



MMM EXPRESS, INC.

PO BOX 1538

LOGANVILLE, GA 30052

PHONE: 678-999-3308

FAX: 678-298-7958

## **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 purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

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Print Name

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Social Security Number



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### **EMPLOYEE CONSENT FORM**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements and personal records such as Motor Vehicle Records, References, and such contained in this application for employment as may be necessary by the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, 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 the employer

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Printed Name of Applicant

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Signature of Applicant

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Signature of Employer

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Date

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Date

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with \_\_\_\_\_ (“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 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. **I authorize \_\_\_\_\_ (“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 consenting to 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.**
3. 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 am challenging 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.
4. Please note: 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 PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

**POST ACCIDENT TRAINING CERTIFICATE**

*Use this form to document a driver's receipt of information on post-accident testing procedures.*

Employers are required to provide drivers with information, procedures and instructions for post-accident situations. This information should clearly define which post-accident situations require the driver to be teste for alcohol and/or controlled substances and the duration of the time the driver must remain available for testing. Have each driver sign this form and retain copies in each driver's drug and alcohol testing file to document that you, the employer, have met the requirements for post-accident training.

**DRIVER REVIEW AND RECEIPTS**

\_\_\_ I acknowledge that my employer has provided me with information, procedures and instructions for post-accident situations in addition to information on the regulation 49 CFR Part 382.303.

\_\_\_ I understand that the DOT requires testing if an accident occurs, in which one of the following occurs:

1. A Fatality
2. I receive a Citation for a moving violation and disabling damage to any vehicle has occurred
3. I receive a Citation for a moving violation and medical treatment for any individual involved in the accident occurs away from the scene.

\_\_\_ I understand that it is my responsibility to remain available for an alcohol test for a period of eight hours following an accident that requires testing or until alcohol testing is completed.

\_\_\_ I understand that it is my responsibility to remain available for a drug test for a period of 32 hours following an accident that requires testing or until the drug test collection is completed. **Drug use is prohibited any time, even following the mandatory post-accident testing period.**

Driver Name (Print): \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor/Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION NOTIFICATION FOR PRE-EMPLOYMENT TESTING**

*Provide to applicant for a safety-sensitive position.*

When hiring an individual for a safety-sensitive position, provide this form to notify the individual of the requirement for pre-employment drug testing, as well as the need to complete the return-to-duty process if his or her test result is non-negative. While not mandatory, your company may choose to conduct pre-employment alcohol testing. Ensure the procedures for pre-employment alcohol testing strictly adhered to, per Part 40, and notify the individual of this requirement using this form.

Make a copy of this form to give to the applicant and retain the original in the individual's drug and alcohol testing folder.

I understand that before I can perform safety-sensitive duties for this DOT-regulated employer I must first undergo testing for controlled substances. The employer may require pre-employment testing for alcohol per company policy. Any testing will be conducted in compliance with DOT requirements.

I will be tested for:

**Marijuana, Cocaine, Phencyclidine (PCP), Opiates and Amphetamines** [DOT Required]

**Alcohol** [Check Only If Testing Is Employer Authorized (not required by DOT regulation)]

The employer will not allow me to perform safety-sensitive functions unless the employer receives an MRO-verified negative drug test result.

I understand that if I receive a positive test result or I refuse to submit (includes adulterated or substituted specimen), I must comply with the requirements of the return-to-duty process and I cannot perform safety-sensitive functions until I receive a negative return-to-duty test result. The return-to-duty process includes:

**Initial SAP Evaluation** – I will be required to meet with Substance Abuse Professional (SAP) who will determine what education and/or treatment I will need to deal with my alcohol or drug use

**Treatment and/or Education** – I will be required to complete the education/treatment recommended by the SAP

**Follow-up Evaluation** – I will again meet the SAP who I initially met with. During the follow-up, the SAP will determine if I have successfully complied with his/her recommended education and/or treatment

**Return-to-Duty Testing** – Once the SAP informs my employer that I may return to safety-sensitive functions, the employer will arrange for me to take a return-to-duty test. If I receive a negative test result the employer may allow me to return to safety-sensitive functions.

**Follow-up Testing** – I will be subject to a minimum of six unannounced tests during the first 12 months after returning to safety-sensitive functions. The SAP may require follow-up testing that goes beyond the first twelve months, but no longer than a period of five years.

Name of applicant being tested: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Designated Employer Representative (DER): \_\_\_\_\_

Signature of DER: \_\_\_\_\_ Date: \_\_\_\_\_

