



P.O. Box 25605
Greensboro, NC 27425-5605

Fax Back 662-470-4263

INFORMATION REQUEST FROM PREVIOUS EMPLOYER/CARRIER

Applicant's Full Name: _____
Social Security Number: _____

Date: _____ Signature

I, the above mentioned signer, hereby authorize:

Company	Company	Company

to give Epes Transport System, Inc. all information regarding my services, character, and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order to enable Epes Transport System, Inc. to comply with the requirements of 49 CFR 391.23 and 382.413, I hereby consent Epes Transport System, Inc. to obtain from my prior employers the information pertaining to me. I also authorize the specific release of information they are required to maintain by 49 CFR 382.401 (b) (1) (1) through (iii) regarding alcohol/substance abuse tests. I hereby authorize and direct my prior employers to release such information to Epes Transport System, Inc. in personal interviews, telephone interviews, letters, or any other material that insures confidentiality. I hereby authorize Epes Transport System, Inc. to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decision with respect to it.

DO NOT COMPLETE ANYTHING BELOW THIS LINE. TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY:

Type of Work	Equipment Operated	Areas Driven	Commodities Hauled
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Dry Van	<input type="checkbox"/> 48 States	<input type="checkbox"/> General
<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Reefer	<input type="checkbox"/> Northeast	<input type="checkbox"/> Bulk
<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Containers	<input type="checkbox"/> Mid-Atlantic	<input type="checkbox"/> Hazardous
<input type="checkbox"/> Trip Leaser	<input type="checkbox"/> Tankers	<input type="checkbox"/> Midwest	<input type="checkbox"/> Household
<input type="checkbox"/> Second Seat	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Southeast	<input type="checkbox"/> Oversized Loads
<input type="checkbox"/> Trainee	<input type="checkbox"/> Specialized Trailer	<input type="checkbox"/> Southwest	<input type="checkbox"/> Steel
<input type="checkbox"/> Casual	<input type="checkbox"/> Other _____	<input type="checkbox"/> Local	<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Non-Driving		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Was the applicant involved in any accidents while in your employ? No Yes
If Yes, please explain.

DATE	NATURE OF ACCIDENT	PREV	NON-PREV	DOT	INJURIES/FATALITIES	COST
COMMENTS:						

REQUEST FOR DRUG/ALCOHOL RESULTS		
Based upon a review of your company's drug and alcohol test records:	Yes	No
Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three (3) years?		
Has this individual refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past three (3) years?		
Has this individual violated other DOT drug/alcohol regulations in the past three (3) years?		
Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past three (3) years?		

When did this individual work for your company? From: _____ To: _____

Reason for leaving:	<input type="checkbox"/> Resigned	<input type="checkbox"/> No Show	<input type="checkbox"/> Terminated	<input type="checkbox"/> Laid Off
	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Quit under Dispatch	<input type="checkbox"/> Disqualified	
Eligibility for rehire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Upon Review	Other Comments _____

Verified by (Signature) _____ Title _____ Date _____
Company Name _____ Address _____
Revised 10/19/04



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Consumer Report and Investigative Consumer Report Disclosure
(For Employment Purposes)

In connection with your employment or application for employment (including contract for services) with Epes Transport Systems, Inc. and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.) safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the two (2) year period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800)381-0645.

- ← **CALIFORNIA:** Check this box if you applying for employment in **California** and/or you are a **California** resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← **OKLAHOMA:** Check this box if you applying for employment in **Oklahoma** and/or you are an **Oklahoma** resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.
- ← **MINNESOTA:** Check this box if you are applying for employment in **Minnesota** and/or you are a **Minnesota** resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive information and disclose such information to Epes Transport System, Inc. for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted by Epes Transport System, Inc., I authorize HireRight and Epes Transport System, Inc. to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in HireRight's possession and my employment history with Epes Transport System, Inc. if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes, provided, such information will not include the Drug and Alcohol information, as set forth in Step 1, unless I have given a separate specific consent for HireRight to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFO, ADDRESSED IN PART I

PRINT NAME: _____ SOCIAL SECURITY #: _____

SIGNATURE: _____ DATE: _____