



## Driver Application Packet

### COMMERCIAL TRUCK DRIVER

*Position Description and Requirements*

#### RESPONSIBILITIES INCLUDE, But noLimited to:

- The safe operation of commercial motor vehicles and equipment;
- Driving commercial motor vehicles pulling equipment ranging in length from forty-five (45) to fifty-three (53) feet in length, for several consecutive hours (usually no more than five) with occasional stops to load or unload and perform routine service tasks associated with the job;
- Inspecting trucks before and after trips and submitting reports as required;
- Maintaining Driver Daily Logs in accordance with FMCSR 395;
- Maintaining other paperwork as required by Dakota Utility Contractors, Inc. or its customers;
- Communicating with Dakota fleet management, staff, and customers; in person and by telephone;

#### PHYSICAL REQUIREMENTS

- Must be able to regularly climb up into and down out of roll-off tractors/end dumps/containers/tanks/flatbeds, etc.;
- Must be able to raise and lower trailer landing gear by operating hand crank mechanisms in all types of weather conditions; fastening chains or binders to secure loads on trailers during transit.
- Must be able to walk, bend, reach, push, pull, stoop and squat as well as grip, and lift seventy-five (75) lbs. to the waist and forty-two (42) lbs. overhead if necessary during the loading or unloading process.
- Must be able to walk, bend, reach push, pull and climb, as necessary, to perform vehicle inspections required by FMCSR Section 396.13.

Printed Name:	
Last four of Social Security No:	

*I have read and understand all of the above and can perform all of the listed duties without accommodation.*

Driver Applicant Signature: \_\_\_\_\_

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

This packet must be completed in its entirety. Incomplete applications will not be reviewed or considered. This packet is created for individuals applying for employment or contract work through Dakota Utility Contractors Inc..

Applicant date of Birth (required) \_\_\_\_\_

Position Applying for: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ How long? \_\_\_\_\_  
 Street Address City State Zip  
 Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

Address: \_\_\_\_\_ How long? \_\_\_\_\_  
 Street Address City State Zip  
 Address: \_\_\_\_\_ How long? \_\_\_\_\_  
 Street Address City State Zip  
 Address: \_\_\_\_\_ How long? \_\_\_\_\_  
 Street Address City State Zip

If hired, can you present evidence of U.S. citizenship or proof of your legal right to work in the U.S.? Y ☐ N ☐  
 Have you even been denied a license, permit or privilege to operate a motor vehicle? Y ☐ N ☐  
 Has any license, permit or privilege been suspended or revoked? Y ☐ N ☐  
 Have you ever been stopped while intoxicated? Y ☐ N ☐  
 Have you ever used illegal drugs (including marijuana)? If yes, when was the last time? Y ☐ N ☐  
 Have you ever been convicted for possession or sale, or use of a narcotic drug, amphetamine or derivative thereof? Y ☐ N ☐  
 Have you ever been convicted of a criminal offense? (a conviction will not necessarily disqualify you from employment) Y ☐ N ☐  
 Do you currently have any criminal actions pending in which you are a defendant? (a "yes" will not necessarily disqualify you from employment) Y ☐ N ☐  
 Are you currently on probation or parole status? (a "yes" will not necessarily disqualify you from employment) Y ☐ N ☐  
 Have you ever tested positive or refused to test on any pre-employment drug test administered by an employer for a safety-sensitive transportation position covered by the Department of Transportation (DOT) drug and alcohol testing rules during the past two years? Y ☐ N ☐  
 Have you ever applied or worked for this company? Y ☐ N ☐ If yes, when? \_\_\_\_\_

If you answered yes to any of the above, please attach a statement providing details for consideration.

Is there any reason you may not be able to perform the essential functions of the job you are applying for? Y ☐ N ☐

If yes, please explain:

**MILITARY STATUS**

Have you served in the U.S. Armed Forces? Y ☐ N ☐ Branch: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Honorable discharge? Y ☐ N ☐ If no, please explain circumstances: \_\_\_\_\_

Duties:

**EDUCATION**

High School: \_\_\_\_\_ City/State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ Y ☐ N Degree: \_\_\_\_\_  
 College: \_\_\_\_\_ City/State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ Y ☐ N Degree: \_\_\_\_\_  
 Other: \_\_\_\_\_ City/State: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ Y ☐ N Degree: \_\_\_\_\_

**REFERENCES (provide 3 professional references)**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Must provide full and part time employment history for the past 10 years. Attach a separate page if necessary. List in reverse order, starting with most recent)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Equipment Driven: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact this Employer? ☐ Y ☐ N Were you subject to the FMCRs while employed? ☐ Y ☐ N  
 Was this designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? ☐ Y ☐ N

**Employer 2**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Equipment Driven: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact this Employer? ☐ Y ☐ N Were you subject to the FMCRs while employed? ☐ Y ☐ N  
 Was this designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? ☐ Y ☐ N

**Employer 3**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Equipment Driven: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this Employer? ☐ Y ☐ N Were you subject to the FMCRs while employed? ☐ Y ☐ N

Was this designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? ☐ Y ☐ N

**Employer 4**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Equipment Driven: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this Employer? ☐ Y ☐ N Were you subject to the FMCRs while employed? ☐ Y ☐ N

Was this designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? ☐ Y ☐ N

**Employer 5**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Equipment Driven: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this Employer? ☐ Y ☐ N Were you subject to the FMCRs while employed? ☐ Y ☐ N

Was this designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? ☐ Y ☐ N

**Employer 6**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Equipment Driven: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this Employer? ☐ Y ☐ N Were you subject to the FMCRs while employed? ☐ Y ☐ N

Was this designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFT part 40? ☐ Y ☐ N

DRIVING EXPERIENCE				
Equipment Class	Type of Equipment (van, tank, flat)	From	To	Approximate # of miles
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR AND TWO TRAILERS				
TANKER				
OTHER				

LICENSES (List all Drivers Licenses held the past 5 years. Copy of a valid DL or CDL must be attached to be considered)				
Driver's License Number	State Issued	Type	Endorsements	Expiration Date

TRAFFIC CONVICTIONS (List all except parking citations in the past 5 years. If none, write NONE)				
Date	Location	Type	Charge	Penalty

ACCIDENTS (List all accidents involving commercial or personal vehicles, and any involving property damage in the past 5 years. If none, write NONE)					
Date/ Type of Vehicle	Nature of Accident (head on, rear end, etc.)	Preventable or Non-Preventable	Fatalities	Injuries	Damages

STATES OF OPERATION (List all states you have operated a motor vehicle in the past 5 years)

DISCLAIMER & SIGNATURE

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

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

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by \_\_\_\_\_ ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer. ☐

## PLEASE COMPLETE ALL FIELDS BELOW

Last Name First Name Middle Name check box if no middle name ☐

Social Security Number\* ###-##-####

Date of Birth\* month/date/year

Email Address required

Driver's License Number

Issuing State\*

Former Names/Aliases separate aliases with comma

### CURRENT ADDRESS

### FORMER EMPLOYER

Street

Apt/Unit

Company

City, State

City

State

Zip

Position

Dates of Employment

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

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

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564;** [www.verifiedfirst.com](http://www.verifiedfirst.com). The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

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

[End of Document]  
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## DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

**Dakota Utility Contractors, Inc.** to which you have applied for employment, may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

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



## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, DC 20552.

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](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 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 1-888-5-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](http://www.consumerfinance.gov/learnmore).

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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 223 14</p>
3. Air carriers	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590</p>
4. Creditors Subject to the Surface Transportation Board	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200, Washington, DC 20416</p>
7. Brokers and Dealers	<p>Securities and Exchange Commission 100 F Street, N.E., Washington, DC 20549</p>
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	<p>Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090</p>
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W., Washington, DC 20580 (877) 382-4357</p>

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **Remedying the Effects of Identity Theft**

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

1. **You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft.** A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1-800-525-6285; [www.equifax.com](http://www.equifax.com)
- Experian: 1-888-397-3742; [www.experian.com](http://www.experian.com)
- TransUnion: 1-800-680-7289; [www.transunion.com](http://www.transunion.com)

An initial fraud alert stays in your file for at least one year. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an identity theft report. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

2. **You have the right to free copies of the information in your file (your “file disclosure”).** An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also

have the ability to obtain additional free file disclosures under other provisions of the FCRA. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

3. **You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It may also specify an address for you to send your request. Under certain circumstances a business can refuse to provide you with these documents. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
4. **You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.
5. **If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.
6. **You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.
7. 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.

To learn more about identity theft and how to deal with its consequences, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore), or write to the Consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**NOTICE TO PROSPECTIVE EMPLOYEES/OWNER OPERATORS**

Printed Name: \_\_\_\_\_ Employee ☐ Owner Operator ☐

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

Initial	I acknowledge that it is Dakota's policy to investigate the background of each prospective employee and owner operator prior to beginning work. The information received will be compared against the information provided on your application. Intentionally falsifying or providing misleading information will be grounds for termination of employment or contract.
Initial	I acknowledge and understand that if I am employed or contracted by Dakota and either quit or I am dismissed before my 90-day probation period expires, the cost of my initial physical and drug screen will be deducted from my final check.
<b>FOR COMPANY DRIVER APPLICANTS ONLY:</b>	
Initial	I acknowledge and understand that my employment with Dakota is "at-will", meaning that the terms of employment may be changed with or without notice, with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work. I have entered into my employment with Dakota voluntarily and acknowledge that there is no agreement or contract, express or implied, between Dakota and I for continuing or long-term employment. Only the President of Dakota has the authority to alter the at-will contract and must do so in writing.

## AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I understand that Dakota Utility Contractors, Inc., requires driver applicants to successfully complete a DOT physical, which includes a drug test, as a term and condition of qualification, and from time to time thereafter to submit to a drug test, upon company request, as a term and condition of continued qualification. Therefore, I hereby knowingly and freely give my consent to submit to a physical, including a drug test, and further agree to submit to a drug test when requested. I understand that any job offer is contingent upon obtaining the DOT certification. Further, I understand that any job offer is contingent upon the results of my physical exam, drug screen, and verification of previous employment and review of my MVR.

In connection with my application for qualification with Dakota Utility Contractors, Inc., I understand an investigative consumer report is being requested that will include information as to my character, work, habits, performance and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic, offenses, accidents, etc., as well as information concerning previous driving record requests made by others from such state agencies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby give my consent to Dakota to obtain the above-described information, and agree that such information, and my experience history with you if I am qualified, will be supplied to other companies who subscribe to consumer reporting systems.

If qualified by Dakota, I give Dakota consent to furnish to consumer reporting services information concerning my character, work habits, performance, driving record and experience, as well as any reasons for termination of my qualification, and further consent to these services furnishing such information in the future to other companies who subscribe to these services from which I am seeking employment.

I understand that my qualification can be terminated, with or without cause, at any time at the discretions of either the company or myself, which falls under the policy of employment-at-will.

In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations I authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification and release them from any and all liability for supplying said information. I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitting information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from Dakota Utility Contractor if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, Dakota reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of Dakota Utility contractors has the authority to make any verbal or written assurance to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of Dakota utility Contractors, Inc.,

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by Dakota as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after the employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

Print Name: \_\_\_\_\_

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

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

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

**DRIVER DISCLOSURE AND AUTHORIZATION FORM**  
Authorization to Release Records



You will be asked to consent to a verbal release to begin the background check process. This form must be signed prior to being scheduled to attend orientation. If this form is not signed prior to the start of orientation, you will be required to sign it in orientation.

Please read the Disclosure and Authorization Statement Prior to Signing This Authorization Form.

In connection with my application for employment, I understand that Dakota utility Contractors may conduct an investigation of my background, during which Dakota will receive a consumer investigation report solely for employment purposes. This report may include the following types of information: information about my character; general reputation; personal characteristics; mode of living; names and dates of previous employers; job performance; reason for termination of previous employment; work experience; motor vehicle and /or commercial motor vehicle accidents; driving record/history from private employers and state and federal agencies; credit history; criminal history; drug and alcohol test results and other information concerning drug and alcohol testing; and bankruptcy proceedings.

I further understand that the investigation will confirm the information that I have provided in my application for employment and in other documents I have provided to Dakota Utility Contractors in consideration for employment.

I consent to having my former employers, individuals, and /or organizations, provide complete and accurate responses to assist in the investigation. I further understand that either Dakota or an outside consumer reporting agency will conduct the investigation.

**Drug and Alcohol History Release Authorization:** In compliance with 49 CFR Part 391.23 I hereby authorize any person or company for whom I have worked (as an employee or contractor) or to whom I applied for work in the past three years, to release the date and type of any drug test with a positive result, any alcohol test with a concentration of 0.04 or greater, or any refusal to take a test when directed, to Dakota or any agency investigating on behalf of Dakota. This test should include all test required under the Federal Motor Carrier Safety Regulations or Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by the SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any person or company for whom I worked or with whom I applied, as well as their employees, agents, or representatives, from all liability or damage that may arise from the release of the information specifically authorized here.

Should Dakota decide not to hire me based on the contents of the consumer report submitted by a consumer reporting agency, I am entitled to a brief description of my rights to the disclosed information and a copy of the report. After I am denied the position due to the contents of the report, I am entitled to an adverse action notice, which will contain the name, address, and telephone number of the employment screening company, a statement that the employment screening company did not make the adverse decision and that Dakota made the decision, and a notice that I have the right to dispute the accuracy or completeness of any of the information in the report. Only California applicants may request and receive a copy of their consumer report from the consumer reporting agency at any time.

If the investigation includes specific information concerning my character, general reputation, personal characteristics, and mode of living, I am entitled to upon request, a statement informing me of my rights to request the facts disclosed during my investigation, a written summary of those rights, and a complete and accurate disclosure of the nature and scope of the investigation within five (5) days of the date of this Disclosure and Authorization Form or when the report was requested, whichever is later.

I further understand that each year I am entitled to a free copy of my file disclosure (a file disclosure is different from the consumer investigative report given to Dakota; it includes all information recorded and retained by the consumer reporting agency).

I further understand that if Dakota conducts its own investigation and does not use a consumer reporting agency, Dakota may disclose, but is not required by law, a copy of its investigatory findings and explain the nature and scope of the investigation.

I understand that the Federal Motor Carrier Safety Regulations allow applicants for commercial motor vehicle positions to review all investigative information provided by previous employers, give applicants the right to have errors in that information corrected and re-sent to the hiring company, and provide applicants with the right to submit a rebuttal statement to the hiring company if the previous employer and the applicant cannot agree on the accuracy of the information.

I understand that Dakota may make employment decisions based on the information obtained during the investigation. If I am hired, and Dakota later discovers from the investigation that the information I provided in my application for employment was not truthful or that I withheld material information, Dakota may terminate me.

I hereby forever release and discharge Dakota and its agent that are conducting the investigation from any and all claims, demands, actions, liabilities, and damages of any kind regarding the information received and reported as a result of the investigation.

If hired (or contracted), this Driver Disclosure and Authorization Form shall remain on file and shall serve as an ongoing authorization for Dakota to procure consumer reports at any time during my employment (or contract) period. I authorize, without reservation, Dakota and/or a consumer reporting agency hired by Dakota to investigate my background and/or release any and all information found, and agree that misrepresentation or omission of facts is a legitimate cause to disqualify me for employment.

Print Name: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

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

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



## 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 Dakota Utility Contractors, 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.

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.

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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

\_\_\_\_\_  
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.

## VOLUNTARY SELF-IDENTIFICATION FORM

Dakota Utility Contractors, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as disabled or a Vietnam era veteran.

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 Report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records; only accessed by Human Resources.

### GENDER:

☐ Male ☐ Female

**RACE/ETHNICITY** - Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- ☐ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

**VIETNAM ERA VETERANS** - a Vietnam Era Veteran is defined as one who served on active duty for more than 180 days, any part of which occurred during the period between August 5, 1964, and May 7, 1975, and who received other than a dishonorable discharge as defined in the regulations implementing the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Are you a Veteran of the Armed Forces? ☐ Yes (please check the corresponding box below) ☐ No

- ☐ Disabled Vietnam Era Veteran
- ☐ Vietnam Era Veteran
- ☐ Other Eligible Veteran

**PERSONS WITH DISABILITIES** - the following are examples of some, but not all, disabilities which may be included: AIDS, asthma, arthritis, color or visual blindness, cancer, cerebral palsy, deafness or hearing impairment, diabetes, epilepsy, HIV, heart disease, hypertension, learning disabilities, mental or emotional illness, multiple sclerosis, muscular dystrophy, orthopedic, speech or visual impairments, or any other physical or mental impairment which substantially limits one or more of your major life activities.

Are you disabled? ☐ Yes ☐ No

OR

☐ I decline to Self-Identify

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

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

**DECLARATION OF EMPLOYMENT STATUS**

Under Federal Motor Carrier Motor Safety Regulations (section 391 .23) Dakota is required to verify the employment background of all prospective drivers for the preceding three (3) years. You have advised us that you were unemployed or self-employed during the time period shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by other means. In this section below, please fill in the dates and describe your activities during this time.

Print Name: \_\_\_\_\_

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

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

During the period specified above, I was engaged as follows:

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I also confirm that during that period, statements I have checked below are TRUE.

1. I was not employed on a full-time or regular part-time basis
2. I was self-employed.
3. I did not collect unemployment during this period.
4. I was not convicted of a crime involving a motor carrier or any aspect of the motor carrier industry.
5. I was not involved in a motor vehicle accident of any type.

The two individuals listed below, neither of whom are related to me (in any manner), can verify the information above. I hereby authorize Dakota Utility Contractors to contact them and request that information. Further, I authorize the two individuals to release such information.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

#### DRUG AND ALCOHOL TESTING STATEMENT

As required by FMCSR Part 382, State Law and Company Policy, all prospective driver employees and currently employed driver employees must submit to a controlled substance and alcohol testing program. In accordance with FMCSR Part 40 all substance test will be conducted through the collection of a urine specimen measuring a minimum of 45 mil, which will be split into two separate samples. The first or primary sample of 30 mil will be the primary test sample and the second or split sample will measure a minimum of 15 mil. The sample will be forwarded to a SAMSHA certified laboratory and the test will be conducted in accordance with standards set by the National Institute for Drug Abuse (NIDA).

Tests that result in confirmed positive will cause a driver applicant to be denied employment and to be subject to immediate termination.

Breath Alcohol testing will be performed in accordance with FMCSR Part 40 by a certified Breath Analyzing Technician (BAT). All Alcohol tests that result in a reading of .02 or greater will require a confirmation test. In the event the confirmation test results in a reading of .02-.039 the driver employee will be placed out of service for 24 hours at which time a return to duty test will be conducted. In the event of a reading of .04 or greater the driver employee will be subject to immediate termination.

Refusal to submit to the required substance or alcohol testing is considered by regulation to be failure to co-operate and will be treated and recorded as such. This has the same effect as testing positive for substance or testing .04 or above for alcohol testing. All drug and alcohol test results will be maintained as a part of the company records and will be reported to those making proper inquiry in accordance with FMCSR Part 382.405 (f).

#### CONSENT AND AGREEMENT

As part of my application process, and in the event that I am employed by Dakota Utility contractors, Inc., I agree to willingly participate in a controlled substance and alcohol-testing program as outlined in Federal Motor Carrier Safety Regulations Part 40 and Part 382.

Print Name: \_\_\_\_\_

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

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

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

CONVICTION FORM



Please print clearly. If you do not have any convictions to report, complete the top portion of this form and check here ☐

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

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Charges: \_\_\_\_\_

Location: \_\_\_\_\_  
County State

Date of Conviction: \_\_\_\_\_

Charges: \_\_\_\_\_

Sentence: \_\_\_\_\_

Time Served: \_\_\_\_\_

Dates on Probation or Parole: \_\_\_\_\_

➤ Any other arrests or convictions? Yes ☐ No ☐

➤ Any charges pending now? Yes ☐ No ☐

➤ Any other names used maiden, married, etc.? Yes ☐ No ☐

Please describe what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

# DOT - DRIVER APPLICATION



## REQUEST/ CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS

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

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

The previous employer listed below is hereby authorized to release and forward, to the company the information requested in Sections 2 & 3 below concerning my alcohol and controlled substance testing as well as information concerning my work history and safety record.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only:

PREVIOUS EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

TO BE COMPLETED BY PREVIOUS EMPLOYER

PLEASE NOTE THAT THIS REQUEST IS MADE IN ACCORDANCE WITH FEDERAL MOTOR CARRIER SAFETY REGULATION TITLE 49, SECTION 382.413

Please send back to:

Dakota Utility Contractors, Inc.  
P O Box 657, Ennis Tx 75120  
Fax: 972-875-6342

1. Has this individual tested positive for a controlled substance? Yes ☐ No ☐
2. Has this individual had an alcohol test with a breath concentration of .04? Yes ☐ No ☐
3. Has this individual refused a required test for controlled substances or alcohol? Yes ☐ No ☐
4. If yes to any of the above, please provide the name of the substance abuse professional whom the applicant was referred to: \_\_\_\_\_
5. Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_
6. Did applicant operate a commercial vehicle? Yes ☐ No ☐ if yes, what type? \_\_\_\_\_
7. In what areas did the applicant operate? \_\_\_\_\_
8. Is the applicant eligible for rehire? Yes ☐ No ☐ If no, please explain: \_\_\_\_\_
9. Why did the applicant leave? Discharged ☐ Resigned ☐ Layoff ☐ Other ☐ \_\_\_\_\_

Was the applicant involved in any vehicle accidents? Yes ☐ No ☐ # of Preventable \_\_\_\_\_ # of Non-Preventable \_\_\_\_\_

Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/>	Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/>	Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/>
Date: _____	Date: _____	Date: _____
Injuries: _____	Injuries: _____	Injuries: _____
DOT Recordable? Yes <input type="checkbox"/> No <input type="checkbox"/>	DOT Recordable? Yes <input type="checkbox"/> No <input type="checkbox"/>	DOT Recordable? Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSON COMPLETING FORM

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## DOT - DRIVER APPLICATION

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted, or on account of which he/she forfeited bond or collateral during the previous 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by Dakota Utility Contractors, Inc. If the driver has not been convicted of, or forfeited bond or collateral on account of any violations which must be listed, he/she shall so certify (Section 391.27).

CERTIFICATION OF VIOLATIONS – Completed by Driver			
Name of Driver:		Social Security No.	Employment Date:
Driver's License #:		State Issued:	Expiration Date:
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383.31) for which I have been convicted or forfeited bond or collateral during the past 12 months.			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If you have had no violations, check here - ☐ NONE

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383.31) during the past 12 months.

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

ANNUAL REVIEW OF DRIVING RECORD - Completed by Dakota Utility Contractors, Inc.	
I have hereby reviewed the driving record of the above named individual in accordance with Section 391.25 and find that he/she (CHECK ONE):	
<input type="checkbox"/> Meets minimum requirements for safe driving	<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance	
Action taken with driver:	

Reviewed by:

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dakota Utility Contractors, Inc. POBox 657, Ennis Tx 75120