

## Employee Data Sheet

\*\*Please leave a copy of CDL & Twic if available\*\*

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Social Security #</b>	
<b>Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Home Phone #</b>	
<b>Cell Phone #</b>	
<b>Email Address (Required for background check &amp; payroll)</b>	
<b>Birthdate</b>	
<b>Driver's License #</b>	
<b>State of Issue</b>	
<b>Expiration Date of Driver's License</b>	
<b>DOT Physical Card Expiration Date</b>	
<b>Date of Hire (Office use)</b>	
<b>Spouse's Name</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Phone #</b>	
<b>Today's Date</b>	

# DRIVER APPLICATION

Company Name: \_\_\_\_\_ Location: Region/District/Branch: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

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

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Social Security Number Phone Number Date of Birth Hire Date

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year Residency: \_\_\_\_\_  
Street City State Zip Number of Years

: \_\_\_\_\_  
Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed:  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40:  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Second Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed:  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40:  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

Third Last Employer Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed:  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40:  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**PLEASE COMPLETE NEXT PAGE**

# USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

<p><b>FOURTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>FIFTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>SIXTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>SEVENTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>EIGHTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>NINTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>TENTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EXPERIENCE AND QUALIFICATION**  
Attach separate sheet if more space is needed.

**Driving Experience**

If no driving experience in the last 3 years, check here:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

**OR**

APPROXIMATE NUMBER OF MILES

**Accident History (3 years)**

If no accidents in the last 3 years, check here:

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Traffic Convictions and Forfeitures (3 years)**

If no traffic convictions and/or forfeitures in the last 3 years, check here:

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

**License Information**

	LICENSING AUTHORITY (State/Province/Territory)	LICENSE NO.	CLASS	ENDORSEMENT (S)	EXPIRATION DATE
Driver licenses or permits held in the past 3 years					

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, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Certification**

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

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" (i.e. driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e. employment and/or education verification) by **EMPLOYER** ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.jjkeller.com](http://www.jjkeller.com)** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<b>New York applicants only:</b> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly or by checking this box. <input type="checkbox"/> By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.
<b>New York City applicants only:</b> By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.
<b>New York City applicants only:</b> By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.
<b>Minnesota and Oklahoma applicants only:</b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<b>California applicants only:</b> Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law as stated in the Notice Regarding Background Checks per California Law you received. <input type="checkbox"/>

**Note to Residents of New Hampshire, Pennsylvania, Washington, Puerto Rico, and Canadian Provinces — British Columbia, Manitoba, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Prince Edward Islands, Quebec, Saskatchewan, and Yukon:** State specific or Canadian general motor vehicle release forms must be completed and signed prior to obtaining the reports

Employer Name\*: McMahon Transport Group, LLC. ("Employer")

Last Name\*: \_\_\_\_\_ First\*: \_\_\_\_\_ Middle\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_

Address\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**\*Required Information**

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the Fair Credit Reporting Act and applicable state law. J.J. Keller & Associates, Inc. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION

**Employer** ("McMahon Transport Group, LLC.") may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources, including verification of employment, position, duties, eligibility for rehire, salary, attendance, performance, safety record and substance abuse testing records. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

These reports will be obtained by J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877) 564-2333, [www.jjkeller.com](http://www.jjkeller.com).

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

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

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. J. J. Keller & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employees seeking credit reports must provide additional notices pursuant to state law.

*Confidential*

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Employer** ("McMahon Transport Group, LLC.") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your motor vehicle records ("driving records"), criminal history, social security verification, and/or education history.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been obtained about you and to request a copy of your report. The background investigations and driver file evaluations will be conducted by J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877) 564-2333, [www.jjkeller.com](http://www.jjkeller.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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

This document should NOT be construed as legal advice, guidance, or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. J. J. Keller & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

*Confidential*

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

## Consent to Conduct Queries of the FMCSA CDL D&A Clearinghouse

As a condition of and for the duration of my employment with McMahon Transport Group, LLC. ("Company"), I,  
(Company)  
\_\_\_\_\_, do hereby consent to allow "company" and/or its Third Party Administrator, J. J. Keller  
(Driver Name)  
& Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.jjkeller.com](http://www.jjkeller.com) to perform full and limited queries of and to obtain information from the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) about me, including any drug or alcohol violation information about me in the Clearinghouse.

I understand that queries will be conducted at least on an annual basis in accordance with FMCSA regulations.

Additionally, I understand that if I fail or refuse to provide timely consent for a query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

CDL #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FMCSA D&A Testing Clearinghouse Driver Registration Instructions

#### Creating a Login.gov Account

1. Go to <https://clearinghouse.fmcsa.dot.gov/register> and click on "Go to login.gov" to create a login.gov account
2. Click "Create an account"
3. Enter your email address and click submit
4. Check your email and open the email from [no-reply@login.gov](mailto:no-reply@login.gov) with the subject Confirm your email
5. Click Confirm email address
6. Create a password (must be 12 + characters long and "strong enough" to continue), click "Continue"
7. Select an option to authenticate your account (phone via text or call; authentication application; government employee; or I don't have any of the above in which case you will be given 10 backup codes to keep in a secure place)
  - a. Best option is to utilize a cell phone with text first
8. Enter the security code you are sent within 10 minutes in the "One-time security code" box and click submit
9. You will be prompted to set up a second authentication method – repeat steps 7 and 8. You'll only use one method to sign in.
  - a. Best option is to use a land line here
    - i. Note: if you utilize a land line you will need to be next to it to answer and get the code as soon as you click on this option.
10. Click continue and then continue under "You can now sign in to the FMCSA Drug & Alcohol Clearinghouse"

#### Register for Clearinghouse (Start Here if you already have a login.gov account)

1. Login with email and password if you already have a login.gov account: <https://clearinghouse.fmcsa.dot.gov/>
2. Select your role – Driver
3. Enter your contact information and your preferred method of contact (email is advisable as notifications are time-sensitive) and click next
  - a. Note: if you select U.S. Mail you will be asked to confirm this selection
4. Enter CDL information and click verify – this info will be verified against the information in the CDLIS
5. You will receive a "Success! We have verified your CDL information" when it's been verified. Click next
6. Check box to accept terms and conditions and click I Agree
7. Registration Complete