

Application for Employment -- Commercial Drivers

For Employment with R.H. Crawford, Inc. • 341 Moulstown Road • Hanover, PA 17331

This transportation company is an equal opportunity employer with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Position(s) Applied For: _____

Name: _____
Last First Middle

The U.S. Department of Transportation requires that driver applicants state their date of birth 391.21(b)(2). Date of Birth: _____

Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Previous Address: _____ How Long? _____
(Go Back 3 years) Street City State Zip

Address: _____ How Long? _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held? _____

Reason for leaving: _____

Currently _____ May we contact your employer? _____

If not, how long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

All drivers are required to load and unload cargo weighing up to 40 lbs. per item and pass a DOT physical.

Are you able to lift 40 lbs.? Yes No

Employment History -- Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent.
 Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: _____ To: _____	Address: _____ City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: _____ To: _____	Address: _____ City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History continued on next page

Employer: _____	Contact: _____	Phone: _____
Date: From: _____	Address: _____	
To: _____	City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Contact: _____	Phone: _____
Date: From: _____	Address: _____	
To: _____	City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Contact: _____	Phone: _____
Date: From: _____	Address: _____	
To: _____	City: _____ State _____ Zip _____	
Position: _____	Reason for Leaving: _____	
Salary: _____	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

Driving Qualifications and Experience

LICENSES HELD

State: _____ License No.: _____ Type: _____ Expiration Date: _____

State: _____ License No.: _____ Type: _____ Expiration Date: _____

State: _____ License No.: _____ Type: _____ Expiration Date: _____

State: _____ License No.: _____ Type: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE

Equipment Class (Please Check)	Equipment Type (Please Check)	For How Long?	Total Miles (Approximately)
Tractor			
Tractor with Two Trailers			
Straight Truck			
Other			

Have you ever been convicted, or are any charges pending: for driving while under the influence, possession, or selling of alcohol, a narcotic drug, amphetamines or derivatives thereof? (DUI or DWI) Yes No

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

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

Have you ever been refused any type of insurance or been denied bonding? Yes No

Have you tested positive for a Pre-employment or Random or Post Accident drug or alcohol test? Yes No

If yes, have you completed the SAP program? Yes No

Have you ever abandoned your equipment? Yes No

Have you ever been stopped while intoxicated? Yes No

Have you ever been charged with a felony or misdemeanor? Yes No

If so, Dates _____ State _____

Are you on probation or parole? Yes No

If so, Dates _____ State _____

Criminal actions pending in which you are the defendant? Yes No

Accidents and Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____ Date: _____

_____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____ Date: _____

_____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____ Date: _____

_____ Where? _____ Violation: _____ Penalty: _____ Date: _____

_____ Where? _____ Violation: _____ Penalty: _____

Education and Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____ Please list any training you have received that you think will benefit you in the position for which you are applying:

Please use the following space to list any experience or knowledge you have, not mentioned previously, special accomplishments, or comments you would like us to consider.

Carefully Read the Following and Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, criminal or medical history as might be needed to make an employment decision. I understand that information I provide regarding current and/or previous employers may be used, and those employers 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 inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

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 that I am required to abide by all rules and regulations of the company.

Applicant's Signature

Date

IN CASE OF EMERGENCY PLEASE NOTIFY

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State Zip

(Do not write below this line - OFFICE USE ONLY)

Interview Notes

Date: _____ Interviewer: _____

_____ Comments: _____

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

_____ If rejected, why? _____

_____ Date to Start: _____

_____ Starting Pay: _____ Comments, Complaints, Etc.: _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

New Hires,

Please Fill out application Completely

Please Sign ALL release forms!

ONLY sign at X's

Thanks,

RH Crawford Inc. Recruiting

Request And Consent For Information From Previous Employer

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to my employment and controlled substance testing to R.H. Crawford Inc.

as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

Date of Birth _____

(Please Print) Driver's Name _____ Social Security # _____ Driver's Signature X _____ Date _____

Information Requested From

Previous Employer's Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named above has, while seeking employment with this company as _____ stated that he/she held a position with your company as _____ from _____ to _____ Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance

Signature and Title of Company Representative

Please answer the following questions

During what period of time was this individual employed with you? From: ___ / ___ / ___ To: ___ / ___ / ___

Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer _____ Straight Truck _____

Other (Please Explain): _____

How would you describe his/her conduct? Good _____ Fair _____ Poor _____

Did this individual perform their duties safely? _____

At what wage/salary was he/she employed? _____

Under what circumstances did the individual leave your employ? _____

In the past three years, did this person test positive for any controlled substances? _____

If so, please list the name and address of the Professional Testing Organization that performed the test. _____

Driver Safety Performance History Inquiry

To: _____

Date: _____

Dear Sir/Madam:

The following driver has applied for employment with our company. Please complete this Driver Safety Performance History Inquiry and return by fax/mail to the above address. The release of this information is required according to Federal Motor Carrier Safety Regulations, 49 CFR Parts 40 and 391 pursuant to the applicant's written authorization (below). Your quick response to this inquiry is greatly appreciated.

Driver's Authorization for Release of Safety Performance

I, _____ hereby authorize _____ to
 (Applicant's name) (previous employer)

release the following safety performance history information to: **R.H. Crawford Inc.**
 (prospective employer)

in accordance with 49 CFR Parts 40.25 and 391.23.

Applicant's Signature X _____ Date _____

Dates of Employment Beginning _____ Ending _____
 (Month/Year) (Month/Year)

Type of Equipment:
 (check all that apply)

Vehicle	Equipment	Cargo
<input type="checkbox"/> Motorcoach/school bus	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> General commodities
<input type="checkbox"/> Straight truck	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh/frozen food
<input type="checkbox"/> Tractor-trailer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tractor-double trailer	<input type="checkbox"/> Dump	<input type="checkbox"/> Bulk liquids
<input type="checkbox"/> Tractor-triple trailer	<input type="checkbox"/> Bulk tank	<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other	<input type="checkbox"/> Machinery/equipment
Total Miles: _____		<input type="checkbox"/> Dirt/sand/gravel/grain
		<input type="checkbox"/> Other

Driver Safety Performance History Inquiry (cont)

Accidents:

Date	Location	Description	Fatalities	Injuries	Hazmat Spill

Drug and Alcohol History:

Yes No

- 1) Alcohol tests with a result of 0.04 or higher alcohol concentration. Yes No
- 2) Verified positive drug tests. Yes No
- 3) Refusals to be tested (including verified adulterated or substituted drug test results). Yes No
- 4) Other violations of DOT agency drug and alcohol testing regulations. Yes No

If any response to 1-4 above is "yes", complete the following:

Substance Abuse Professional (SAP) Referral: Referral Date: _____

Name: _____

Address: _____

Telephone #: _____

Completion of return-to-duty and follow-up testing requirements: Yes No

Subsequent violations of DOT drug and alcohol regulations: Yes No

General Comments:

Prepared by: _____

Date: _____

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 RH Crawford Inc. (“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 RH Crawford Inc. (“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: X _____

X _____

Signature

X _____

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

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosure

R H Crawford Inc (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature X _____ Date _____

OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS
REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosures

Investigative Consumer Report:

R H Crawford Inc (the "Company") may request an investigative consumer report about you from HireRight, LLC ("HireRight"), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

Additional State Law Notices

Please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in

your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Name _____

Applicant Signature X _____ Date _____

**ATTACHMENT A
FORM OF CONSENT OF COMMERCIAL DRIVER**

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize R.H. Crawford Inc. (Company Name) to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to R.H. Crawford Inc. (Company Name).

I hereby give this consent this ____ day of _____, 20__.

COMMERCIAL DRIVER

X

[Signature]

_____ [print first] _____ [print last]

RH Crawford Inc.

341 Moulstown Rd
Hanover, PA 17331

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

I, _____, hereby provide consent to RH Crawford Inc. to conduct multiple limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Multiple Limited Queries will be conducted over a fixed period of time as needed for the duration of employment.

I understand that if the limited query conducted by RH Crawford Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to RH Crawford Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for RH Crawford Inc. to conduct a limited query of the Clearinghouse, RH Crawford Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

X _____

Employee Signature

Date

RH Crawford Inc.
341 Moulstown Rd
Hanover, PA 17331

Drug and Alcohol Clearinghouse

<http://clearinghouse.fmcsa.dot.gov>

Please log onto above site and register yourself!

Clearing House Starts January 6th , 2020

Employee Name _____

Email _____

- I registered On the Clearing House Site.
- I need help to register, Please call Safety
- I do not have an Email address

Employee Signature

Date