

# Application Packet

Southeastern Motor Freight, Inc.

## Instructions

- Page 1      Fill out all information. Do not Leave Blanks if not applicable then write N/A.
- Page 2 – 2a    Include 10 years of history with dates, addresses, and phone numbers.
- Page 3      Fill out all information. Do not Leave Blanks if not applicable then write N/A.
- Page 4      Fill out only the top of this form.
- Page 5      Sign and date the bottom of this form only.
- Page 6      Sign and date top of form only.
- Page 7      Fill out all information.
- Page 9 – 10    Sign and date.
- Page 11      Answer YES or NO, then sign and date.

**Please fax back to 504-731-2832 or e-mail to [julie@tripleexpress.com](mailto:julie@tripleexpress.com)**

**Must have CDL-class A with Hazmat and Tank endorsement**

**TWIC card, Min. age 25 with 24 months exp. driving semi-truck**

**DRIVER'S  
APPLICATION FOR EMPLOYMENT**

**Southeastern Motor Freight, Inc.  
Jefferson, La. 70121  
Ph. 504-731-2829  
Fx. 504-731-2831  
US DOT #29154**

**In compliance with Federal and State equal employment opportunity law's  
qualified applicants are considered for all positions without regard to race, color,  
religion, sex, national origin, age, marital status, or non-job related disability.**

Date of application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your address's of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State and Zip \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State and Zip \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State and Zip \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Required for Commercial Drivers)

Can you provide proof of age? \_\_\_\_\_ Have you worked for this Company before? \_\_\_\_\_

Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate Expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.\*

### PRINT ALL INFORMATION

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_ / \_\_\_ / \_\_\_ / TO: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_ / \_\_\_ / \_\_\_ / TO: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_ / \_\_\_ / \_\_\_ / TO: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_ / \_\_\_ / \_\_\_ / TO: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? \_\_\_\_\_

\* Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport 9 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

List all motor vehicle accidents in which you were involved during the last 3 years, regardless of fault

DATE	NATURE OF ACCIDENT	# FATALITIES	# INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

List all traffic convictions for the last 3 years.

DATE	CITY	STATE	CHARGE	PENALTY

(attach sheet if more space is needed)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 9 10 11 12      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) \_\_\_\_\_ (CITY) \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-DRIVER**

STATE WHERE HELD      TYPE      EXPIRATION DATE

Current Drivers Lic # \_\_\_\_\_

Previous Drivers Lic # \_\_\_\_\_

Previous Drivers Lic # \_\_\_\_\_

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      YES \_\_\_\_\_ NO \_\_\_\_\_  
B. Has any license, permit, or privilege ever been suspended or revoked?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, THEN EXPLAIN: Year Suspended \_\_\_\_\_ Reason Suspended \_\_\_\_\_

**LIST DRIVING EXPERIENCE (IF NONE, WRITE NONE)**

- STRAIGHT TRUCK      YEARS OF EXPERIENCE \_\_\_\_\_      APPROX MILES \_\_\_\_\_
- TRACTOR AND SEMI-TRAILER      YEARS OF EXPERIENCE \_\_\_\_\_      APPROX MILES \_\_\_\_\_
- TRACTOR-TWO TRAILERS      YEARS OF EXPERIENCE \_\_\_\_\_      APPROX MILES \_\_\_\_\_
- MOTORCOACH-SCHOOL BUS      YEARS OF EXPERIENCE \_\_\_\_\_      APPROX MILES \_\_\_\_\_
- OTHER, describe \_\_\_\_\_      YEARS OF EXPERIENCE \_\_\_\_\_      APPROX MILES \_\_\_\_\_

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY. \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH \_\_\_\_\_

LIST STATES OPERATED IN THE LAST 5 YEARS: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary. I hereby release motor carriers, employer's, schools, health care providers and other personal from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in ineligibility for continued service. I also understand that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

Application Review by (signature) \_\_\_\_\_

Date \_\_\_\_\_

**Request for Information  
From Previous Employer**

Request Date: \_\_\_\_\_ Previous Employer Name: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The applicant named above is attempting to qualify under FMCSA regulations and states that he/she was a driver with your company from \_\_\_\_\_ to \_\_\_\_\_.

**Please complete the questionnaire below as soon as possible and return it to:**

**Southeastern Motor Freight, Inc.  
916 Saint George Ave., Jefferson, LA 70121  
Phone 504-731-2829  
Fax 504-731-2831 or 504-731-2832**

1. Are the dates of the employment as stated above correct? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If not then please provide the correct dates of employment \_\_\_\_\_

2. Did the applicant drive a commercial motor vehicle for you? \_\_\_\_\_ YES \_\_\_\_\_ NO  
What type of vehicle? \_\_\_\_\_ straight truck (box/van) \_\_\_\_\_ tractor-trailer truck \_\_\_\_\_ both

3. Reason for leaving your employ/service: \_\_\_\_\_ Resignation \_\_\_\_\_ Discharge \_\_\_\_\_ Lay-Off  
Reason for Discharge: \_\_\_\_\_

4. Was the applicant involved in any accidents? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Accident Date: \_\_\_\_\_ was it DOT Recordable? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Accident Details: \_\_\_\_\_

Accident Date: \_\_\_\_\_ was it DOT Recordable? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Accident Details: \_\_\_\_\_

**Has the applicant Ever:**

- 5. Ever violated any FMCSA controlled substance/alcohol testing regulation? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 6. Tested positive for a controlled substance in the past 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 7. Had an alcohol test with a breath alcohol concentration of 0.04 or greater? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 8. Refused a required test for alcohol use in the past 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 9. Refused a required test for controlled substances use in the past 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - 10. Completed a substance abuse rehabilitation programs? \_\_\_\_\_ YES \_\_\_\_\_ NO
- If "Yes" then please note the Name, Address, and phone number of the treating facility.  
\_\_\_\_\_

Signature of Person providing information: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby authorize the release of the information requested herein for the purposes of investigation as required by FMCSR §391.23 and §382.413 and §383.35. You are hereby released from any and all liability that may result by providing the requested information.**

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to Southeastern Motor Freight, Inc.  
(Prospective Employer)

For the purposes of investigation as required by Sections 391.25 and 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
Applicants Signature Date

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 ( Title II, Subtitle D, Chapter I, of Public Law 104-208) I hereby certify the following;

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based on the report (whole or part) the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Drivers Privacy Protection Act of 1994** (Public Law 103-322, Title Section 300002(a).

\_\_\_\_\_  
Signature of Requester Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_

In accordance with Section 391.23 of the U.S. Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_

In accordance with Section 391.25 of the U.S. Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number and Street City State Zip

FORMER ADDRESS \_\_\_\_\_  
Number and Street City State Zip

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Southeastern Motor Freight, Inc.  
916 Saint George Ave.  
Jefferson, La. 70121  
Ph: 504-731-2829  
Fax: 504-731-2831

**REQUESTED BY:**  
Printed name of Requestor \_\_\_\_\_  
Signature of Requestor \_\_\_\_\_  
Title of Requestor \_\_\_\_\_



What is on your driver's license

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

Date of birth \_\_\_\_\_

Audit # \_\_\_\_\_

Phone # \_\_\_\_\_

**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 Southeastern Motor Freight, 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 Southeastern Motor Freight, 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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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

**USIS DISCLOSURE AND AUTHORIZATION FORM**

**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 we requested. 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.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my service.

I also understand that information contained in my application or otherwise disclosed by me before or during my service, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only** – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Previous  
Pre-Employment Drug or Alcohol Test Disclosure:**

**The following question is made necessary for service with**

**Southeastern Motor Freight, Inc.**

**by the Federal Motor Carriers Regulations Section 40.25.**

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer or motor carrier 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 3 years?

*I certify that the following is a true response to the question asked above, to the best of my knowledge:*

YES, I have. If yes please provide the name of the Substance Abuse Professional (SAP) that evaluated you below, along with the name of the agency that performed your return to duty test.

SAP \_\_\_\_\_

Return to Duty Test \_\_\_\_\_

NO, I have not.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Sign your name

\_\_\_\_\_  
Date