

# Diversified Waste Management, Inc

13511 Hillside Road  
Amarillo, Texas 79124

## DRIVER EMPLOYMENT APPLICATION

(Answer **all** questions. Fill in **all** shaded areas -Please PRINT)

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

Application Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First MI

Date of Birth (Required for Truck/Bus Drivers): \_\_\_\_\_

*Must list all addresses for the past 3 years:*

Current Address: \_\_\_\_\_  
Street City  
State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City  
State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

## EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL license) in intrastate or interstate commerce, **you must also provide an additional 7 years information** on those employers for whom you worked as a driver operating a commercial motor vehicle.

**In other words. If you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)**

CURRENT OR LAST EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip : _____	Salary/Wage: _____
Contact Person: _____ Phone No. _____	Reason for leaving: _____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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Yes / No

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Yes / No

**Please continue employment record on next page**

Diversified Waste Management, Inc

13511 Indian Hill RD

Amarillo, TX 79124[Type here]

## EMPLOYMENT HISTORY

**Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.**

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide *an additional 7 years* information on those employers for whom you worked as a driver operating a commercial motor vehicle.

**In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)**

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Name: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip : _____	Salary/Wage: _____
Contact Person: _____ Phone No. _____	Reason for leaving: _____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

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Address: _____	Position Held: _____
City: _____ State: _____ Zip : _____	Salary/Wage: _____
Contact Person: _____ Phone No. _____	Reason for leaving: _____

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Yes / No

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Yes / No

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Address: _____	Position Held: _____
City: _____ State: _____ Zip : _____	Salary/Wage: _____
Contact Person: _____ Phone No. _____	Reason for leaving: _____

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

## EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

ACCIDENT RECORD FOR THE PAST 7 YEARS

If none, write "none". Attach additional sheets if more space is required.

DATES	NATURE OF ACCIDENT <small>(HEAD-ON, REAR-END, UPSIDE JACK-KNIFE, ETC.)</small>	FATALITIES		INJURIES		CHARGEABLE		✓ If You Can Provide Documentation
		YES	NO	YES	NO	YES	NO	
Last Accident		YES	NO	YES	NO	YES	NO	
Next Previous		YES	NO	YES	NO	YES	NO	
Next Previous		YES	NO	YES	NO	YES	NO	
Next Previous		YES	NO	YES	NO	YES	NO	

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE LAST 7 YEARS, (OTHER THAN PARKING VIOLATIONS).

If none, write "none", (attach additional sheets if more space is required).

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES    NO

Have you ever had any license, permit or privilege suspended or revoked? YES    NO

Have you ever been convicted of a felony? YES    NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", GIVE THE DETAILS.

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DRIVING EXPERIENCE (IF NONE, WRITE "NONE")

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE (MONTHS & YEARS)
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK	
	VAC TRUCK	
TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TRAILER	
	FLAT BED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
	TRIPLES	
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	STRAIGHT COMMERCIAL DOUBLE	
	TRIPLE	
OTHER NOT LISTED		

# Diversified Waste Management, Inc.

13511 Indian Hill Rd  
Amarillo, TX 79124

## TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, the applicant, and that all entries on it and the information contained in this application, are true and complete to the best of my knowledge.

I authorize **Diversified Waste Management, Inc** to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I authorize Diversified Waste Management, Inc 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 years. I understand and acknowledge 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 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 Data Qs system to the appropriate State for adjudication.

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.

In the event of employment, I further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by **Diversified Waste Management, Inc** to abide by all the rules and regulations of the company and all Federal/state agency. This includes all mandatory safety meetings/training meetings.

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Applicant's Signature

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Date

Diversified Waste Management, Inc

13511 Indian Hill RD

Amarillo, TX 79124[Type here]

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Diversified Waste Management, 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 Diversified Waste Management, 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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

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

*LAST UPDATED 2/11/2016*



# HIRE RIGHT

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

I, \_\_\_\_\_ (Driver Name),  
hereby provide consent to:

**Diversified Waste Management, Inc.** ("Company"), through its C/TPA HireRight, LLC, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (the "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. If Company hires me, Company may conduct unlimited additional limited queries of the Clearinghouse for the duration of my employment.

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

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

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Driver 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
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Drivers  
only*

By signing below, I certify that: (i) all information provided is true and correct; (ii) I understand this Part I disclosure and authorization for release of information and any applicable state law notices; (iii) prior to signing I asked and had all my questions answered to my satisfaction; (iv) I execute this authorization in full knowledge and understanding that the information provided could be used for the purpose stated; (v) I understand I may review this document and request a copy of the original or photographic copies of this authorization are as valid as an original.

and fully  
 Driver Rights  
 have those  
 the  
 tion or other  
 simile or

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

## Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

Diversified Waste Management, Inc.

13511 Indian Hill Rd., Amarillo, Texas 79124

### Motor Vehicle Driver's Certification (49 CFR 391.27)

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READ THE INSTRUCTIONS BELOW FIRST, PLEASE.

Drivers Name: (print) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date of Conviction	Offense	Location	Type of vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### INSTRUCTIONS:

I certify that the above is a true and complete list of all traffic violations for which I have been convicted or forfeited bond or collateral **during the past 12 months**.

If none are listed, I certify that I have not been convicted or forfeited bond on any traffic violations in the past 12 months. **Write NONE** under Date of Conviction in the form above.

Drivers Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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#### ANNUAL REVIEW BY EMPLOYER (49CFR 391.25)

I certify that due consideration has been give to the information contained in the drivers files and to the best of my knowledge, the driver is found to be qualified to continue as a driver of commercial motor vehicles operated by Diversified Waste Management, Inc.

Reviewers name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

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

# Diversified Waste Management, Inc.

## DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

### Disclosure

Diversified Waste Management, Inc. (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

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.

### Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

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

**PLEASE PROCEED TO THE NEXT DOCUMENT**

# Diversified Waste Management, Inc

13511 Indian Hill Road

Amarillo, TX 79124

## Driver Safety Performance History

### Applicant Rights

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements Diversified Waste Management, Inc is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that Diversified Waste Management, Inc receives from your previous employer. These rights include:

1. The right to review the information provided to Diversified Waste Management Inc by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to Diversified Waste Management, Inc corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to Diversified Waste Management, Inc by a previous employer.
4. The right to review the information within provided to Diversified Waste Management, Inc within 30 days of employment (or within 30 days from the date that employment is denied based on information received) Diversified Waste Management, Inc will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and understand my rights as prescribed by 49 CFR Part 391.

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

## Diversified Waste Management, Inc.

HireRight, Inc. will be verifying the information you provided to Diversified Waste Management, Inc. during the pre-employment process and researching background information at our request. Our objective is to complete this process quickly. Please make every effort to accurately provide all of the information requested on the application. A HireRight associate may contact you for additional information during the verification process. Please return the associate's call or e-mail promptly to help ensure that your application is processed as quickly as possible.

Thank you,

The Diversified Waste Management, Inc  
Recruiting Team



## Driver Safety Performance History

### Records/Information Request Authorization

The Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391.23 require that information regarding my Safety Performance History be provided to prospective employers for the preceding three (3) years.

This record is my official request for the documentation to be released on behalf of my prospective employer:

To: Previous Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

From: Applicant: \_\_\_\_\_

Social Security Number \_\_\_\_\_

I request this information be requested in the manner identified below: (check one)

Send the information to the address below within five (5) business days via mail \_\_\_\_\_

FAX the information to the number provided below within five (5) business days \_\_\_\_\_

Send the information via e-mail to brandon@diversifiedwaste.net (???) \_\_\_\_\_

Information should be sent to th

Diversified Waste Managen

13511 Indian Hill Rc

Amarillo, Texas 7912

Phone 806-371-0120, Fax 806-X

*ONE sheet FOR  
each previous  
employer*





## Driver Safety Performance History Information Request

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In accordance with the requirements of the Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391.3882 and 40, please provide the following information regarding my Safety Performance History:

Driver name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ (MO/YR) To \_\_\_\_\_ (MO/YR)

Did applicant drive a commercial vehicle while employed by you? Yes \_\_\_ No \_\_\_

Type of vehicle driven: Straight truck \_\_\_ Tractor-Semi-Trailer \_\_\_

Type of trailer pulled: Van \_\_\_ Reefer \_\_\_ Flat Bed/ \_\_\_ Tanker \_\_\_ Other \_\_\_

Length of trailer pulled: \_\_\_\_\_

How many states did the applicant drive in: \_\_\_\_\_ (estimate)

Reason for leaving your employment: Resignation \_\_\_ Layoff \_\_\_ Military Duty \_\_\_

Voluntary Quit \_\_\_ Violation of Company Policy \_\_\_ Discharge \_\_\_

Reason for Discharge: \_\_\_\_\_

Is Applicant eligible for rehire: \_\_\_\_\_

Please list all DOT Recordable Accident (as defined in 49 CFR Part 30.15 (b) in a vehicle over 10,001 lbs. in which the applicant was involve for a period of three (3) years back:

Date	Location	Type of Accident	Injuries?	Fatalities?	Towed?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



# Driver Safety Performance History Information Request

## Drug and Alcohol History for the Prior Three (3) Years

Please provide any information for the applicant while in your employ or that you have obtained from previous employers under the requirements of 49 CFR Part 391

1. Has the applicant refused alcohol testing required by DOT rules? Yes \_\_\_ No \_\_\_
2. Has applicant tested positive, adulterated, or substituted a drug testing specimen while employed by your company? Yes \_\_\_ No \_\_\_
3. Has applicant had an alcohol test result of >.04 during your employ? Yes \_\_\_ No \_\_\_
4. If yes to #2 or #3 above, was the applicant referred for SAP evaluation? Yes \_\_\_ No \_\_\_  
\*\* Do you know if SAP program was successfully completed? Not sure \_\_\_ Yes \_\_\_ No \_\_\_
5. Has applicant committed other violation of DOT drug or alcohol testing rules of which you are aware? Yes \_\_\_ No \_\_\_

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the information under the requirements of 49 CFR Part 391 that became effective 10/30/2004

Signature of Applicant: \_\_\_\_\_ Print Driver Name \_\_\_\_\_  
SS number: \_\_\_\_\_ Date: \_\_\_\_\_

### Previous Employer Safety Performance History provided by:

Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Information provided by: Print name \_\_\_\_\_ Signature \_\_\_\_\_

I provided the above information in the following manner: (check one)

- I sent the information within five (5) business days via US Mail \_\_\_\_\_  
I Faxed the information within five (5) business days of receipt. \_\_\_\_\_  
I provided a copy of this information directly to the applicant  
who picked up the information personally at our office. \_\_\_\_\_

## 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 the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://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](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness 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](http://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 the 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](http://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 1-888-567-8688.
- 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](http://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:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:  a. National banks, federal savings associations and federal branches and federal agencies of foreign banks  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  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480  c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106  d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board

	Department of Transportation 445 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to Public Law 104-191	Near East Packers and Stockyards Administration Area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 400 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission; Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357