

BOLD Transportation, Inc.

Release Information Form

I hereby authorize BOLD Transportation, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. If hired, I understand that this authorization shall be effective throughout my employment, authorizing the Company to conduct comprehensive background checks at any time during my employment.

I hereby authorize BOLD Transportation, Inc., to do a complete background investigation in accordance with state and federal laws. I authorize the release of any information, including all information related to my alcohol and controlled substances testing and training records conducted under the Federal Highway Administration (FHWA) 49 CFR Parts 40, 382 or 391, by any former employers and held them harmless of any liability from the release of said information.

I hereby authorize BOLD Transportation, Inc., to conduct an investigation of my accident history for the past three (3) years while employed in any position that is safety sensitive as defined by the DOT in Federal Motor Carrier Safety Regulations part 391, 390 and 382. I also authorize BOLD Transportation, Inc., to perform an inquiry into my driving record for every state in which I have held a vehicle operator's license or permit in the last three (3) years.

I understand that I have the right under FMCSR 391 and 390 to review information provided to BOLD Transportation, Inc., by my previous employers. I also have the right to request that any errors in the provided information are corrected by my previous employer(s) and that the corrected information be re-sent to BOLD Transportation, Inc. I have the right to have a written rebuttal statement attached to any erroneous information if my previous employer and I cannot come to an agreement of any of the provided information.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal state and county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I hereby release BOLD Transportation, Inc., and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Checking this box authorizes Bold Transportation Inc to process your information as authorized by law in lieu of your signature for those applications returned via e-mail.

Print Name: _____
(First) (Middle) (Last) (Maiden)
SS#: _____ DOB: _____ Lic #: _____

Signature

Date

PLEASE FAX BACK TO: 816-559-8351

Employment History

All drivers to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (**Note:** List employers starting with the most recent. Add another sheet as necessary.)

Employer	Date
Name	From To Mo. Yr. Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From To Mo. Yr. Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From To Mo. Yr. Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From To Mo. Yr. Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From Mo. Yr. To Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From Mo. Yr. To Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From Mo. Yr. To Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From Mo. Yr. To Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Employer	Date
Name	From Mo. Yr. To Mo. Yr.
Address	Position held
City State Zip	Salary/wage
Contact person Phone number	Reason for leaving

Accident record for past three years or more. (Attach sheet if more space is needed.) If you are accident free, indicate none here.

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries or Disabling Damage
Last accident			
Next previous			
Next previous			

Traffic convictions or forfeitures for the past three years (other than parking). If you are violation free, indicate none here.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed.)

Education:

Highest grade completed: _____ High school Graduate: Yes No GED: Yes No

College: Master's Degree Yes No - Bachelor's Degree: Yes No - Associate Degree Yes No

Any College credits (list college less than 2 years) _____

Last school attended: _____
(Name) (City)

Experience and Qualifications—Driver:

	State	License No.	Type	Expiration Date
Driver's				
License				

List endorsements currently on your CDL:

- 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. Have you ever been disqualified under the Federal Motor Carrier Safety Regulations for the following?
 Serious violations Operating under the influence of alcohol or drugs
- D. Have you ever been convicted of a felony or driving under the influence, or are you currently in non-compliance with a support order that would preclude your entering any Canadian Province?
 Yes No If yes, please explain: _____

- E. Do you have mountain-driving experience? Yes No
 If yes, in what areas of the country? NW SW W E
 Have you "chained up" before? Yes No
- F. Do you have Haz/Mat experience? Yes No If yes, what classified materials have you transported? _____
- G. Have you failed or refused any DOT-mandated Pre-employment Substance Abuse screens in the previous 24 months? Yes No

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
Straight truck				
Tractor and semitrailer				
Tractor-two trailers				
Other				

Experience and Qualifications—Other:

What safe driving awards do you hold and from whom? _____

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

To Be Read and Signed by Applicant:

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 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 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 also agree that should I be hired or leased and not maintain that status for 90 days, the cost of my substance abuse screen and DOT medical examination will be deducted from my final payroll or settlement.

Checking this box authorizes Bold Transportation Inc to process your information as authorized by law in lieu of your signature for those applications returned via e-mail.

Date

Applicant's Signature