

800 RAILROAD AVENUE
ALBERTVILLE AL 35950
256-878-2928



DRIVER APPLICATION &
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

FULL NAME			CELL PHONE NUMBER		
SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED FOR COMMERCIAL DRIVERS)	CAN YOU PROVIDE PROOF OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EMAIL					
CURRENT ADDRESS	CITY	STATE	ZIP CODE	HOW LONG?	
PREVIOUS ADDRESS (IF CURRENT IS LESS THAN 3 YEARS)	CITY	STATE	ZIP CODE	HOW LONG?	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	HOW LONG?	

EMPLOYMENT DESIRED

POSITION APPLYING FOR		HOW WERE YOU REFERRED?		WHEN CAN YOU START?	
WHEN ARE YOU AVAILABLE TO WORK?	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY				
HAVE YOU EVER APPLIED AT B&G SUPPLY CO., INC. BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, DATE?	HAVE YOU WORKED FOR B&G BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, DATES?
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application

In the event of employment, I understand that false or misleading information given in my application, interviews, or during orientation may result in discharge. I understand that I am required to abide by all rules and regulations of B&G Supply Co., Inc. Initial Here: _____

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 49 CFR § 391.23(d) and (e). I understand I have the right to: Review information provided by 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.

EQUAL OPPORTUNITY EMPLOYER

As an equal opportunity employer, B&G Supply Co., Inc. considers applicants for all positions without regard to race, color, sex, religion, national origin, disability, age height, weight, marital status, sexual orientation, familial status, genetic information or any other characteristic or protected classes as defined by federal, state, or local law.

Applicant Signature

Date

EMPLOYMENT HISTORY (START WITH YOUR PRESENT OR LAST JOB.)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate 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 as necessary.)

1	EMPLOYER NAME		PHONE NUMBER		CONTACT PERSON	
	ADDRESS			CITY	STATE	ZIP CODE
	DATE EMPLOYED FROM	DATE EMPLOYED TO	REASON FOR LEAVING	POSITION HELD		
	WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

2	EMPLOYER NAME		PHONE NUMBER		CONTACT PERSON	
	ADDRESS			CITY	STATE	ZIP CODE
	DATE EMPLOYED FROM	DATE EMPLOYED TO	REASON FOR LEAVING	POSITION HELD		
	WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

3	EMPLOYER NAME		PHONE NUMBER		CONTACT PERSON	
	ADDRESS			CITY	STATE	ZIP CODE
	DATE EMPLOYED FROM	DATE EMPLOYED TO	REASON FOR LEAVING	POSITION HELD		
	WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

4	EMPLOYER NAME		PHONE NUMBER		CONTACT PERSON	
	ADDRESS			CITY	STATE	ZIP CODE
	DATE EMPLOYED FROM	DATE EMPLOYED TO	REASON FOR LEAVING	POSITION HELD		
	WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

5	EMPLOYER NAME		PHONE NUMBER		CONTACT PERSON	
	ADDRESS			CITY	STATE	ZIP CODE
	DATE EMPLOYED FROM	DATE EMPLOYED TO	REASON FOR LEAVING	POSITION HELD		
	WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	WERE THERE FATALITIES	WERE THERE INJURIES	HAZARDOUSE MATERIAL SPILL
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3		<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 FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATE	LOCATION	CHARGE	PENALTY
1			
2			
3			

DRIVER EXPERIENCE AND QUALIFICATION (LIST ALL LICENSE OR PERMITS HELD IN THE LAST THREE YEARS)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
1				
2				
3				
4				

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

IF YES, GIVE DETAILS:

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, GIVE DETAILS:

CLASS OF EQUIPMENT	CIRCLE TYPE	DATE FROM	DATE TO	TOTAL MILES
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REEFER		
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REEFER		
TRACTOR – TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REEFER		
TRACTOR – THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REEFER		
MOTORCOACH – SCHOOL BUS MORE THAN 8 PASSENGERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTORCOACH – SCHOOL BUS MORE THAN 15 PASSENGERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER:				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:

LIST ANY SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST ANY SAFE DRIVING AWARDS YOU HAVE RECEIVED:

OTHER EXPERIENCE AND QUALIFICATIONS

LIST ANY OTHER EXPERIENCE THAT MAY YOU:
LIST ANY COURSES OR TRAINING NOT SHOWN ELSEWHERE:
LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH NOT SHOWN ELSEWHERE

GENERAL INFORMATION

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, EXPLAIN.	
HAVE YOU EVER BEEN BONDED? (ANSWER ONLY IF JOB REQUIREMENT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF BONDING COMPANY	

ARE YOU A VETERAN OF THE U.S MILITARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT BRANCH?	
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EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

ELEMENTARY: 1 2 3 4 5 6 7 8	HIGH SCHOOL: 1 2 3 4	COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED:		CITY, STATE:

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN IF YOU WISH	

APPLICANT'S STATEMENT

I certify that this application was completed by me and that all entries given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of B&G Supply Co., Inc.

Applicant Signature

Date Submitted

INTERNAL USE ONLY

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Mitchell Grocery
 550 Railroad Avenue
 PO Box 370
 Albertville AL 35950
 256-878-4211
 Fax 256-878-1527

B & G Supply Co., Inc.
 800 Railroad Ave
 PO Box 748
 Albertville AL 35950
 256-878-2928
 Fax 256-878-1527



DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

SECTION I: TO BE COMPLETED AND SIGNED BY THE EMPLOYEE AND TRANSMITTED TO THE PREVIOUS EMPLOYER.

Printed Employee Name: _____ SSN: _____

In accordance with DOT Regulation 49 CFR §391.23, I hereby authorize you to release the following information to **B & G Supply Co., Inc** and/or **Mitchell Grocery Corp** for purposes of investigation in compliance with and as required by § 391.23(g)(1), § 391.23(e), § 40.25(b), § 382.413, § 40.321(b) and § 382.4059(f) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

 Employee Signature Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Is this a Corrected Copy? If so, it replaces response dated: _____

Company Name: _____ Phone: _____ Fax: _____

Date Employment Began: _____ Date Employment Ended: _____

DOT Regulated Driver Non-DOT Regulated Driver

Equipment Operated: Tractor Trailer Straight Other _____
 Flatbed Van Tank Other _____

Number of States Traveled: _____ Types of Commodities Hauled: _____

Did this driver keep accurate and up to date logs? Yes No Resigned Discharged Laid Off

Eligible for Rehire? Yes No Please Explain: _____

Additional Remarks: _____

ACCIDENT RECORD FOR PAST 3 YEARS IF NONE, WRITE NONE

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	WERE THERE FATALITIES	WERE THERE INJURIES	HAZARDOUS MATERIAL SPILL
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DRUG AND ALCOHOL TESTING

Drug and Alcohol Testing Information For The Previous Three (3) Years

- 1. Was this person employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR § 40? If no, sign below and return this form. YES NO

- 2. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO

- 3. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO

- 4. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO

- 5. Has this person committed other violations of Subpart B of § 382, or § 40? YES NO

- 6. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES NO

- 7. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Any other remarks? _____

Completed By

Printed Name: _____ Title: _____ Date: _____

Authorized Signature

Failure to furnish information as required by 49 CFR § 382.405(f) and § 382.413 is a violation of DOT regulations and may result in a fine and or civil liability.

Internal Use Only

**FMCSA NOTIFICATION OF DRIVER'S RIGHTS
PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION § 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with § 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR § 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. 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.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Printed Name: _____

Signature: _____

Date: _____



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

I hereby provide consent to B & G Supply Co., Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse as part of B & G Supply Co., Inc. pre-employment driver investigation and least annually while I am employed with B & G Supply Co., Inc.

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

I further understand that if I refuse to provide consent for B & G Supply Co., Inc to conduct a limited query of the Clearinghouse, B & G Supply Co., Inc must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Printed Name: _____

Signature: _____

Date: _____



**Previous Pre-Employment Employee
Alcohol and Drug Test Statement**

§ 40.25(j)

As the employer, you must also ask the employee 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 testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

The prospective employee is required by § 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 and 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 last two years? YES NO

2. If you answered yes, can you provide/obtain proof that you have successfully completed the DOR return to duty requirements? YES NO

I certify that the information provided on this document is true and correct.

Printed Name: _____

Signature: _____

Date: _____



**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in § 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in § 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: § 383 and § 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1. POSSES ONLY ONE LICENSE:

You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATIONS:

§ 391.15(b)(2) and § 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, § 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. **THE NOTIFICATION MUST BE IN WRITING.**

3. CDL DOMICILE REQUIREMENT:

§ 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

Driver's License Number: _____

The following license is the only one I possess:

State: _____

Expiration: _____

I certify that I have read and understood the above requirements.

Printed Name: _____

Signature: _____

Date: _____



IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with B & G Supply Co., 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 B & G Supply Co., 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.

Printed Name: _____

Signature: _____

Date: _____





TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: _____
Company Contact Name: _____
Fax #: (_____) _____ - _____
HireRight Account Code: _____

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 as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (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: _____

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act"; and the separate "Additional State Law Notices" that have been provided to me by B&G Supply Co., Inc. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to B&G Supply Co., Inc. and its designated representatives and agents, for the purpose of assisting B&G Supply Co., Inc. in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if B&G Supply Co., Inc. hires me or contracts for my services, my consent will apply, and B&G Supply Co., Inc. may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if B&G Supply Co., Inc. obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials, and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied, or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

California, Minnesota, or Oklahoma consumers: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by B&G Supply Co., Inc.

Authorization

I hereby authorize B&G Supply Co., Inc. to obtain the consumer reports described above about me.

Printed Name: _____

Signature: _____

Date: _____



Additional State Law Notices

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for B&G Supply Co., Inc. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to B&G Supply Co., Inc., you have the right to know whether B&G Supply Co., Inc. requested an investigative consumer report about you and, upon written request to B&G Supply Co., Inc., you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report B&G Supply Co., Inc. ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by B&G Supply Co., Inc., whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report B&G Supply Co., Inc. requested about you.

NEW YORK: You have the right, upon written request to B&G Supply Co., Inc., to be informed of whether or not B&G Supply Co., Inc. requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by B&G Supply Co., Inc. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If B&G Supply Co., Inc. requests an investigative consumer report, you have the right, upon written request made to B&G Supply Co., Inc. within a reasonable period of time after your receipt of this disclosure, to receive from B&G Supply Co., Inc. a complete and accurate disclosure of the nature and scope of the investigation requested by B&G Supply Co., Inc. You are entitled to this disclosure within 5 days after the date your request is received or B&G Supply Co., Inc. ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS
REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

B & G Supply Co., Inc. may request an investigative consumer report about you from HireRight, LLC (“HireRight”), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (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 which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Ongoing Authorization:

If B&G Supply Co., Inc. hires you or contracts for your services, B&G Supply Co., Inc. may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the “Additional State Law Notices” for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active-duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>