

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 Diesel Direct, Inc. (“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 Diesel Direct, Inc. (“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

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____
(First) (Middle) (Last)

ADDRESS: _____ HOW LONG? _____
(Street) (City) (State & Zip)

DATE OF BIRTH: _____
MM/DD/YYYY

SOCIAL SECURITY NUMBER _____ PHONE NO: _____
--- ---

ADDRESS: _____ HOW LONG? _____
PAST THREE (Street) (City) (State & Zip) YEARS:

_____ HOW LONG? _____
(Street) (City) (State & Zip)

EMERGENCY CONTACT: _____
(NAME) (PHONE NUMBER)

EXPERIENCE AND QUALIFICATIONS (ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED)

LICENSING	STATE	LICENSE NO.	TYPE	EXPIRATION DATE:

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Date: From	Date: To	Miles Driven

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

APPLICANT: AS REQUIRED BY THE US DOT, THE INFORMATION PROVIDED ON THIS PAGE PERTAINING TO PREVIOUS EMPLOYMENT HISTORY MAY BE USED AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. UNDER DOT REGULATIONS, YOU HAVE THE RIGHT TO REVIEW AND REBUT INFORMATION PROVIDED BY A PREVIOUS EMPLOYER. APPLICANTS WISHING TO REVIEW PREVIOUS EMPLOYER PROVIDED INVESTIGATIVE INFORMATION MUST SUBMIT A WRITTEN REQUEST TO THE PROSPECTIVE EMPLOYER. PLEASE SEE THE PROSPECTIVE EMPLOYER AND THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR YOUR SPECIFIC RIGHTS UNDER THIS US DOT REGULATION 391.23.

EMPLOYMENT RECORD (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires that Employment for at least 3 Years and / or Commercial Driving Experience for the past 10 years be listed.

LAST EMPLOYER: NAME _____ PHONE: _____
FAX: _____

ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

2ND EMPLOYER: NAME _____ PHONE: _____
FAX: _____

ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____
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3RD EMPLOYER: NAME _____ PHONE: _____
FAX: _____

ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING: _____
WERE YOU SUBJECT TO THE DOT SAFETY RULES? YES OR NO
SUBJECT TO THE DOT SUBSTANCE TESTING RULES? YES OR NO

TO BE READ AND SIGNED BY THE APPLICANT

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize Diesel Direct, Inc to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Diesel Direct, Inc from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by Diesel Direct, Inc

(Date)

(Applicant's Signature)

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

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(Applicant's Signature)

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(Date)

(Applicant's Signature)

TRUCKING INDUSTRY:

DOT D/A Disclosure and Authorization

Send fax to (800) 257-8069

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above ("Customer"). I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

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 Customer.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

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"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. 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, as allowed by law.

HireRight Solutions, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight Solutions, Inc. is located and can be contacted by mail at 14002 E 21st Street, Suite 1200, Tulsa, OK 74134, and can be contacted by phone at (800) 381-0645. Information about HireRight's privacy practices is available at 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; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers 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 an 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 an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are provided below.

ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify

yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

MASSACHUSETTS: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

NEW YORK: You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

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 Solutions, Inc. ("HireRight"), 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, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

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 all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

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: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

RECEIPT OF COMPANY SUBSTANCE TESTING POLICY

By my signature, I, _____, hereby acknowledge that I have received a copy of Diesel Direct, Inc Substance Abuse and Alcohol Misuse Program. I understand that Diesel Direct, Inc requires employee alcohol and controlled substance testing as a condition of my employment. I also understand the consequences of failing, or refusing to be tested for alcohol or a controlled substance.

I further agree to cooperate and abide by the requirements and conditions of the Diesel Direct, Inc Substance Abuse and Alcohol Misuse Program and understand that failure to do so could be grounds for termination.

(Employee Signature)

(Date)

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

**PREVIOUS PRE-EMPLOYMENT
EMPLOYEE ALCOHOL AND DRUG TEST
STATEMENT**

§40.25(j): As the employer, you must also ask the employee 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 work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety – sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process.
(Refer to §40.25(b)(5) and (e) for further information.)

Prospective Employee
Name: _____

Social Security Number (Last 4): XXX-XX- _____

The prospective employee is required by §40.25(j) to respond to the following questions:

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 work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: YES NO

If you answered "Yes", can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Check one: YES NO

I certify that the information provided on this document is true and correct.

Prospective Employee Signature:

_____ Date: ____/____/____

Witnessed by:

_____ Date: ____/____/____

(Company Representative)

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

Fleet Safety Services, Inc. / Diesel Direct, Inc

**ACKNOWLEDGMENT AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with your application for employment with Diesel Direct, Inc, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for Diesel Direct, Inc and any other company with which they contract for your services. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____ Date of birth: _____

Social Security #: _____

Driver's License State & number #: _____

Current Address: _____

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

**MANDATORY NOTIFICATION OF ALL DRIVING PRIVILEGE
SUSPENSIONS, REVOCATIONS, AND DISQUALIFICATIONS;
INCLUDING ALL MOVING VIOLATIONS & CELL PHONE USE**

I, _____, understand that I am absolutely prohibited from utilizing a hand held mobile telephone while operating a commercial motor vehicle for Diesel Direct, Inc. This includes both originating and receiving telephone calls, and texting. (I understand that I am permitted to utilize a hands free device, or a mounted device, which can be operated by pushing a single button for voice mobile communications, if my employer permits.)

I understand that utilizing a hand held mobile telephone, as prescribed above, for voice communications and/or texting may result in the immediate termination of my employment.

I, _____, agree to notify my direct supervisor of Diesel Direct, Inc **immediately** of any suspension, restrictions, disqualifications or revocations of my driver's license and **within 30 days** of any moving violation conviction(s) I may receive. This requirement pertains to actions resulting from my operation of any motor vehicle or for any non-motor vehicle offense.

Failure to provide the above prescribed notifications may result in a suspension or termination of my employment.

These reporting requirements are mandated by the US DOT and are outlined in 49 CR parts 383.31, 383.33 and 391.15.

The cell phone and texting ban are outlined in 49 CFR part 392.

Signature

Date

Version Jan 2012

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072
RECORD OF ROAD TEST

Driver's Name: _____

Operator/Chauffeur's License Number: _____ State: _____ Expiration: _____

Type of Power Unit: _____ Type of Trailer: _____ If Passenger Carrier, Type of Bus: _____

- **(NON-CDL) drivers** – Road Test is **mandatory** for all drivers who have a non-CDL driver's license and will be assigned to operate a commercial motor vehicle with GVWR between 10,001 – 26,000 lbs.
- **Class A, B or C drivers** – Road Test is only **mandatory** for drivers who will be assigned to operate a commercial motor vehicle requiring a doubles/triples or tank vehicle license endorsement

NOTE: A motor carrier (employer) may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his/her driving skills as a condition to his/her employment as a driver.

Please assess the level of skill and competence the driver exhibits performing each of the following operations

- **The Pre-trip Equipment Inspection**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

- **Coupling and Uncoupling of Combination Units**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

- **Placing the commercial Motor Vehicle in Operation**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

- **Operating the Commercial Motor Vehicle in Traffic and While Passing Other Motor Vehicles**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

- **Turning the Commercial Motor Vehicle**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

- **Braking and Slowing the Commercial Motor Vehicle by Means Other than Braking**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

- **Backing and Parking the Commercial Motor Vehicle**
 Unsatisfactory Satisfactory Needs Training
 Comments: _____

:
 Duration of Road Test _____ hours/minutes, _____ miles

 (Name of Examiner -please print)

 (Signature)

 (Date)

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

Certificate of Road Test

Driver's Name: _____

Operator/Chauffeur's License Number: _____ State: _____ Expiration: _____

Type of Power Unit: _____ Type of Trailer: _____

If Passenger Carrier, Type of Bus: _____

This is to certify that the above named driver was given a road test under my supervision on
_____, consisting of approximately _____ miles of driving.
(Date)

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of
commercial motor vehicle listed above.

(Signature of Examiner) (Title) (Date)

Name of Examiner: _____ Address: _____

Examiners Organization or Company Name: _____

This certificate must be completed after each successful Road Test. The driver should receive a copy of both the Record of Road Test as well as this certificate, and the originals of both documents should remain in the Driver s Qualification File.

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

DRIVER DATA SHEET
For New, Casual and Temporary Drivers

Name: _____

Instructions:

Motor carriers when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. (Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Hours Worked							

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: _____ on:

_____ (month, day, year)

(time)

Signature: _____ Date: _____

Diesel Direct, Inc
74 Maple Street Stoughton, MA 02072

EMERGENCY RESPONSE GUIDEBOOK

By my signature, I, _____, hereby acknowledge that I have received a copy of the Hazardous Materials Emergency Response Guidebook detailing emergency response procedures as developed under the supervision of the Office of Hazardous Materials Initiatives and Training, Research and Special Programs Administration, U.S Department of Transportation and have been familiarized with the proper procedures related to a potential hazardous materials incident which could occur at Diesel Direct, Inc .

(Driver's Signature)

(Company)

(Date)

(Company Supervisor's Signature)

Note: The receipt shall be read and signed by the driver. A responsible company Supervisor shall countersign the receipt & place it in the driver's qualification file.

MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION

Effective May 21, 2014, motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in 391.23 and 391.51.

391.23(m)(1) Investigation and Inquiries. The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with 391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

391.51(b)(9) General requirements for driver qualification files. A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by 391.23(m).

The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____

Driver ID Number: _____

Medical Examiner Name: _____

Medical Examiner National Registry Number: _____

Motor Carrier Name: _____

Motor Carrier Location: _____

Verified By: _____

Date Verified: _____

Motor Carrier Representative Signature
(This information is required for DOT Compliance)

Motor Vehicle Driver's

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 or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)

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**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: 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 (Section 391.27). Drivers who have provided information required by Section 393.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. 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 (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF 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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



General Workers Compensation Release

I, _____ do hereby authorize HireRight to research and receive information on any and all information in my background, including workers' compensation claims.

Applicant's Name (Printed)

Applicant's Signature

Date

Social Security Number

Date of Birth

(If Notary Public is required)

Notary Signature

(seal)

Date Notarized