



AIM Transportation, LLC
 PO Box 190
 Katy, TX 77492
 T: 832-861-1001 MC# 759471
 F: 832-327-7458 US DOT# 2187668

Driver Information Sheet

PLEASE SELECT ONE OF THE FOLLOWING

- Owner/Operator
- Lease-Purchase Program Driver

Date of application: _____

Name _____ S.S. # _____
 First Middle Last

Address _____
 Street City State Zip

Country of Birth: _____ Home # _____

Alternate # _____ E-Mail Address: _____

Address for Past Three Years

_____ ***How Long?***
 Street City State & Zip

_____ ***How Long?***
 Street City State & Zip

Do You Have Legal Right To Work In The United States? _____

Date of Birth _____ Can You Provide Proof of Age? _____

Have you worked at AIM Transportation, LLC or its affiliated companies previously? _____

Where? _____ Dates: From _____ To _____

Position _____ Reason for leaving: _____

Are You Now Employed _____ If not, how long since leaving last employment? _____

Who referred you to This carrier? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

_____ If yes, please explain. _____ Driver Shirt Size _____

AIM requires all applicants to submit the following:
 Please email the documents to Recruiting
 Recruiting@AIMTransportation.com or fax to 832-327-7458

*Copy of Front & Back of CDL
 Copy of Medical Card
 Copy of Social Security Card*



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**Please provide employment history for the preceding 10 years.
 (NOTE: List all employers in order starting with the most recent. Add another
 sheet if necessary.) Also, please explain any lapses or gaps in employment history.**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO N/A PLEASE CIRCLE ONE

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**
 Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**



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Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

Were you subject to the Federal Motor Carrier Safety Regulations at your previous employer? **YES NO**

Was this position designated as a safety sensitive function subject to alcohol and controlled substances testing requirements as required by 49 CFR, Part 40? **YES NO**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

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Name		From	To
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Name		From	To
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City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

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Accident Record for Past 10 Years or More (Attach Sheet if More Space is Needed) * please complete all below.

Write N/A if none.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

List all accidents that you have been involved in that resulted in vehicles being towed, individuals transported from the scene via ambulance seeking medical treatment, or if a fatality was involved. (10 Years or More - Attach Sheet if More Space is Needed)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended _____
Name City/State

EXPERIENCE AND QUALIFICATIONS – DRIVER

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. NO. OF MILES



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List states operated in for last 5 years _____

Show special courses or training that will help you as a driver _____

Which safe-driving awards do you hold and from whom? _____

DRIVERS LICENSE INFORMATION

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege been suspended or revoked? _____

Have you ever been **CONVICTED** of a felony?

No _____ Yes _____ If yes, Date _____

Explain circumstances and outcome of conviction: _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown).



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TO BE READ AND SIGNED BY APPLICANT

I certify 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 authorize AIM Transportation, LLC to make such investigations and inquiries of my personal, employment, financial, medical, criminal histories and other related matters. I have the full understanding that AIM Transportation, LLC reserves the right to arrive at a decision based on any information obtained from such inquiries and investigations. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in termination of contract. I understand that I am required to abide by all of the policies and procedures of AIM Transportation, LLC and regulations set forth by the Federal Motor Carrier Safety Administration.

Date

X _____
Signature



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Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the company, you must ask the contractor whether her or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the contractor applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the contractor admits that he or she had a positive test or refusal to test, you must not use the contractor to perform safety sensitive functions for you until and unless the contractor documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

**AIM Transportation, LLC
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Prospective Driver's Name

SSN

The prospective driver is required by Sec. 40.25(j) to respond to the following questions:

(1) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

YES NO

(2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

YES NO N/A

Prospective Driver's Signature

Date

Company Representative

Date



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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

I authorize you, AIM Transportation, LLC (CARRIER), 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.) hereby release employers, schools, health care providers and other persons from all liability 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. ·

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer; and
- Have errors in the information corrected by previous employers and for those previous employers to re- send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

 Applicant Printed Name

 Date

 Applicant Signature

 Social Security Number



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Request for Information From Previous Employer

AIM Transportation, LLC
PO Box 190
Katy, TX 77492

Phone: (832) 861-1001 Fax: (832) 327-7458

Applicant: Please Leave Following Section Blank

Attention: Previous Employer (_____)

Fax: _____ Phone: _____

From: AIM Transportation, LLC

Applicant: Complete below section ONLY.

I hereby authorize you to release the following information to AIM Transportation, LLC for purposes of investigation as required. You are hereby released from any liability, which may result from furnishing such information.

Applicant Signature:

X _____

Date:

X _____

Applicant Printed Name:

X _____

Social Security Number:

X _____

Part 391

QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS

§ 391.23: Investigation and inquiries.

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, 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)(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(c)(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(c)(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at § 386.12 of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.



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Applicant: Please Leave This Page Blank
REQUEST FOR EMPLOYMENT VERIFICATION ** Fax (832) 327-7458

The below named individual has applied for a position at AIM Transportation, LLC. We appreciate your time in completing, in confidence, the information requested below. Thank you.

Please see attached sheet for signature authorizing release of requested information.

1. Dates of employment: _____ to _____
2. Position: _____
3. Reason for leaving: _____ Resigned _____ Terminated _____ Laid Off
4. Was the employee/contractor:
 - a. Subject to FMCSA Regulations? _____
 - b. In a position designated as safety sensitive per 49 CFR Part 40? _____
5. Type of equipment operated: _____ **Straight Truck** _____ **Tractor/Trailer**
 _____ Bus _____ Dry Van _____ Container _____ Flatbed
 _____ Tanker _____ Heavy Haul _____ (Other: Please Specify)
6. Number of accidents in last 3years : _____ Preventable _____ Non-preventable
 Dates/Descriptions of accidents: _____
7. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? Yes No
8. Has this individual had a controlled substance test with a positive result in the past three years? Yes No
9. Has this individual refused a controlled substance test and/or alcohol test within the past three years? Yes No
10. Did this individual violate any other provisions of the DOT drug and alcohol testing regulations while at this company? Yes No
11. Have you received information from any previous employer that this individual violated any DOT drug and alcohol regulation? Yes No
12. Eligible for rehire: Review Yes No

Additional Comments: _____

Company Name: _____ Phone: _____

Address: _____ FAX: _____



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Preparer's Name: _____ Position: _____

Signature: _____ Date: _____

1st Request: _____ 2nd Request: _____ 3rd Request: _____ Cert Mail: _____

CONSUMER DISCLOSURE AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with my application as an owner-operator truck driver with **AIM TRANSPORTATION, LLC /HRO Resources** hereinafter referred to as my prospective employer, I fully understand that my prospective employer and/or Houston Medical Testing Services, Inc. (HMTS), as their agent, may request/perform a consumer report/background investigation on me. *

The consumer report/background investigation may contain the following types of information : verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports . I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments , and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily bar an applicant for employment, but be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and federal statutory requirements .

I authorize and request all persons, schools, business, corporations, credit bureaus, courts, Law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I authorize a Photostat or facsimile or fax of this release to be considered as effective as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than my prospective employer named herein or its legal representative . I am aware that I have the right to request the nature and scope of the results, as reported, from my prospective employer. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release .

All background information obtained will be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans with Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations) . This employer is an Equal Opportunity Employer, and does not discriminate as to race, color, gender, national or religious origin, age, disabilities or any other characteristic protected by law. I understand that the request for Date of Birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire, discharge, or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of facts(s) or omissions may form the basis for rejection of my application or for my dismissal after employment. I authorize HMTS to provide the results of said information to my prospective employer or its representatives. If hired, this authorization will remain on file and will serve as ongoing authorization for my prospective employer and/or HMTS to procure consumer reports/background investigations at any time during my contract period . I further release HMTS and my prospective employer, their officers, employees, and agents, from any and all liability from the results and preparation of any reports concerning my background or myself. I understand and acknowledge that except as provided in the Fair Credit Reporting Act, I may not bring any action or proceeding against HMTS or my prospective employer, or any user or furnisher of information, for defamation, invasion of privacy, or negligence with respect to the reporting of information disclosed pursuant to the Fair Credit Reporting Act, except as to false information furnished with malice or willful intent to injure me. **The facts set forth by me in this application are true and correct to the best of my knowledge and belief.**

_____ J _____ J / _____ J _____ J _____
PRINT NAME (First Middle Last) SS # Gender Race Birth date Telephone Number

Other Names used: _____

_____ City State Zip code County Dates
Current Address Street/P.O. Box

_____ City State Zip code County Dates
Prior Address Street/P.O. Box

_____ / YES NO / _____ * _____
Driver's License Number State of issuance CDL APPLICANT SIGNATURE Date

FOR EMPLOYER USE ONLY

Authorized Employer MUST sign and date this form and check off which Background checks are required or background reports WILL NOT be ran!

Signature

Date

() NATIONAL WITH SS TRACE/ALIAS



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:
Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

Email: MCB.VPR@dps.texas.gov

 Print Name of CDL Holder

 Phone Number

 Print full Address City, State and Zip of CDL Holder

 Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

Authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

 AIM Transportation, LLC.
 Print Motor Carriers Name

 (832)861-1001
 Phone Number

 PO Box 190 Katy, TX 77492

Signature of Driver

Date

X

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.**

MCS-21 (Rev 5/16)



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CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in PART 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding. The requirements in PART 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: PARTS 383 and 391 of the FMCSR contain some requirements with which you, as the driver, must comply. These requirements are as follows:

1. You, as the commercial driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the other licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. PART 392.42 and PART 383.33 of the FMCSR require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your license. In addition, PART 383.31 requires that at any time you violate a state or local traffic law (other than parking) you report this to your employing motor carrier and the state that issued you the license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements and the following license is the only license that I possess:

Driver's License Number: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____



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SEMI- ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

(a) Except as provided in subpart G of this part, 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 violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

(b) Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

(c) The form of the driver's list or certification shall be prescribed by the motor carrier. The following form may be used to comply with this section:

Driver's Certification

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 12 months.

Date	Offense	Location	Type of motor vehicle operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 12 months.

I will report any change in the above certification before the end of the business day following the day of any such change.

_____X_____

Date of certification Driver's signature

AIM requires all applicants to submit the following:

- Copy of Front & Back of CDL*
- Copy of Medical Card*
- Copy of Social Security Card*

*Please email the documents to Recruiting
 Recruiting@AIMTransportation.com or fax to 832-327-7458*



DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Quality Companies (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com. The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

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

All Employers / Contractors / Educational Institutions:

_____ Full Name Here

_____ Address

_____ Phone

Printed Name: _____ Signed Date: _____

Signature: _____ Social Security # _____