

# APPLICATION FOR EMPLOYMENT

BOYLE TRANSPORTATION SERVICES LLC  
130 SHARP ROAD  
MARLTON, NEW JERSEY 08053

P/BOYLE TRANSP/NEW HIRE APPL  
UPDATED 01/17/2019

**APPLYING FOR:** \_\_\_\_\_ **COMPANY DRIVER POSITION** \_\_\_\_\_ **LEASE OPERATOR POSITION**

## To be read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other personal from all liabilities in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the company. Failure to abide by such rules may result in discharge.

**⇒SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

PRINT NAME \_\_\_\_\_  
FIRST MIDDLE LAST

CURRENT ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

IF YOU LIVED AT THE ABOVE ADDRESS FOR LESS THAN THREE YEARS, LIST BELOW ALL RESIDENCES FOR THE PAST THREE YEARS.

STREET CITY STATE ZIP CODE HOW LONG ? \_\_\_\_\_

STREET CITY STATE ZIP CODE HOW LONG ? \_\_\_\_\_

DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE? \_\_\_\_ YES \_\_\_\_ NO

SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ TEMPORARY \_\_\_\_ PART TIME \_\_\_\_ FULL TIME \_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

DO NOT RESPOND TO THIS QUESTION DURING YOUR INITIAL (1<sup>ST</sup>) INTERVIEW

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? CIRCLE ONE YES NO

IF YES, PLEASE EXPLAIN FULLY. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.

IF THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED AS DESCRIBED IN YOUR INTERVIEW? CIRCLE ONE YES NO

IF YES, EXPLAIN IN DETAIL:

**EDUCATION**

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

GRAMMAR SCHOOL ATTENDED \_\_\_\_\_  
NAME ADDRESS

HIGH SCHOOL ATTENDED \_\_\_\_\_  
NAME ADDRESS

COLLEGE / POST HIGH SCHOOL ATTENDED \_\_\_\_\_  
NAME ADDRESS

**PLATFORM EXPERIENCE AND QUALIFICATIONS**

LIST TYPES OF PLATFORM EXPERIENCE AND NUMBER OF YEARS EACH: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.) \_\_\_\_\_  
\_\_\_\_\_

LIST COURSES OR TRAINING IN PLATFORM WORK: \_\_\_\_\_

**LICENSES**

DRIVER LICENSE NUMBER STATE TYPE EXPIRATION DATE

ANY OTHER LICENSES HELD IN THE PAST 5 YEARS? CIRCLE ONE YES NO  
IF YES, LIST ALL LICENSE INFORMATION FOR ALL PREVIOUSLY HELD LICENSES:

DRIVER LICENSE NUMBER STATE TYPE EXPIRATION DATE

DRIVER LICENSE NUMBER STATE TYPE EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? CIRCLE ONE YES NO  
IF YES, EXPLAIN IN FULL DETAIL: \_\_\_\_\_  
\_\_\_\_\_

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? CIRCLE ONE YES NO  
IF YES, EXPLAIN IN FULL DETAIL: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS? CIRCLE ONE YES NO  
IF YES, EXPLAIN IN FULL DETAIL: \_\_\_\_\_  
\_\_\_\_\_

**DRIVING EXPERIENCE (CHECK YES OR NO TO EACH TYPE AND PROVIDE SUPPORTING DETAIL)**

**TRACTOR TRAILER TRUCK** YES NO NUMBER OF YEARS DATE: FROM TO

APPROXIMATE NUMBER OF TOTAL MILES ; \_\_\_\_\_

STATES REGULARLY OPERATED IN: \_\_\_\_\_

**STRAIGHT TRUCK** YES NO NUMBER OF YEARS DATE: FROM TO

APPROXIMATE NUMBER OF TOTAL MILES ; \_\_\_\_\_

STATES REGULARLY OPERATED IN: \_\_\_\_\_

**MOTOR COACH** YES NO NUMBER OF YEARS DATE: FROM TO

APPROXIMATE NUMBER OF TOTAL MILES ; \_\_\_\_\_

STATES REGULARLY OPERATED IN: \_\_\_\_\_

LIST SPECIAL COURSES, AWARDS OR TRAINING THAT WILL HELP YOU AS DRIVER FOR THIS COMPANY \_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT INFORMATION**

LIST ALL ACCIDENTS AND SAFETY INCIDENTS YOU WERE INVOLVED IN REGARDLESS OF FAULT FOR PAST THREE YEARS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED). IF NONE - WRITE "NONE"

	DATE_	DESCRIPTION OF INCIDENT	FATALITIES?	INJURIES?	HAZ MAT?
MOST RECENT	_____	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____	_____

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS - OTHER THAN PARKING VIOLATIONS**

	LOCATION	DATE	CHARGE	PENALTY
MOST RECENT	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____

**EMPLOYMENT RECORDS**

THE U. S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS SHOW ALL EMPLOYMENT FOR THE PAST THREE YEARS . EFFECTIVE JULY 1987 THEY MUST ALSO SHOW COMMERCIAL DRIVER EMPLOYMENT FOR THE SEVEN YEARS IMMEDIATELY PRECEDING THIS THREE YEAR PERIOD. (#391.21 (b) (10) (11)

START WITH THE LAST OR CURRENT POSITION, INCLUDING MILITARY EXPERIENCE, AND WORK BACK.

CURRENT EMPLOYER _____	SUPERVISOR'S NAME _____
ADDRESS _____	
STREET _____	CITY _____ STATE _____ ZIP CODE _____
PHONE: ( ) _____	
POSITION HELD _____	FROM _____ TO _____ SALARY _____
	Month/Year Month/Year
REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? _____ YES _____ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO	

NEXT PREVIOUS EMPLOYER _____	SUPERVISOR'S NAME _____
ADDRESS _____	
STREET _____	CITY _____ STATE _____ ZIP CODE _____
PHONE: ( ) _____	
POSITION HELD _____	FROM _____ TO _____ SALARY _____
	Month/Year Month/Year
REASON FOR LEAVING _____	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? _____ YES _____ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO	

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
PHONE: ( ) \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year  
REASON FOR LEAVING \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

NEXT PREVIOUS CURRENT EMPLOYER \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
PHONE: ( ) \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year  
REASON FOR LEAVING \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
PHONE: ( ) \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year  
REASON FOR LEAVING \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
PHONE: ( ) \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year  
REASON FOR LEAVING \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

**APPLICANT MUST READ AND SIGN**

Conditions for Qualifications and Applicants statement of release of information.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL OF THIS EMPLOYMENT APPLICATION. IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE MY BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO MY EMPLOYMENT HISTORY, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND OTHER PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF FURNISHING SUCH INFORMATION. I UNDERSTAND THAT AS AN APPLICANT FOR A POSITION WITH THIS COMPANY, I MAY BE ASKED TO DEMONSTRATE THAT I AM CAPABLE OF PERFORMING TASKS WHICH ARE PERTINENT TO THE JOB. I ALSO UNDERSTAND THAT IF OFFERED A JOB IT MAY BE CONDITIONED ON THE RESULTS OF A PHYSICAL EXAMINATION AND DRUG TEST.

IT IS ALSO AGREED AND UNDERSTOOD THAT UNDER FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, I HAVE BEEN TOLD THAT THIS INVESTIGATION MAY INCLUDE AN INVESTIGATIVE CONSUMER REPORT, INCLUDING INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

I ALSO UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION OR FACTS MAY RESULT IN MY REJECTION OR DISMISSAL.

IF HIRED, I AGREE TO ABIDE BY ALL THE RULES AND POLICIES OF THE EMPLOYER.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I hereby acknowledge that , prior to submitting this application, I have been informed that the information provided herein may be used and that my references and prior employers may be contacted for the purpose of investigating my background.

I hereby authorize Boyle Transportation Services LLC to investigate all statements in this application and to secure any necessary information from any of my references, prior employers, or others sources deemed appropriate by Boyle Transportation Services LLC.

I certify that I have personally completed this application using the information which is true and correct to the best of my knowledge and belief. I grant Boyle Transportation Services LLC permission to verify these answers and agree to furnish any additional information as requested by Boyle Transportation Services LLC. I understand Boyle Transportation Services LLC or it's agents may investigate my background to ascertain any and all information related to my work record, financial responsibility, work experience, education or training. This background check may include the use of consumer reports containing past employment and Worker's Compensation history obtained from a third party. I consent to Boyle Transportation Services LLC making the request for any such consumer report, and if qualified, I consent to Boyle Transportation Services LLC supplying information on my employment history to a third party reporting service.

I release, hold harmless and indemnify Boyle Transportation Services LLC, it's officers, employees, independent contractors and third party reporting services, from all liability, claims or damages resulting from obtaining verification information. It is agreed and understood that this application in no way obligates Boyle Transportation Services LLC nor me. I understand that any false statement on this application may be considered sufficient cause for rejection. I understand that Boyle Transportation Services LLC is under no obligation to me, or my agents to furnish any investigative finding regarding my previous work history, work experience/performance or education/training.

I agree to submit to a drug test as may be required by the company at any time. I agree to release, hold harmless and indemnify Boyle Transportation Services LLC, it's officers, and employees from any loss, damage, expense or other injury arising out of the drug screen testing. I understand that refusal to submit to such testing at any time when requested by Boyle Transportation Services LLC will be considered resignation of employment (or termination of lease agreement). I authorize Boyle Transportation Services LLC to release information relative to positive test results to any local, state federal or governmental agency or public or private corporation.

I authorize Boyle Transportation Services LLC to obtain from the appropriate state, local or governmental agencies a copy of my motor vehicle abstract report or similar record as part of my employment application.

I understand that this document is not a contract for employment or qualification. I understand that I will not become qualified by Boyle Transportation Services LLC until I have met all of the conditions of qualification and completed all paperwork requirements. At such time as I meet all of the conditions of Boyle Transportation Services LLC, I understand my employment will be governed by law and by the policies of Boyle Transportation Services LLC if qualified, I understand that I will be subject to Department of Transportation regulations applicable to drivers and I understand that I must comply with those regulations

If qualified, I understand that I will be considered a "probationary " hire for a period of no less that ninety (90) days.

I hereby acknowledge that I have read and agree with the preceding statements and grant my consent.

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**Applicant's signature**

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**Date**

BOYLE TRANSPORTATION SERVICES LLC  
130 Sharp Rd., Marlton, NJ 08053

Phone: 856-983-5666 Fax: 856-983-1316

**DRUG AND ALCOHOL HISTORY**

**Applicant please fill in date and sign only these two boxes**

⇒ date of application	⇒ Applicant's Signature
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**applicant leave rest of this form blank**

I, (Print Name) \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hereby authorize \_\_\_\_\_ ( Name of previous employer)

To release drug and alcohol history information to Boyle Transportation Services LLC

Telephone: \_\_\_\_\_ fax # \_\_\_\_\_

Address: \_\_\_\_\_  
Street city state zip

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

PLEASE CIRCLE YES NO

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration ? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to duty and follow-up test? YES NO NOT APPLICABLE

If yes, please send documentation back with this form.

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? YES NO

7. Are you aware of any information, violations or refusals of drug or alcohol requirements in this applicants previous employment history? YES NO  
if YES, please provide details: \_\_\_\_\_

**Previous Employer Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*  
This form was (check one) \_\_\_ Faxed to previous employer \_\_\_ Mailed \_\_\_ Other \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Information received from \_\_\_\_\_

Method \_\_\_ Fax \_\_\_ Mail \_\_\_ Telephone \_\_\_ Other \_\_\_\_\_

Recorded by \_\_\_\_\_ Date \_\_\_\_\_

BOYLE TRANSPORTATION SERVICES LLC

130 Sharp Rd., Marlton, NJ 08053

Phone: 856-983-5666

Fax: 856-983-1316

**SAFETY PERFORMANCE and WORK HISTORY RECORDS REQUEST**

**Applicant please fill in date and sign only these two boxes**

⇒ date of application	⇒ Applicant's Signature
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**applicant leave rest of this form blank**

I, (Print Name) \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hereby authorize \_\_\_\_\_ ( Name of previous employer)

To release safety and performance history information to Boyle Transportation Services LLC

Telephone: \_\_\_\_\_ fax # \_\_\_\_\_

Address: \_\_\_\_\_  
Street city state zip

The above named applicant has listed your firm as a previous employer. Your help in attaining this required information is greatly appreciated. This individual stated he/she was employed by you from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Is that correct? Yes  No  If "NO", please clarify: \_\_\_\_\_

Employed as \_\_\_\_\_ ( position held)

1. Did he/she drive a motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Bus   
Tractor-Semitrailer  Cargo Tank  Doubles/Triples  Other(Specify) \_\_\_\_\_

2. If employed as a driver, please define: Local  OTR  Single  Team

3. Geographic area served: \_\_\_\_\_

4. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

5. Driver's license number on file \_\_\_\_\_ State \_\_\_\_\_

6. Was this person's license ever suspended while in your employ? Yes  No

7. Did he/she have any problems with co-workers? Yes  No

8. Did he/she have any problems with customer? Yes  No

9. Did he/she ever abuse equipment? Yes  No

10. Did he/she have any problems with logs/paperwork? Yes  No

**ACCIDENT HISTORY**

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any safety incidents that involved the applicant or check here  if there is no safety incident data for this driver.

DATE	LOCATION	NO. OF INJURIES	NO OF FATALITIES	HAZMAT SPILL
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Any other remarks: \_\_\_\_\_

Previous employer Signature \_\_\_\_\_

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

## **Consumer Disclosure and Authorization Form**

### **Disclosure Regarding Background Investigation**

Boyle Transportation Services LLC (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight’s privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present and unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.



## Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only:** You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

CheckBox1

I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

# BOYLE TRANSPORTATION SERVICES LLC

130 SHARP RD. MARLTON, NJ 08053

TO: \_\_\_\_\_, prospective CDL driver  
applicant:

A: Have you ever been a participant in a Controlled Substance Abuse Program as Defined by Title 49 Code of Federal Regulations? \_\_\_\_\_(yes or no).  
Have you ever taken a Drug Test? \_\_\_\_\_ (yes or no).  
Have you ever had a positive test result? \_\_\_\_\_ (yes or no).

B: Have you ever been a participant in a Breath Alcohol Test (BAT) Program as defined by Title 49 Code of Federal Regulations? \_\_\_\_\_(yes or no).  
Have you ever had a Breath Alcohol Test? \_\_\_\_\_(yes or no).  
Have you ever had a Breath Alcohol Test result of .04 or higher? \_\_\_\_\_

APPLICANT NAME (print)\_\_\_\_\_

APPLICANT SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

WITNESS NAME (print)\_\_\_\_\_

WITNESS SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

## **IMPORTANT DISCLOSURE**

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

In connection with your application for employment with Boyle Transportation Services LLC (“Prospective Employer”), Boyle Transportation Services LLC, 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 not to 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 on 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 of 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 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 Boyle Transportation Services LLC 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>. 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 were 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, Boyle Transportation Services LLC may obtain a report of my crash and inspection history. I hereby authorize Boyle Transportation Services LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

COMPANY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year

REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year

REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year

REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year

REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
Month/Year Month/Year

REASON FOR LEAVING \_\_\_\_\_