

# APPLICATION FOR QUALIFICATION



Kansas City, Missouri

2010 Television Place, Kansas City, MO 64126 - Phone - (816)-836-5888 - Fax - (816)-836-8878

Driver Email Address: \_\_\_\_\_

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

## Instructions to Applicant

Please answer all questions. If the answer is "no" or "none", do not leave item blank, but write "no" or "none".

Date \_\_\_\_\_ Position Applying \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

\*Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Physical Exam Expiration Date: \_\_\_\_\_

Current & Three Years Previous Addresses:

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before? Yes  No

If yes, give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

## Education History

High School Graduate: College Years Completed: Post-Graduate Years Completed:

Yes  No

\_\_\_\_\_

\_\_\_\_\_

# Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street) (City) (State/Zip)
Reason for leaving _____		Phone # _____
Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street) (City) (State/Zip)
Reason for leaving _____		Phone # _____
Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street) (City) (State/Zip)
Reason for leaving _____		Phone # _____
Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street) (City) (State/Zip)
Reason for leaving _____		Phone # _____
Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____
Position Held _____		Address _____
		(Street) (City) (State/Zip)
Reason for leaving _____		Phone # _____
Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

# Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From Mo/Year	To Mo/Year	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List States operated in, for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

## Accident Record for the past three years (Attach Sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# Of People Injured

## Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

## Driver's License (list each Driver's License held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes  No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes  No
- D. Have you ever been convicted of a felony? \_\_\_\_\_ Yes  No

If the answers to A, B, C, or D is "YES", give details \_\_\_\_\_

# Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_





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

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

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

**Drivers have the following rights:**

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospected employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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

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

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

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

Driver Name (Printed:) \_\_\_\_\_



**DRIVER APPLICANT DRUG AND ALCOHOL  
PRE-EMPLOYMENT STATEMENT**

CFR Part 40.25(j) requires the employer to ask the applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process.  
(See Section 40.25(b)(5) and (e).

Applicant Name \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please Print)

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation covered by DOT agency drug and alcohol testing rules during the past two years? Yes  No

2.) If you answered yes, to the above question, can you provide proof the you've successfully completed the DOT return-to-duty requirements? Yes  No

My signature below certifies that the information provided is true and correct

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

# CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGMENT/CONSENT FORM

As condition of employment with **Mid-Western Car Carriers Inc.(Motor Carrier)** Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 381.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident - Section 382.303	Random- Section 382.305	Reasonable Suspicion - Section 382.307
Return to Duty - Section 382.309		Follow-up - Section 382.311

A driver who tests positive to a controlled substance(s) and/or alcohol test will be immediately removed from a safety sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart 0.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

<b><i>Name</i></b>			
<b><i>ADDRESS</i></b>			
<b><i>PHONE #</i></b>			

All controlled substances and alcohol testing will be conducted in accordance with parts 40 and 382 of the FMSCR.

I \_\_\_\_\_ have read the above controlled substances and alcohol.  
(Print Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer Representative)

# VIOLATION AND REVIEW RECORD

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

(Please Print or Type)

## Certification of Violation

•I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve months.

<u>Date of Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If NO violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past twelve months.

(Date of Certification) \_\_\_\_\_ (Driver's Signature) \_\_\_\_\_

(Motor Carrier's Name) \_\_\_\_\_ (Motor Carrier's Address) \_\_\_\_\_

(Reviewed By: Signature) \_\_\_\_\_ (Title) \_\_\_\_\_

## REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him in accordance with section 391.27, has been reviewed for the past 12 months.

**Action Taken:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Motor Carrier's Name) \_\_\_\_\_ (Motor Carrier's Address) \_\_\_\_\_

(Reviewed By: Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ Date \_\_\_\_\_

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

## Driver to Complete this section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_, on this date \_\_\_\_\_ hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked at this company from the dates of From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant's Signature; \_\_\_\_\_ SSN; \_\_\_\_\_ D.O.B. \_\_\_\_\_

### ***Section I - Past Employer to Complete > DRUG & ALCOHOL INFORMATION***

Please provide the following Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25.

If no Drug and Alcohol information is available on above named applicant check here.

- Any alcohol test with a result of 0.04 or higher alcohol concentration? \_\_\_\_\_ Yes  No
- Any verified positive drug test? \_\_\_\_\_ Yes  No
- Any refusals to be tested (including verified adulterated or substituted drug test results?) \_\_\_\_\_ Yes  No
- Any other violations of DOT agency drug & alcohol testing regulations (Part 382 or Part 40)?— Yes  No
- If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?) \_\_\_\_\_ Yes  No
- If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ\*. \_\_\_\_\_ Yes  No

\*If this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant.

*Drug and Alcohol information needs to be kept in a separate Personnel and/or Confidential File.*

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

## **SECTION II - Past Employer to Complete>> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FM CSR 391.15) which the above named Driver/ Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no Accident information for this driver please check here.

Date	Location (Please give city/town or most near & state)	Any Vehicles towed?	Haz-Mat Spill?	# of Fatalities?	# of Injuries

## **SECTION III- Past Employer to Complete>> WORK HISTORY INFORMATION**

Please provide the following information on the above name Driver/ Applicant;

He/She was employed for you as a: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If employed as a Driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_ Was he/she a: Company Driver? Yes  No  Contractor? Yes  No

Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transported: \_\_\_\_\_

While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Would you re-employ this person: Yes  No  Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## **Previous Employer Representative Supplying Information:**

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: Failure to furnish information as required by 49CFR. 382.405 and 382.413 is a violation of the U.S. Department of v, Federal. Motor Carrier Safety Administration.. Failure to provide this information may result in a fine and/or civil liability*

***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 **Midwestern Car Carriers** (“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 **Midwestern Car Carriers** (“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.

*LAST UPDATED 12/22/2015*

APPLICANT AUTHORIZATION CONSENT FOR RELEASE OF INFORMATION

**Mid-Western Car Carriers Inc.** requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their applications or resume. **Please read this statement carefully!**

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statement will be considered as cause for possible dismissal

This release and authorization acknowledge that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, social security and, credit history, motor vehicle records, to contact a personal references, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements. Also, if an offer of employment has been made. I authorize review of my worker's compensation claim history.

I authorize MCS Inc. and any of its agents and/or employees to disclose orally and in writing the results of the verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize person, schools, current and former employers, and other organizations and agencies to provide MCS Inc. With all information that may be requested, and hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agents, MWCCI, Inc. and their associates to the full extent permitted by law from any claims damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied information obtained by my prospective employer, and to receive, upon written request a disclosure of the public record information and of the nature and scope of the investigative report.

**Please provide all requested information and provide addresses for the last seven (7) years:**

_____	_____
(Applicants Name, Printed- Last, First, Middle)	(Maiden or other Name(s) Used)
_____	_____
(Current Address- City,State, Zip) (county)	(How Long at this Address)
_____	_____
(Previous Address- City,State, Zip) (county)	(How Long at this Address)
_____	_____
(Previous Address- City,State, Zip) (county)	(How Long at this Address)
_____	_____
(Social Security Number)	(Date of Birth-for confirmation of ID only)
_____	_____
(Name- exactly as it appears on Driver's License)	(Driver's License Number-State)
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
(Authorization to contact your present employer for reference)	(Signature) (Date)