

# APPLICATION AUTHORIZATION AND CERTIFICATION

**To be read and authorized by the Applicant. If you have any questions please call Jody at Pioneer Transportation, Ltd (715) 536 – 9789 X2**

- ❖ I understand, agree and authorize that Pioneer Transportation, Ltd (Carrier) may procure one or more reports regarding my Motor Vehicle Record (MVR), driving record, criminal background history and/or past employment records from any law enforcement agency, court record, HireRight (aka DAC), any third party consumer reporting agency and/or other source as the Carrier deems necessary for the consideration of my employment.
- ❖ I understand, agree and authorize that Carrier may procure my safety performance information including crash data from the previous five years and inspection history from the previous three years from the Federal Motor Carrier Safety Administration Pre-Employment Screening Program (PSP) or any other third party consumer reporting agency. (See **Important Notice Regarding Background Reports From the PSP Online Services** for more information.)

### \*\*\* IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Pioneer Transportation, Ltd. ("Prospective Employer"), it 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.

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 Pioneer Transportation, Ltd. ("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 the 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 hereby authorize, without liability, any person or organization whose name I have given as a reference, or by whom I have been previously employed or contracted with, to furnish Pioneer Transportation, Ltd. any information they may have concerning my safety performance, all accidents, including those defined in 390.5 of FMCSR, all drug and alcohol testing violations, refusals, or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work-related characteristics, reasons for leaving employment/lease and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind that may occur to me by reasons of furnishing such information.

- ❖ I understand that if I had employment with a DOT employer in the past three years, I have: (1) The right to review information provided by previous employers and/or consumer reporting agency. (2) The right to have errors in information corrected by the previous employer and/or consumer reporting agency and for that previous employer and/or consumer reporting agency to re-send the corrected information to Pioneer Transportation, Ltd. (3) The right to have a rebuttal statement attached to the alleged erroneous information if I cannot agree with my previous employer and/or consumer reporting agency on the accuracy of the information.
- ❖ I understand and agree that, as a condition of employment with the Carrier, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR), parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to hire or immediate termination of my employment/lease, if hired.
- ❖ I understand and agree that my submitting this application to the Carrier in no way obligates the Carrier to offer me employment/contract.
- ❖ I attest that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination from employment/lease if this application results in employment/lease.
- ❖ By placing my name below, I attest I have read and understand the terms of this Authorization and Certification and I authorize Carrier and its employees, agents, and affiliates to obtain the information authorized in this Authorization and Certification document.

Print Name: \_\_\_\_\_

SSN: \_\_\_\_\_

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

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

Upon signing, this Authorization and Certification must be faxed to (715) 536-3671 or emailed to [jlokemoen@pioneertrans.com](mailto:jlokemoen@pioneertrans.com) before your application can be processed. Thank you!