



Driver Employment Application

10911 Red Lion Rd. * White Marsh, MD * 21162

Specialized Services, Inc. is an Equal Opportunity Employer. It is the policy of Specialized Services, Inc. to afford equal employment opportunity regardless of race, color, religion, age, marital status, national origin, sex (including pregnancy and childbirth), disability, sexual orientation, genetic information, refusal to submit to a genetic test or to make available genetic test results, veteran status or any other characteristic protected by law. A person with a disability or handicap requiring accommodation to complete this application and/or the interview process should notify Human Resources as soon as possible.

Social Security # _____

Today's Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) _____ # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) _____ # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) _____ # YEARS _____

Type of Work Desired _____ Wage/Salary Desired _____

How Were You Referred to Our Organization? _____

Date of Birth _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? __ Yes __ No

Have you ever been convicted of a crime other than a minor traffic violation? (Convictions will not necessarily disqualify you from employment) __ Yes __ No

If yes, please explain: _____

Do you have any relatives who are employed by this organization? __ Yes __ No

If yes, please explain: _____

Is there any information we would need about your name or use of another name, for us to be able to check your work record? __ Yes __ No

If yes, please explain: _____

If applying for a position that requires driving, do you have an appropriate valid driver's license? __ Yes __ No

EDUCATION	Name/Location	Course of Study	# Years Completed	Degree/Diploma
Elementary & Jr. High				
High School				
College				
Technical or Other				

EMPLOYMENT HISTORY

* All driver applicants to drive a commercial vehicle having a GVWR of 26,001 lbs. or more in intrastate or having to drive a commercial vehicle having a GVWR of 10,001 lbs. or more in interstate commerce must provide the following information on employers during the proceeding **ten (10) years** for which you operated such a vehicle. This includes a commercial motor vehicle designed to transport fifteen (15) or more passengers or any size vehicle used to transport materials in a quantity requiring placarding. Start with the most recent employer.

Company Name	_____	Street Address	_____
City & State	_____	Phone Number	_____
Dates of Employment	_____	Position	_____
Wage/Salary	_____	Reason for Leaving	_____

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by the previous employer? Yes ____ No ____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ____ No ____

Company Name	_____	Street Address	_____
City & State	_____	Phone Number	_____
Dates of Employment	_____	Position	_____
Wage/Salary	_____	Reason for Leaving	_____

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by the previous employer? Yes ____ No ____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ____ No ____

Company Name	_____	Street Address	_____
City & State	_____	Phone Number	_____
Dates of Employment	_____	Position	_____
Wage/Salary	_____	Reason for Leaving	_____

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by the previous employer? Yes ____ No ____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ____ No ____

Company Name	_____	Street Address	_____
City & State	_____	Phone Number	_____
Dates of Employment	_____	Position	_____
Wage/Salary	_____	Reason for Leaving	_____

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by the previous employer? Yes ____ No ____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ____ No ____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

U.S. MILITARY SERVICE

Branch of Service _____ From _____ to _____

Rank and Type of Service _____

Training/Experience Received _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

If Yes, please explain _____

Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If Yes, please explain: _____

Which safe driving awards do you hold and from whom? _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc. _____

DRIVER EXPERIENCE AND QUALIFICATION SECTION (Drivers Only)**Driver Licenses (include all states for which you held a license in the past 5 years)**

<u>State</u>	<u>License Number</u>	<u>Type/Class</u>	<u>Expiration Date</u>

Accident Record for the past three (3) years (attach a separate sheet if needed)

<u>Accident Date</u>	<u>Nature of Accident (head-on, rear-end, upset, etc.)</u>	<u>Injuries</u>	<u>Fatalities</u>

Traffic Convictions and forfeitures of bond or collateral for the past three (3) years (other than parking violations)

<u>Date Convicted</u>	<u>State of Violation Location</u>	<u>Violation</u>	<u>Penalty</u> (forfeited bond, collateral and/or points)

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates From/To</u>	<u>Approx. Number of Miles</u>
<u>Straight Truck</u>			
<u>Tractor or Semi Trailer</u>			
<u>Tractor-Two Trailers</u>			
<u>Other</u>			

Employment References: provide names of three persons who have supervised your work for more than one year

<u>Name</u>	<u>Company & Location</u>	<u>Years known</u>	<u>Business Relationship</u>	<u>Phone Number</u>	<u>Email Address</u>

APPLICANT'S STATEMENT

I certify that all of the information furnished on this application and any accompanying resume is true, complete, and accurate. I acknowledge and agree that any falsification, misrepresentation, or omission of fact, either on this application, my resume or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of Specialized Services, Inc., if employed. I acknowledge and agree that nothing contained in this application or in the interview process is intended to create an employment contract between Specialized Services, Inc. and myself. I acknowledge and agree that any offer of employment that I may receive is contingent upon my successful completion of Specialized Services, Inc's pre-employment screening process.

I acknowledge and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or Specialized Services, Inc. with or without cause, for any reason or no reason, and without previous notice. I also acknowledge and agree that Specialized Services, Inc. has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not limited by law. I acknowledge and agree that no employee or representative of Specialized Services, Inc, other than its President or his/her designated representative, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representation of agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the President of Specialized Services, Inc. I acknowledge and agree that the foregoing expressly supersedes any prior representations, promises, contracts or statements made by or on behalf of Specialized Services, Inc.

I acknowledge and agree that I must notify Specialized Services, Inc within thirty (30) days of motor vehicle violations relating to motor vehicle traffic control (other than a parking violation) that may result in my conviction. I must also notify Specialized Services, Inc within the same business day if my driver's license has been suspended, revoked, or canceled. Additionally, I hereby consent to the release of a certified or non-certified copy of my motor vehicle driving record anytime throughout the entire duration of my employment utilizing resources through the Department of Motor Vehicles / Motor Vehicle Administration from any state agency for which I've held a Commercial Driver's License in.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires the employee to complete and sign a form to this effect. I acknowledge and agree that if I am hired by Specialized Services, Inc, I will be required to furnish documents for inspection to verify my identity and eligibility to legally work in the United States. I understand that these documents must be provided to Specialized Services, Inc within three (3) days of the commencement of my employment.

I acknowledge and agree that past employers, educational institutions, and the military may be contacted to verify information contained in this application or for a reference and I authorize any such organization to provide the requested information. I further release and forever discharge Specialized Services, Inc, its agents, its employees and the individuals, companies and health care providers contacted by Specialized Services, Inc as part of its inquiries and investigations, from any and all claims, demands, damages, actions, causes of actions, suits of any kind or nature whatsoever arising from Specialized Services, Inc inquiries and investigation of my credentials and information in connection with my application. Per the requirements of the 49 CFR § 382.701 regulation I understand that I must give specific consent for the company to conduct a pre-employment query through the Federal Motor Carrier Safety Administration Clearinghouse System. Additionally, I hereby give consent for Specialized Services, Inc to conduct multiple limited queries utilizing the FMCSA Clearinghouse System during the entire duration of my employment to determine whether drug or alcohol violation information about me exist within the FMCSA Clearinghouse database. The company will be prohibited from employing any person who denies, fails, or refuses to give this consent.

I acknowledge and agree that screening tests for alcohol and illegal drugs may be required as part of the pre-employment screening process as well as during my employment with Specialized Services, Inc. I also understand that medical certifications may also be required of applicants and during my employment with Specialized Services, Inc.

I acknowledge and agree that it is Specialized Services, Inc policy not to refuse to hire a qualified individual with a disability because of the person's need for a reasonable accommodation that would be required by the Americans with Disabilities Act.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

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

Your Signature: _____ Date: _____



Consent and Disclosure

10911 Red Lion Rd. White Marsh, MD 21162

I understand that Specialized Services, Inc may utilize the services of STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011, as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, the Patuxent Companies may obtain further information through subsequent investigations by STERLING TESTING SYSTEMS, INC so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding, among other items, my credit background, references, character, driving record, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, and liens, subject to state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law and federal law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics, or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. Pursuant to the requirements of the 49 CFR § 382.701 regulation I understand that I must give specific consent when required for the company to conduct a full query through the Federal Motor Carrier Safety Administration Clearinghouse System. Additionally, I hereby give consent for Specialized Services, Inc to conduct multiple limited queries utilizing the FMCSA Clearinghouse System during the entire duration of my employment to determine whether drug or alcohol violation information about me exist within the FMCSA Clearinghouse database. Per regulation the company will be prohibited from employing any person who denies, fails or refuses to give this consent.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested, whichever is later.

☐ By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Company request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify Specialized Services, Inc within five business days of my receipt of the report. If I notify Specialized Services, Inc within five business days of the receipt of the report that I am challenging information in the report Specialized Services, Inc will not make a final decision as to my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Specialized Services, Inc to procure an investigative consumer report on my background as stated above from STERLING TESTING SYSTEMS, INC. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security, and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

Additionally, I hereby consent to the release of a certified or non-certified copy of my motor vehicle driving record anytime throughout the entire duration of my employment utilizing resources through the Department of Motor Vehicles / Motor Vehicle Administration from any state agency for which I've held a Commercial Driver's License in or through a statewide eGovernment services program known as NICUSA, a division responsible for electronic distribution of vehicle record information obtained from the Motor Vehicle Administration.

Last Name	First Name	Social Security Number	Date of Birth
Other Names Used			
Current Street Address	Current City	Current State	Current Zip Code
Previous Street Address	Previous City	Previous State	Previous Zip Code
Driver's License Number	Driver's License State		

Signature

Date

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EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability or other protected characteristic.

Specialized Services, Inc is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Specialized Services, Inc invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Date Applied: _____ Position Applied For: _____

Name (Last, First, MI): _____

Address (Street, City, State, Zip Code): _____

Gender Identification (check one): ☐ Female ☐ Male ☐ Decline Gender-identification.

Race/Ethnic Identification (check one):

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

☐ Decline self-identification.

Applicant's Signature

Date

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Driver Applicant Supplemental Information

(For Drivers and Other Applicants Seeking Safety Sensitive Positions)

Notice to Applicant: In accordance with 49 CFR part 391.21(b)(10) of the Federal Motor Carrier Safety Regulations (FMCSR's), the information that you have provided in this Employment Application may be used and your previous employers will be contacted for the purpose of investigating your safety performance history as required by §391.23(d) and §391.23(e) of the FMCSR's, along with the 49 CFR §382.701 regulation utilizing the FMCSA/DOT Clearinghouse System database.

CFR Part 40.25(j): As the employer, you must also ask the applicant/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 DOT agency drug and alcohol testing rules during the past three 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.

The prospective employee 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" to question #1, can you provide proof that you have successfully completed the DOT return-to-duty requirements:*

Check one: _____ Yes _____ No

By my signature here, I acknowledge that I have been given a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 and 382.701 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____

Date: _____

Applicant's Name (printed): _____

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- (a) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (b) An investigation of the driver's employment record during the preceding three years.
- (c) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (d) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins.
- (e) Prospective motor carrier must investigate the information from all previous employers of the applicant the employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application and any accidents the previous employer may wish to provide.
- (f) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

- 1. The right to review information provided by previous employers.
- 2. 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.
- 3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the previous employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document

Applicant's Signature: _____ Date: _____

Applicant's Name (printed): _____

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 the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

☐ **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.

* **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).

* **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.ftc.gov/credit.

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

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

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TO:

Previous Employer Name: _____

Address: _____

Phone: _____ Fax: _____

FROM:

Specialized Services, Inc.

10911 Red Lion Rd.

White Marsh, MD 21162

Confidential Fax: (410) 780-7199

RE:

Applicant Name: _____ Position Applied For: _____

SSN: _____ Date of Birth: _____ Date of Employment Application: _____

The individual named below has applied for employment with our company. He/she has indicated that your company previously employed him/her. Please provide the information below with respect to the individual's previous employment with your company.

Pursuant to 49CFR section 382.405(b)/382.413 of the Federal Motor Carrier Safety Regulations, I hereby authorize the above stated previous employer to release and give full disclosure of all of my records pertaining to drug and alcohol tests for the past three (3) years, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature and all other information concerning employment, including oral assessments of my job performance, ability and fitness for the past three (3) years.

Furthermore, I understand that I must give specific consent for the company to conduct a full query through The FMCSA Clearinghouse system per the 49 CFR § 382.701 regulation. Without such consent, regulations prohibit the company from employing the applicant. This information may be released to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release my previous employer(s) from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned company. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain my original signature.

Printed Name of Applicant_____
Signature of Applicant_____
Date**TO BE COMPLETED BY PREVIOUS EMPLOYER**The applicant named above was employed by us Yes ☐ No ☐ Position/Title _____

Dates of

employment From _____ To _____ Reason for Leaving: Discharge ☐ Resignation ☐ Layoff ☐ Military Duty ☐

Was the applicant ever subject to disciplinary action (please explain):

Eligible for rehire?
Yes ☐ No ☐If no, please
explain:Did the applicant drive a motor vehicle for your company? Yes ☐ No ☐

If yes, please indicate type:

☐ Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (specify) _____

ACCIDENT INFORMATION: Please complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the Date of Employment Application indicated above.

☐ No accident register data for this individual

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks:

DRUG & ALCOHOL HISTORY☐ This individual was not subject to DOT testing requirements while employed by this employer☐ This individual was subject to DOT testing requirements while employed by this employer

From

To

	No	Yes	If yes, provide date(s)
Has this individual tested positive or adulterated or substituted a test specimen for controlled substances in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Has this individual tested greater than .04 blood alcohol concentration in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Has this individual ever refused to submit to a post-accident, random, reasonable suspicion or follow up drug or alcohol test?	<input type="checkbox"/>	<input type="checkbox"/>	
If this individual has violated a DOT drug and alcohol regulation, did he/she complete a SAP-prescribed rehabilitation program in your employee, including return to duty and follow-up tests? If yes, please provide documentation when returning this form.	<input type="checkbox"/>	<input type="checkbox"/>	
For an individual who successfully completed a SAP's rehabilitation and referral and remained in your employ, did this individual subsequently have an alcohol test result of .04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown above.

Name of Person Completing This Form_____
Signature_____
Title_____
Date

Intentionally Blank