

RWI TRANSPORTATION LLC



I authorize RWI TRANSPORTATION LLC (RWI) or any other third party such as HireRight and PSP Services, to obtain any and all past employment/lease records regarding previous employment/lease (work history) and other areas of my background such as past employer/lease inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, drug/alcohol testing results and safety performance history. I agree to hold RWI and any and all of my past employers/lessees, harmless regarding any information that is obtained during the background inquiry. I am aware that this report in part is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report to view and possibly correct if not leased or not permitted to operate a vehicle for an owner-operator leased to RWI.

I have the right to make a request to HIRERIGHT and/or my past employers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the resources of information, and the recipients of any reports on me which HIRERIGHT has previously furnished within the three-year period preceding my request. I hereby consent to RWI obtaining the above information from HIRERIGHT, and I agree that such information which HIRERIGHT has or obtains, and my qualification history with RWI if I am qualified, will be supplied by HIRERIGHT to other companies, which subscribe to HIRERIGHT Services.

I hereby authorize procurement of driving record report(s). If qualified, this authorization will remain on file and will serve as ongoing authorization for RWI to procure driving reports at any time during my qualification period. As of 10/29/04, I also authorize RWI to create and maintain a Driver Investigation History File (DIHF) on my behalf in accordance with part 391 (FMCSR). **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.**

Applicant's Signature: _____ **Date:** _____

Last Name		First Name		MI
Current Street Address			City	State
				Zip Code
Social Security Number		Date of Birth	Home Phone	Cell Phone Number
Driver's License Number		State	Expiration Date	Type

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed above.

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
If Yes explain: _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
If Yes explain: _____
- C. Have you ever been convicted of a DUI, DWI or Felony? YES NO
If Yes explain: _____
- D. Have you tested positive or refused to test, on any pre-employment or other drug or alcohol test? YES NO
- E. Number of traffic convictions and forfeitures in the past 3 years (other than parking violations) _____
- F. Number of accidents in the past 3 years: _____ # Chargeable _____ # Non-Chargeable

HOW DID YOU HEAR ABOUT US? _____

FOR QUICK PROCESSING PLEASE FAX TO 859-442-4778
RWI Transportation LLC 8 Plum Street Wilder, KY 41076 – 800.669.6765

RWI TRANSPORTATION LLC
Disclosure and Release



I hereby authorize RWI TRANSPORTATION LLC (RWI) or any other third party to do a complete background investigation, which includes contacting all my past employers regarding my service, character and job performance. My past employers are released from any and all liability, which may result in furnishing such information.

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 RWI. I understand that information/documents released pursuant to this 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
			()
			()
			()
			()
			()

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 driver cannot agree on the accuracy of the information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand the 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 the authorization are as valid as an original.

In accordance with the Federal Motor Carrier Safety Administration, the applicant herein, by signing below, either electronically or manually, hereby gives RWI consent to obtain and retain both Federal and State commercial driver safety records, and any records related thereto, including the FMCSA's Motor Carrier Management Information Systems.

Print Applicant Name: _____ **Social Security #:** _____

Applicant Signature: _____ **Date:** _____

EMPLOYMENT RECORD PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)
Must list the complete mailing address: street number and name, city, state and zip code.

EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ FAX _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this job? YES NO

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 YES NO

EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ FAX _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this job? YES NO

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 YES NO

EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ FAX _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this job? YES NO

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 YES NO

EMPLOYER: NAME _____
ADDRESS _____
PHONE _____ FAX _____
POSITION HELD _____ FROM _____ TO _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this job? YES NO

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 YES NO

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason below