

PSP DISCLOSURE AND AUTHORIZATION FORM

In connection with your application for employment with KINCAID READY MIX. ("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.

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AUTHORIZATION

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

I authorize KINCAID READY MIX (“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 and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

Kincaid Ready Mix
Consent Form
For
KRM to Obtain Employee Motor Vehicle Record

Due to the requirements of our insurance carrier, Kincaid Ready Mix will need to obtain a motor vehicle report once each year (at the time of our insurance renewal) on **any** employee who drives **any** company vehicle (and on each new employee/applicant). This information will be sent to our insurance carrier for underwriting purposes.

We will also need to obtain a copy of your driver's license to make sure we accurately enter your information when we request your motor vehicle report. The service we use to obtain these reports also requires that we enter your social security number.

Please complete the information below and then sign and date this form as your authorization for Kincaid Ready Mix to obtain your motor vehicle record.

Employee Name

Employee Date of Birth

Employee Drivers License Number

State of Issue for License

Employee Social Security Number

Employee Signature

Date

APPLICATION FOR EMPLOYMENT

Kincaid Ready Mix

P O Box 520 * Olathe, KS 66051
913-788-3165 * 913-764-7700

Name _____
(first) (middle) (maiden) (last) (date)

Address _____
(street) (city) (state & zip code)

How long at this residence _____ Phone _____

Social Security _____ Date of Birth _____

Address For past three years

(street) (city) (state & zip code)

(street) (city) (state & zip code)
Attach sheet if more space is needed

Driver Experience and Qualifications

Driver Licenses

State	License #	Type	Expiration Date

Driving Experience

	Class	Type (van, tank, flat, etc)	From date	To date	Approx no of miles (total)
<i>Straight Truck</i>					
<i>Tractor / semi-trailer</i>					
<i>Tractor / two trailers</i>					
<i>Other</i>					

Accident record for past 3 years or more (attach sheet if more space is needed)

	Date	Nature of accident (head-on, rear-end, upset, etc...)	Fatalities	Injuries
Last accident				
Next previous				
Next previous				

Traffic Convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Previous Employment Record

DOT requires that employment for the last 3 years and/or Commercial Driving Experience (if operating a vehicle of 26,001 lbs or more) for the past 10 years be shown.

*Please fill out or answer ALL questions. If not complete we cannot process your application.
(Attach additional pages if necessary)*

Last Employer: _____

Address _____
(street) (city) (state & zip code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes** **No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes** **No**

Second Last Employer: _____

Address _____
(street) (city) (state & zip code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes** **No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes** **No**

Third Employer: _____

Address _____
(street) (city) (state & zip code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes** **No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes** **No**

Fourth Employer: _____

Address _____
(street) (city) (state & zip code)

Phone _____ fax _____

Position Held _____ from _____ to _____ salary _____

Reason(s) for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? **Yes** **No**

Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes** **No**

- 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 _____
- C. In the previous 3 years, have you tested positive, or refused to take a pre-employment drug and/or Alcohol test administered by a prospective employer regardless of if you were hired or not?
Yes _____ No _____

If the answer to A, B or C is yes, attach statement giving details:

To be read and signed by applicant

"I hereby authorize any and all schools, former employers, references, motor vehicle reports, courts and any others who have information about me to provide such information to Kincaid Ready Mix and/ or any of its representatives, agents or vendors. I release all parties involved from any and all liability for any and all damage that may result from providing such information."

This certifies that I have read in its entirety and completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's signature

Date

Due Process Rights

As a driver applicant, you have the right to:

- Review information provided by previous employers (CFR 391.23(i)(2));
- 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 (CFR 391.23(j)(1)(3)); and
- 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 (CFR391.23(j)(3)).

This certifies that I have read the driver applicant Due Process Right.

Applicant's signature

Date

Kincaid Ready Mix

P O Box 520
Olathe, KS 66051
Phone - 913-788-3165
Fax - 913-788-0001

Locations: Olathe, KS 913-764-7700 * Kansas City, KS 913-788-3165 * Paola, KS 913-764-7700

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Kincaid Ready Mix for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____ Applicant's Signature _____

NAME AND ADDRESSES OF PREVIOUS EMPLOYERS:

THIS FORM WAS (check appropriated box)

Mailed, Date _____

Faxed, Date, Fax # _____

Received by Phone, Date _____

Name of Person, Contacted _____

Dear Sir/Madam,

The below named individual has made application to Kincaid Ready Mix for a position as a **DRIVER** and states that he/she was employed by you as _____ from (month/year) _____ to (month/year) _____ We appreciate your time in completing, in confidence, the information below.

Name of Applicant: _____ Social Security # _____

Employed from (month/year) _____ to (month/year) _____ as _____ at a wage or salary of _____

Did he/she drive a motor vehicle for you? (Yes) (No). Type of vehicle driven _____

Was he/she a safe and efficient driver? (Yes) (No). Reason for leaving your employ:

Discharged

Resignation

Layoff

Military Duty

Was his/her general conduct satisfactory? (Yes) (No) Remarks _____

UNDER REQUIREMENTS AND PROVISIONS OF §40.25 AND §382.405(f) and (h)

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

Under Department of Transportation testing requirements, in the 2 years preceding the date the applicant signed this form:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?
(Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under Part 40.25 or other applicable DOT agency regulations.

Name: _____ Phone: _____

Company: _____

Address: _____

Completed by (Signature) _____ Date: _____

This form was (check one)

Faxed to previous employer

Mailed

Date _____

Complete below when information is obtained:

Information received from: _____

Recorded by: _____

Fax

Mail

Date: _____