

Driver Application for Employment

FOR CUSTOMER USE ONLY



Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

*Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date _____

Position Applied for		Minimum Salary Requirement	
Who referred you to our company? <input type="radio"/> Mail in <input type="radio"/> Employment Agency <input type="radio"/> State Agency <input type="radio"/> Walk in <input type="radio"/> Employee Referral - Name _____			
<input type="radio"/> Advertisement <input type="radio"/> College Recruiting <input type="radio"/> Other _____			
Have you ever worked for this company? <input type="radio"/> Yes <input type="radio"/> No		Where?	When?
Have you ever applied with this company? <input type="radio"/> Yes <input type="radio"/> No		Where?	When?
On what date will you be available if your application for employment is accepted?		Would you accept employment in another city? <input type="radio"/> Yes <input type="radio"/> No	Preference

General Information			
Last Name	First	Middle	Social Security Number
Present Address	City	State	Zip Code How long?
Previous Address (Last 3 Years)	City	State	Zip Code How long?
Previous Address (Last 3 Years)	City	State	Zip code How long?
Telephone Number and Area Code Home () Work ()		*Date of Birth	
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="radio"/> Yes <input type="radio"/> No			
Have you ever been fired or asked to resign by an employer? <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.	
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment.) <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.	
Name of Person to be Notified in Case of Emergency		Telephone Number and Area Code ()	

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer That Values Diversity

Failure to disclose information may result in termination.

Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

Activities, Additional Information, and Comments

List present and past membership in civic, professional, social, or other organizations, sports, hobbies and other interests.*

*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

Applicant's Statement

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify 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. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature _____ Date _____

Pre-Employment Inquiry Authorization Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that AST Enterprises Inc. or its authorized agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with AST Enterprises Inc. consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with AST Enterprises Inc. and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of Minnesota or Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by AST Enterprises Inc. or our authorized agents, to furnish the information described in Section I.

APPLICANT -- PLEASE COMPLETE THE FOLLOWING:

Signature _____

Today's Date _____

Print Name: (First) _____ (Middle) _____ (Last) _____ (Maiden) _____

Other Names Used _____

Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____

Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____

Current Address Since: (Mo/Yr) _____ (Street) _____ (City) _____ (State/Zip) _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth _____

Social Security Number _____

Driver's License Number and State _____

Name as it appears on License _____

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our authorized agent, PeopleScanner.com, has a policy that requires purchasers of these reports to have signed a Service Agreement. This assures PeopleScanner.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact PeopleScanner.com at 190 Haverhill Street, Methuen, MA 01844.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by AST Enterprises Inc. by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by PeopleScanner.com during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at PeopleScanner.com in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

FCRA – Summary of Rights

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 a 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 1-888-567-8688 (1-888-5OPT OUT).
- **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.

Notice of Amendments to the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect recent amendments contained in the Consumer Reporting Employment Clarification Act of 1998. Of importance to you are the following changes to the law:

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically.

These amendments were retroactive to September 30, 1997.

States may enforce, the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights 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 Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
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

DISCLOSURE TO THE CONSUMER
{As Required by the 1997 FCRA Section 605 (b)(2)}

As a routine part of our due diligence effort, SeibertKeck Insurance Agency and AST Enterprises, Inc intends to conduct a verification of your driving history. To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form. A copy of the act may be obtained by writing to:

Division of Credit Practices
Bureau of Consumer Protection
Federal Trade Commission
Washington, DC 20580

I, _____ authorize DAC Services; Equifax, Inc.; Insurance Information Exchange and/or all state specific Departments of Motor Vehicles to release all written and verbal information about me regarding my driving history to , SeibertKeck Insurance Agency and AST Enterprises, Inc. I release and agree to hold each, including SeibertKeck Insurance Agency and AST Enterprises, Inc harmless from all liability and responsibility for doing so.

I specifically understand and authorize the procurement of an investigative consumer credit report (specifically a Motor Vehicle Report) and understand that it may contain information about my background, mode of living, character, general reputation and personal characteristics.

This release, in original or copy form, is valid now and throughout my employment with AST Enterprises, Inc. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

Signature of Applicant or Employee: _____

Date Signed: _____

Drivers License #: _____ State: _____

Social Security #: _____ Date of Birth: _____

AUTHORIZATION TO OBTAIN CONSUMER REPORT OR MOTOR VEHICLE DRIVING REPORT FOR EMPLOYMENT PURPOSES

The undersigned hereby authorizes the _____,
Name of Employer

or its insurance agency, SeibertKeck Insurance, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Date: _____ Signed: _____

Printed Name

State Licensed in	
State Drivers License Number	
Date of Birth	



70 Commercial Way
Springboro, Ohio 45066
937.743.0002
Fax: 937.743.0121

**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration
(FMCSA)**

Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to AST Enterprises, Inc. to conduct an annual 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.

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

I further understand that if I refuse to provide consent for AST Enterprises, Inc. to conduct a limited query of the Clearinghouse, AST Enterprises, 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.

Employee Signature

Date