dates (list)	Street Address	City	ST.	Zip

DRIVER LICENSE INFORMATION

List DRIVER'S LICENSE NUMBER & following information Please include your CURRENT, valid license plus past 3 years including permits. **REQUIRED INFORMATION**

State	Driver's License Number	Class and Endorsements	CDL Class Y / N (Put X) required				Expiration Date
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

DRIVING EXPERIENCE & CDL DATE REQUIRED

Need date the CDL license (Commercial A or B or C) was first obtained. The nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated.

MY CDL (Commercial A or B or C) LICENSE was FIRST OBTAINED ON: MONTH DAY YEAR

Type of Equipment	Period of Time	Nature and Extent

MOTOR VEHICLE ACCIDENTS

List all motor vehicle accidents in which you were involved during the 3 years preceding the date that the application is submitted. Please include the date, location, nature of accident, fatalities or personal injuries. (Use additional paper if necessary.) **If NONE-check box** **NO-accidents in past 3 years.**

Date incident occurred: _____ Location _____

Details: _____

Date incident occurred: _____ Location _____

Details: _____

SAFETY-SENSITIVE FUNCTION §382.107

***safety sensitive subject to 49 CFR Part 40 is required information on the application under past employment history - must be completed for each previous employer

The FMCSA originally determined that "safety-sensitive" functions (382.107) were functions performed as part of on-duty time. However, the FMCSA amended the rule to remove this complex link with on-duty time.

Safety-sensitive function –

means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

- All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer; *This includes employees who are "eligible" at work to drive a CMV at anytime, e.g., salesperson, clerks, secretaries, supervisors.*
- All time inspecting equipment as required by 392.7 and 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- All time spent at the driving controls of a commercial motor vehicle in operation;
- All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of 393.76 of 393.76 this subchapter);
- All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

NOT-Safety-Sensitive

- All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident or follow-up testing required by part 382 when directed by an employer.
- Performing any other work in the capacity of or in the employ or service of a common, contract or private employer.

EDUCATION

SELECT YOUR LOCATION

Type of School Attended	School name and location	Did you graduate <small>YES/ NO</small>	Diploma/ Degree	Major Course of Study
High School: circle highest grade completed 9 10 11 12				
Technical or Vocational				
College or University				
Graduate School				
Professional Seminars, or Additional Training				

EMPLOYMENT EXPERIENCE

List names and addresses where you were employed during the **last 10 years** "This is a **DOT requirement**". (391.21(10&11))
****You must include the complete address including street, city, state, zip code and phone number****

PRINT CLEARLY. ANSWER EACH SAFETY SENSITIVE QUESTION (YES OR NO) UNDER EACH EMPLOYER RECORDED

1. Past Employer		Dates Employed From / TO <small>(mm/dd/yyyy)</small>		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	NO <input type="checkbox"/>
2. Past Employer		Dates Employed From / TO <small>(mm/dd/yyyy)</small>		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	NO <input type="checkbox"/>
3. Past Employer		Dates Employed From / TO <small>(mm/dd/yyyy)</small>		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	NO <input type="checkbox"/>
4. Past Employer		Dates Employed From / TO <small>(mm/dd/yyyy)</small>		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	NO <input type="checkbox"/>

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EMPLOYMENT EXPERIENCE CONTINUED

List names and addresses where you were employed during the **last 10 years.**

****You must include the complete address including street, city, state, zip code and phone number****

5. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>

NH-4.4

TRAFFIC VIOLATIONS- LAST 3 YEARS

List all motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application. **If NONE: check box** **NO**-violations in past 3 years.

Date	Violation	Location-City and State	In CMV- (check box)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REVOCATIONS AND SUSPENSIONS

Have you had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? **No** **Yes** If yes, give facts and circumstances in detail.

Date	Violation	Explanation

Date	Violation	Explanation

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

Note: Previous employer(s) may be contacted and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.

- (i)(1)(i) The right to review information provided by previous employers;
- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **CSC Transportation LLC** to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form I authorize **CSC Transportation LLC** to obtain a Motor Vehicle Report pursuant to **§391.23** requirements.

Applicant's Signature

Date

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CSC TRANSPORTATION LLC

920 Second Ave South, Minneapolis, MN 55402

Location: SELECT YOUR LOCATION

RECORD OF VIOLATION (§391.27) & REVIEW OF MOTOR VEHICLE RECORD (§391.25)

Each motor carrier shall require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the **preceding 3 years (at the time of employment)** and then **at least once every 12 months thereafter**. By signing this form I authorize CSC Transportation LLC to obtain a Motor Vehicle Report pursuant to §391.25 requirements.

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Legal Name of driver (please print)	Employee ID Number & SSN	Birth Date	
Driver's License Number	License Expiration Date	Hire Date	State

Check box if you have no violations in the past twelve months
*If new driver applicant or transfer to active-need to complete for the past 3 years including last year.

Date	Offense	Location	Type of Vehicle

I certify, by not listing any violations above, that I have not been convicted, forfeited bond, or collateral on account of any violation.

Driver's Signature: _____ Date: _____

COMPLETED BY COMPANY - ANNUAL & INITIAL REVIEW OF MVR RECORD

CSC Transportation LLC, shall, review the motor vehicle record of each driver employed to determine if that driver meets minimum requirements for safe driving. In reviewing a driving record, CSC Transportation LLC must consider any evidence that the driver has violated applicable provisions of the FMCSR. CSC Transportation LLC must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give 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. The review shall determine if the driver is disqualified to drive a motor vehicle pursuant to §391.15 or §383.51 of the FMCSR. This review should occur at the **time of employment (for the last 3 years of driving history)** and at **least once every twelve months thereafter**. (Please include a copy of the MVR results with this review process.)

On _____, 20____, I reviewed the driving record of the above name driver in accordance with Section §391.25 of the FMCSR and find that this driver; (Check One):

- Meets minimum requirements for safe Driving
- Is disqualified to drive a motor vehicle pursuant to Section §391.15 or §383.51 of the FMCSR.

Reviewed by:	Signature	Date
	Printed name Doreen Dintelman	Title

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CSC TRANSPORTATION LLC

920 Second Ave South, Minneapolis, MN 55402

Location: SELECT YOUR LOCATION

EMPLOYEE AUTHORIZATION AND COMPANY REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

(§382.413, §383.35, §390.15, §391.23)

**** REQUESTS FOR INFORMATION ARE TO ALL PREVIOUS EMPLOYERS IS MANDATORY PER FMCSR FOR THIS APPLICANT, RESPOND TO THIS REQUEST FOR INFORMATION WITHIN 30 DAYS. FAILURE TO COMPLY WITH REQUEST IS IN VIOLATION OF 49CFR391.23 AND 40.25, FOR WHICH YOU MAY BE PROSECUTED.**

I hereby authorize you to provide CSC Transportation LLC with the following information regarding my Alcohol and Controlled Substances Testing results, services, character, and conduct while in your employ. You are released from any and all liability, which may result from furnishing such information. A photocopy of this authorization is to be considered as valid as the original.

Applicant signature _____

Date _____

To:

From:

CSC Transportation LLC
Attn: Doreen Dintelman
10733 Sunset Office Drive, Suite 260
Sunset Hills, MO 63127

FAX # _____

Return FAX# _____

Applicant name: _____ **SSN:** _____

The above referenced individual has made application to **CSC Transportation LLC**, as a company driver. To comply with §382.413, §390.15; §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant. Your reply will be held in strict confidence

***Did the applicant work for you as _____? From ____/____/____ to ____/____/____**

****YES NO (check one) if NO, please explain _____**

***Did applicant drive a motor vehicle(s) for you? YES NO**
(check one) Passenger Van Bus Straight Truck Tractor-Trailer Other: _____

***Was applicant involved in any accidents? (check one) YES NO IF yes, please provide a short description of accident(s) w/ dates _____.**

***Reason for leaving your employ: Discharged Laid Off Resigned Other _____**

***Would you rehire this employee at a later date? (check one) YES NO**

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION DURING THE PAST 3 YEARS-(by past employer)

Information about the above named applicant	YES	NO	IF YES, PLEASE PROVIDE DATE:
*Alcohol test with a result of 0.04 or greater?	<input type="checkbox"/>	<input type="checkbox"/>	
* Verified positive controlled substances test results?	<input type="checkbox"/>	<input type="checkbox"/>	
*Refusals to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	
*Was rehabilitation completed as required?	<input type="checkbox"/>	<input type="checkbox"/>	

Our company did not complete Drug and Alcohol testing per FMCSA DOT - Part 40 and 382 requirements; during the past 3 years, on this former employee

If you answered yes to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional on the back of this form. Also, please use the back of the form for any additional information you would like to provide.

Signature: _____ **Position:** _____ **Date:** _____

To be completed by the present employer after completion by previous employer

CSC Transportation LLC representative (name/date) that closed this background check is	Doreen Dintelman	on
<input type="checkbox"/> CSC Transportation LLC received and closed this background check - form needs to include signature and date from previous employer completed above.		
<input type="checkbox"/> After "good faith effort" by CSC Transportation LLC this form was not received from the previous employer. (include documentation showing attempts)		

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 CSC Transportation 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 CSC Transportation 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. 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.

LAST UPDATED 12/22/2015

NH-11

CSC TRANSPORTATION LLC
920 Second Ave South, Minneapolis, MN 55402

Location: SELECT YOUR LOCATION

DOCUMENTATION FOR GAP-IN-TIME
FOR PREVIOUS EMPLOYMENT CHECK VERIFICATION

Applicant Name: _____ Social Security #: _____

The above referenced individual has made application to CSC Transportation LLC as a truck driver. To comply with §382.413, §390.15, §391.23, and §383.35 of the Federal Motor Carrier Safety Regulations, we must investigate the employment record, accidents and Alcohol and Controlled Substance Testing record of the applicant.

Due to the information provided by this driver on their application and/or the time period from a completed previous employer check did not reflect the information as provided on the application, the employment history shows a "GAP IN TIME".

Please have the driver fill out this form to address the time period in question.

GAP IN TIME VERIFICATION
TO BE COMPLETED BY DRIVER ONLY
(ONLY 1 SET OF DATES PER FORM)

DATES NEED VERIFIED:

	-	
--	---	--

FROM TO

REASON FOR GAP-IN-TIME IS DUE TO THE FOLLOWING INFORMATION:

DATE FORM COMPLETED : _____

DRIVER NAME(printed) : _____

DRIVER SIGNATURE: _____

*Management has reviewed the above information - this driver has provided for Good Faith Effort requirements.

SUPERVISOR SIGNATURE : _____

SUPERVISOR -DATE COMPLETED : _____

NH-12- This Is Not a Training Certificate- driver needs to obtain and/ or provide a SubPart E Training certificate

CSC TRANSPORTATION LLC
920 Second Ave South, Minneapolis, MN 55402

Location: SELECT YOUR LOCATION

***** OFFICE USE ONLY- NOT PART OF NEW HIRE PACKET *****

SUBPART E- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS- Part 380

To be completed by driver/applicant.

Driver name _____ SSN# _____
(PRINT CLEARLY - FULL LEGAL, NAME, FIRST, MI, LAST)

DRIVER LICENSE CLASS/ ENDORSEMENT : _____ STATE ISSUE _____

Yes No I CURRENTLY HOLD A CDL LICENSE

***If you answered yes to the question above please provide the date your CDL license was (first time) obtained.

_____/_____/_____
Month, day, year DATE CDL WAS **FIRST** OBTAINED - **this must be filled in**

380.500(b) Each employer must ensure that each entry-level driver who first began operating a CMV in interstate (some states also require for Intrastate) commerce requiring a CDL after July 20, 2003, has had the required training.

To be completed by CSC Transportation LLC:

If the above named driver obtained their **first** CDL license after July 20, 2003 and is an Interstate (some states may require for Intrastate) driver for your company, then the company must provide proof the driver has successfully completed the 380.503 Entry-level driver training requirements. Per 380.509 training certificate must be placed in DOT qualification file.

CSC Transportation LLC, needs to provide the training for SUBPART E-ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS- Part 380 if driver doesn't have a certificate showing compliance.

Please provide documentation of your driver's successful completion of the training required under **SUBPART E- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS- Part 380**. These requirements must meet 380.503, instruction addressing the following four areas: (a) Driver qualification requirements, (b) Hours of service of drivers, (c) Driver wellness, (d) Whistleblower protection.

Please provide a **COPY OF A TRAINING CERTIFICATE / DIPLOMA, OBTAINED FROM THE ABOVE NAMED DRIVER**. Driver must provide DOCUMENTATION showing they have met the training REQUIREMENTS OF PART 380 - SUBPART E- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS-, which was provided by another company other than (CSC Transportation LLC). (Per 380.507)

*****TRAINING CERTIFICATE / DIPLOMA FOR PART 380 - SUBPART E- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS, MUST INCLUDE THE FOLLOWING INFORMATION:**

- (a) Date of certification issuance
- (b) Name of training provider
- (c) Mailing address of training provider
- (d) Name of driver
- (e) Statement that all four areas have been met by law.
(I certify _____ has completed training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503)
- (f) The printed name of the person attesting that the driver has received the required training.
- (g) The signature of the person attesting that the driver has received the required training .



DISCLOSURE TO CONSUMER

CSC Transportation LLC

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business
1716 Briarcrest Drive
Suite 200
Bryan, Texas 77802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as "investigative consumer reports." These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
- **Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.**



AUTHORIZATION TO OBTAIN INFORMATION

CSC Transportation LLC

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iIX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print clearly)

Applicant's / Employee's Signature

____/____/_____
Date of Signature

California Applicants: Check here to have a copy of your consumer report sent directly to you. The employer or prospective employer is to provide a copy of the report to you in accordance with California Civil Code § 1786.16.

Minnesota and Oklahoma Applicants: Check here to have a copy of your consumer report sent directly to you. If you wish to receive a copy, you must complete the information below. Please print clearly. If this block is marked, the prospective employer or employer should return this form to iiX via fax to (201) 748-1449 within 24 hours of the request for the report.

(PRINTED NAME) (SIGNATURE)

(DATE)

(STREET ADDRESS) (CITY) (ST) (ZIP CODE)

(DATE OF BIRTH) (SS NUMBER) (DRIVERS LICENSE) (STATE OF ISSUE)

CSC Transportation LLC
Employer or Prospective Employer

iiX Customer Name iiX Customer No. Date of Request