

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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

Drivers License#: _____

DL Expiration Date: _____ ST: _____

Currently Employed by: _____

Applying for (Check one) Sand O.T.R.Flat Local

Date of Birth: ____/____/____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

GREAT LAKES INSURANCE ASSOCIATES COMMERCIAL DRIVER QUESTIONNAIRE

Please fax to: (814) 454-4898

1. POLICYHOLDER'S NAME Barnhart Transportation LLC		POLICY NUMBER	
DRIVER INFORMATION	2. DRIVER'S FIRST NAME	MIDDLE INITIAL	LAST NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	LICENSE NUMBER	STATE	PRIOR STATE AND OPERATOR'S NUMBER IF LESS THAN 3 YEARS
	COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE HIRED	JOB TITLE
		DRIVER'S AUTO INSURANCE COMPANY	DATE OF BIRTH
		SOCIAL SECURITY NUMBER	
		HOME PHONE NUMBER	

3. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in space provided.

Has Driver:	YES	NO	Details for "Yes" answers:
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years? OHIO ONLY: Had any auto insurance refused, cancelled or expired for:	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Material misrepresentation in application or in submission of claims?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Been required to file evidence of financial responsibility in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Received a ticket for speeding, a PBJ (PJC in NC) or any other vehicle code violation within the past 5 years? (If "Yes," give date and description of violation(s). If speeding, include your actual speed and speed limit.)	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Ever receive any felony convictions? Give date, description and penalty.	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(h) FOR MD ONLY: Refused to submit to chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(i) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years? Describe all accidents regardless of who was at fault under No. 8 below.	<input type="checkbox"/>	<input type="checkbox"/>	
<small>(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c), (d), (g), (h) & (i), ask for 3 year record only.)</small>			
<small>(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.)</small>			
<small>(NOTE FOR WI ONLY: Question 3(f) not applicable.)</small>			

4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed

5. Does driver take home any company autos on a regular basis? Yes No If yes, what vehicle(s)

6. Does driver have any restrictions on license? Yes No If yes, what are the restrictions?

7. Were MVRs/CLUEs ordered on any/all drivers? Yes No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION

#yrs. of experience →

AGENT: Do you consider this an acceptable risk?

Agent's Signature

DC APPLICANT(S) PLEASE READ	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
OHIO APPLICANT(S) PLEASE READ	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
NY APPLICANT(S) PLEASE READ (Fraud Warning)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
PA APPLICANT(S) PLEASE READ	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
VA APPLICANT(S) PLEASE READ	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
OTHER APPLICANT(S) PLEASE READ	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.
COMMERCIAL DRIVER SIGNATURE	I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy. DRIVER'S SIGNATURE <i>X</i> Date
POLICYHOLDER SIGNATURE	POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE _____ Title _____ Date



Driver Qualifications

All the following items must be true for a new applicant to qualify for employment at Barnhart Transportation, LLC.

- ❖ Must meet all Federal Motor Carrier Safety Regulations
- ❖ A valid Class A Commercial Drivers License with proper endorsements from state of residence
- ❖ 24 years of age or older with a minimum of (3) years continuous driving experience.
- ❖ Current license NO suspension/revocation
- ❖ Moving Violations
 - No more than two (2) moving violations in the past three (3) years
 - No more than one (1) moving violations in the past twelve (12) months.

- ❖ The following items immediately disqualify any new applicant from employment at Barnhart Transportation, LLC
 - Any serious traffic violations in the past three (3) years which includes the following
 - Reckless/careless driving
 - Hit and Run
 - Leaving the scene of an accident
 - Failure to report an accident
 - Speed \geq 15 miles over posted limit
 - Erratic/improper lane changes
 - Following too closely
 - Disregard stoplight and/or sign or any other traffic control device

 - No offenses for driving while intoxicated/under the influence EVER
 - Any preventable DOT recordable accidents within the past three (3) years
 - More than one (1) non-preventable accident while operating a commercial motor vehicle in the last three years
 - Any preventable accidents while operating a commercial motor vehicle resulting in a fatality (lifetime)
 - Any Logbook Falsification within two (2) years (that put driver out of service)
 - Two (2) offenses within (2) years of Fatigued Driving or HOS violations where you exceeded your 14 hour shift time or driving time of 11 hours within 24 month period (that put driver Out Of Service)
 - Failing any pre employment screening for drugs/alcohol

Barnhart Transportation, LLC

**- 8% YghAUjFclK
North East, PA 16428**

DATE OF APPLICATION: ___/___/___

APPLICATION

COMPANY Barnhart Transportation, LLC
ADDRESS 9251 West Main Road
CITY North East, STATE PA, ZIP 16428

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

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 also understand that 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

Applicant Signature: X Date ___/___/___

DRIVER NAME _____ (LAST) (FIRST) (MIDDLE)
ADDRESS _____
CITY _____, STATE _____, ZIP _____
TELEPHONE NUMBER (_____) _____ - _____ CELL PHONE NUMBER (_____) _____ - _____
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ____-____-_____

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____ CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____ CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____ CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

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

SECOND LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

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

THIRD LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

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

* 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE: _____ NUMBER: _____ EXPIRATION DATE: ____/____/____
 STATE: _____ NUMBER: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ. MAT. SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u>
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	____-____ or ____-____	_____
TRACTOR & SEMI TRAILER	_____	____-____ or ____-____	_____
OTHER	_____	____-____ or ____-____	_____

LIST COMMODITIES HAULED: _____

EDUCATION

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

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

IN CASE OF EMERGENCY, CONTACT: _____ (____) _____
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

X _____
Applicant Signature

____/____/____
Date

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

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

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

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

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____

JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

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

* 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 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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