

CHECKLIST for DRIVER APPLICATION PACKAGE

Driver: _____ Position: _____
(Print name) Circle One: Owner/Operator or Company Driver

- **Section 1: Checklist for Driver Application Package (This page)**
 - ___ Read & review entire page
 - ___ Check boxes as you complete forms

- **Section 2: Minimum Driver Qualifications & Requirements (2 pages)**
 - ___ Read & Review both pages, confirm you qualify & meet or exceed requirements
 - ___ Page 2/2 - Bottom of page print name, signature & date

- **Section 3: Driver Application (4 pages; Print additional pages if needed)**
 - ___ Read & review all 4 pages
 - ___ **Pg. 1 of 4** In top box print name, signature & date
 - ___ **Pg. 2 of 4** Employment history: (include explanation for gaps in employment)
 - List previous 3 years of all employment
 - Then after the 3 years list 7 years of just commercial driver employment
 - Check FMCSA boxes in each employer Yes or No
 - ___ **Pg. 3 of 4** Under “Experience” list class of equipment as A, B, C, etc..
 - Bottom of page signature & date
 - ___ **Pg. 4 of 4** Disclosure statement print name, signature & date

- **Section 4: HireRight DOT Drug & Alcohol Disclosure (5 pages; Print additional pages if needed)**
 - ___ Read & review all 5 pages
 - ___ **Page 1 of 5** In box list previous 3 years of DOT Regulated employment
 - Bottom of page print name, signature, date & social security #
 - ___ **Page 2 of 5** In box check boxes (if applicable) then print name, signature, date & SS#

- **Section 5: Background Check (1pg)**
 - ___ Read & review entire page
 - ___ Print and fill out 1 page per DOT-Regulated Employer (listed on Section 4 Pg 1 of 5)
 - Top: Print name, social security #, past employer info, signature & date

- **Section 6: PSP Authorization (1pg)**
 - ___ Read & review entire page
 - ___ Bottom of page date, signature & print name

- **Section 7: Driver Applicant Drug and Alcohol Pre-Qualification Statement**
 - ___ Read & Fill out document with name, SS#, Answer 2 questions, and sign

- **Send ALL 15 (+) pages to Mildred Nelson:**
 - Fax: (414) 346-7009
 - E-Mail: driverswanted@haulbikes.com
 - Mail: 4600 North 124th Street, Milwaukee, WI 53225

- **For more information or questions / concerns contact:**
 1. (414) 434-4224 Or E-Mail: driverswanted@haulbikes.com
 2. Mildred Nelson– Company, Driver info, and Application
 3. Paul Moore – Specific Driving Experience

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Minimum Driver Qualifications & Requirements:

1. Must be at least 23 years old, and drivers 25 years old and older are encouraged.
2. Must have only one current and valid Class A Commercial Drivers License (CDL).
3. Must have a **valid motorcycle license**, and must be a motorcycle rider and enthusiast.
4. Must have a minimum of **two (2) verifiable years** experience operating tractor trailer combination equipment within the last three (3) years.
5. Must have a record of safe and competent driving (personal and commercial) as demonstrated on state Motor Vehicle Records, and must **not** have a current license suspension or revocation.
6. Must meet all the qualification requirements of, and must **not** be disqualified under, the United States Department of Transportation Federal Motor Carrier Safety Regulations, Parts 383 and 391.
7. Must **not** have any preventable accidents involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within three (3) years. (Disabling damage means damage that precludes departure of any motor vehicle from the scene of an accident in its usual manner in daylight after simple repairs. This includes damage vehicles that are drivable, but would incur further damage, if so driven.)
8. Must **not** have more than four (4) moving violations in the past 36 months, and **not** have more than two (2) moving violations in the previous 12 months.
9. Must **not** have any serious or disqualifying traffic violations within the last three (3) years, such as: excessive speeding, involving any single offense for any speed of 15 MPH or more above the posted speed limit; reckless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property; improper or erratic lane changes; following the vehicle ahead too closely; driving while intoxicated or under the influence of drugs; or hit and run, leaving the scene of an accident, or failure to report an accident.
10. Must be able to read, write, communicate and comprehend the English language sufficiently to perform the various tasks of the job, including, but not limited to communicating with coworkers and the general public; understanding oral and written instructions, highway traffic signs and signals, Company policies and governmental regulations; responding to questions and inquiries from management and government representatives; and accurately completing various shipping papers, reports and records required of the position.
11. Must be able to accurately and efficiently perform mathematical calculations necessary to do the work, including weight calculation, hours of service determination, time and mileage computation, etc.
12. Must possess the good judgment necessary to perform the functions of the job, including operating a commercial motor vehicle in a safe and lawful manner; handling customers'



4600 North 124th Street • Milwaukee, WI 53225
Phone: (414) 464-7576 • Fax: (414) 464-7572

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goods safely and efficiently; and communicating tactfully and diplomatically with those persons with whom the employee will be in contact as a Company representative.

13. Must have **no** conviction record indicating that the applicant cannot reasonably be expected to properly fulfill the duties of the job.
14. Must have a satisfactory past work/employment record.
15. Must be able to drive and/or work to the maximum number of hours allowed under D.O.T. Hours of Service Regulations.
16. Must be available to start work on short notice, at any time, twenty-four hours a day, seven days a week, to work irregular hours in stressful situations, and to report on time as scheduled.
17. Must be physically qualified to drive a commercial motor vehicle as demonstrated by a current medical examiner's certificate.
18. Must **not** use any drugs or substances that would interfere with the ability to drive safely, and must pass any Company directed drug/alcohol test.
19. Must be capable of working independently, without constant supervision.
20. Must be able to work on unforgiving surfaces such as concrete, wood and metal, and sometimes on slippery and wet surfaces, as may be necessary in loading, handling, securing, unloading and delivering motorcycles and other powered recreational vehicles and associated equipment.
21. Must be able to pass a Company directed physical performance test.
22. Must be physically able to safely push, pull, or drag heavy items and handle bulky, and/or cumbersome motorcycles and other powered recreational vehicles and associated equipment.
23. Must be able to work in all weather conditions and elements; to work at different times of day; to work on different days of the week; to work on knees or bent over from the waist for an extended time on a recurring basis; to work using the hands by squeezing, grasping and pulling on a recurring basis; and to work in a limited height environment.
24. Must be able to meet the following EXPECTATIONS: be physically able to handle all of the demands of the job; be able to demonstrate basic mechanical and electrical aptitude and experience; be able to complete the 14 day trip cycle when presented for dispatch (note – trips can be extended beyond the 14 day cycle if necessary based on the needs of the Company); be able to provide professional service, have a positive attitude, operate equipment in a safe and efficient manner; and be able to go above and beyond to provide superior service to Daily Direct customers and associates.
25. Owner/Operators tractor must be five years old or newer and equipped with ECM.
26. Incomplete applications **WILL NOT BE CONSIDERED.**

PRINT _____ SIGN _____ DATE _____



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Phone: (414) 464-7576 • Fax: (414) 464-7572

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APPLICATION FOR QUALIFICATION

DRIVER'S RIGHTS TO REVIEW BACKGROUND CHECK - Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § [391.23\(i\)](#) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) 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; (iii) 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.

Driver Applicant Printed Name _____ Driver Applicant Signature _____ Date _____

Company Name **Daily Direct, LLC aka HAULBIKES**

Street Address **4600 North 124th Street** City, State, Zip **Milwaukee, WI 53225**

Last, First, Middle Initial

Name _____ Phone (____) _____

Current Address _____
Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Email Address _____ Cell Phone (____) _____

Date of Birth* ____ / ____ / ____ * Drivers only to complete Date of Birth Social Security No. ____ - ____ - ____

In Case Of Emergency Notify: _____ (____) _____
Name Phone

Contact's Address _____
Street City State Zip

Have you ever worked for this company under another name? Yes No _____

Are you applying as a company driver or an owner operator? (Check appropriate)

Are you currently employed? Yes No If not, how long since leaving last employment? _____

When are you available to start work for this Company? _____

How long are willing to be away from home? _____

How much home time will you need when you return? _____

How many miles or hours are you expecting per week? _____

How much do you expect to make per week (gross)? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Name Address

List special courses or training that will help you as a driver _____

EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the **last 3 years.**

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____

Do you currently hold more than one valid license? 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 disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes No

If answered Yes to any of the above questions, please give details: _____

Accident Review for the past 3 years:

Date	City, State	# Fatalities	# Injuries	Nature of Accident (Head-on, Rear-end, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicle Laws & Ordinances: list all for the **past 3 years** other than parking violations

Location	Date	Charge	Penalty
_____	_____	_____	_____

EXPERIENCE

Class of Equipment	Type (Van, Tank, Etc.)	Dates From/To
_____	_____	_____
_____	_____	_____

List states operated in during last five years _____

List safe driving awards held & who presented by _____

Applicant: Read and sign before submitting this application.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information. I understand that nothing contained in this application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to driver, or for the providing of any benefits. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. It is agreed and understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse. I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without notice and with or without cause. This certifies 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.

Signature of Applicant

Date

DISCLOSURE STATEMENT

Applicant: Read and sign before submitting this application.

By this document, **Daily Direct, LLC aka HAULBIKES** discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristics, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigation consumer report be requested you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

Applicant's Printed Name

Applicant's Signature

Date

OFFICE USE ONLY

Hire Date:

Employment Denial
Date:

Staff Initials:

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 267-4093 (Manual Service)
 Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	<u>Daily Direct LLC</u>
Company Contact Name:	<u>Morgan Williams</u>
Fax #:	<u>(414) 464 - 7572</u>
HireRight Customer #:	<u>DAILYD</u> Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II-CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
{FOR EMPLOYMENT PURPOSES}

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the two **(2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and 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.
- Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II - AUTHORIZATION FOR RELEASE OF INFORMATION {FOR EMPLOYMENT PURPOSES}

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security#: _____

Applicant Signature: _____ Date: _____

ADDITIONAL STATE LAW NOTICES

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Notices continue on next page

NEW YORK CORRECTION LAW
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

SAFETY PERFORMANCE HISTORY INVESTIGATION (Background Check)

Applicant Complete
One for each past employer

I, Printed Name _____, Social Security _____ - _____ - _____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to Daily Direct, LLC. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer: _____ Contact Name: _____ Phone#: _____

Address: _____ City, State, Zip: _____ Fax #: _____

Applicant Signature: _____ Date: _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ____/____/____ to ____/____/____. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1 Employment dates: ____/____/____ to ____/____/____ 2 Job Title(s): _____

3 Did s/he drive a motor vehicle? Yes No If yes, what type: _____ Tractor & Trailer

4 **3-YR ACCIDENT HISTORY** No accidents in last 3 yrs.

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5 Was s/he a company driver, contractor, or contractor's driver? 6 Reason for leaving your company?
 Discharged Resignation Lay-off Military Duty Other: _____

7 General areas traveled? _____ 8 Commodities transported? _____

9 Would you re-employ this person? Yes No Upon Review

10 Alcohol tests with a result of 0.04 or higher? Yes No 11 Verified positive drug tests? Yes No

12 Any refusals to be tested? Yes No 13 Other violations of DOT agency drug & alcohol testing regulations? Yes No 14 Did a previous employer report a drug and alcohol rule violation to you? Yes No

15 If you answered "YES" to any of the above items, did the employee complete the return-to-duty process? Yes No Uncertain

16 No safety performance history exists for this driver with our Company.

If YES to 14, you must provide the previous employer's report. If you answered "YES" to 15, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: Daily Direct, LLC Morgan Williams – Safety and Compliance 414-464-7576 414-464-7572
 Company Name Attention Phone # Fax #

PROSPECTIVE EMPLOYER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT) D Employer not subject to FMCSRs
 Date Contacted: ____/____/____ 2nd Attempt: ____/____/____ 3rd Attempt: ____/____/____ Received back: ____/____/____
 Mail Fax Mail Fax Mail Fax

**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 Haulbikes Daily Direct LLC (“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 Haulbikes Daily Direct LLC (“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.

Name (Please Print) _____ Signature _____ Date: _____

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.

DRIVER APPLICANT DRUG AND ALCOHOL PRE-QUALIFICATION STATEMENT

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section §40.25(b)(5) and (e).

Applicant Name: _____ Social Security Number: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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?
Yes No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____