

# DISCLOSURE AND RELEASE FORM

## SERVICES TO BE PERFORMED

This section should be completed by the Employer

Please indicate below which background checks you wish to have Foley Carrier Services LLC. perform:

<input type="checkbox"/> Safety Performance History Inquiry (Included)	<input type="checkbox"/> Criminal Report (Call for pricing)
<input type="checkbox"/> DQF Annual Motor Vehicle Report (Included)	<input type="checkbox"/> National Criminal & Sex Offender Registry Report (Call for pricing)
<input type="checkbox"/> Drug & Alcohol Inquiry Only (Call for pricing)	<input type="checkbox"/> Social Security Number to confirm SSN & provides previous addresses (Call for pricing)
<input type="checkbox"/> References (Call for pricing)	<input type="checkbox"/> Education Verification (Call for pricing)
<input type="checkbox"/> Worker's Compensation Claim Report (Call for pricing)	<input type="checkbox"/> Motor Vehicle Report ONLY (Call for pricing)

The receipt of certain background information on an individual involves specific duties and obligations under the Fair Credit Reporting Act. The individual about whom background information is being requested MUST sign this Disclosure and Release.

Any person who knowingly and willfully obtains a consumer report under false pretenses, or for reasons other than employment purposes, may face criminal prosecution.

Employer Authorization (Signature)	Title	Date
Company Name		Client Code

## APPLICANT AUTHORIZATION

This section should be complete by the Applicant

Applicant Profile			
Applicant Name:	ROBERT KIMANI	Social Security Number:	218 53 4280
Date of Application:	10/11/16	Driver's License Number:	K550 745 000962
License Expiration Date:	12-19-2017	Date of Birth:	12-19-73
Address 1:	7 SHAWNEE CT #203	Address 2:	
City:	PARKVILLE	State:	MD
Zip:	21234	Telephone:	443 857 9118

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY FOLEY CARRIER SERVICES LLC. WITH REGARD TO THIS INQUIRY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I authorize Foley Carrier Services LLC. and their agents to conduct the background investigations indicated above, in conjunction with my current or prospective employer's service contract with Foley Carrier Services, LLC. I understand that these background checks may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, alcohol and controlled substances testing history, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. Information may also be obtained from Foley Carrier Services LLC and their agents concerning previous driving record requests made by others from such state agencies, and state provided driving records. All information obtained will be provided to my current or prospective employer and used for employment purposes only.

This authorization shall remain on file and shall serve as ongoing authorization for the above named employer to procure motor vehicle reports at any time during my employment (or contract) period.

Applicant Authorization (Signature)

Date

10/11/16



**APPLICATION FOR EMPLOYMENT**

GREEN/FORM NO.

**DQF  
1**

Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

**To be completed by Employer:**

Motor Carrier:
Address:

**To be completed by Applicant:**

Applicant's Name: <b>ROBERT KIMMAM</b>	Date of Application: <b>10-11-16</b>
Current Address: <b>7 SHAWNEE CT #203, PARKVILLE, MD 21234</b>	Social Security No.: <b>218-53-4280</b>
Length of time at this address: <b>3 yrs</b>	Date of Birth: <b>12-19-1973</b>
	Telephone No.: <b>443 857 9118</b>

**PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)**

Street	City	State/Zip	How long	Additional Information Attached
<b>4 SHAWNEE CT #101</b>	<b>PARKVILLE</b>	<b>MD 21234</b>	<b>2 yrs</b>	<input type="checkbox"/>
<b>9 MILL POND LN #28</b>	<b>OWINGS MILLS</b>	<b>MD 21117</b>	<b>7 yrs</b>	<input type="checkbox"/>

**LIST ALL UNEXPIRED LICENSES AND/OR PERMITS**

State	Number	Expiration Date	Additional Information Attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)**

Type	Experience in Years and / or Miles Driven	Additional Information Attached
<b>TRUCKS &amp; TRAILERS</b>	<b>8 yrs</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS**

DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

☒ Check here to certify that you have had no accidents in the last three years

**LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS**

DATE	CITY/STATE	CHARGE	PENALTY

☒ Check here to certify that no convictions or bond forfeitures have occurred

**DQF 1 - APPLICATION FOR EMPLOYMENT**

Retain for 3 years after ceasing duties



# APPLICATION FOR EMPLOYMENT

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE:

☒ Check here to certify that no such denial, revocation or suspension has occurred

## EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).

Employer Name: <u>KOTLIK TRUCKING</u>	Employed From: <u>NOV 2014</u>	To: <u>JULY 2016</u>
Address: <u>211 HIGHWAY 212 E</u>	Position:	
<u>BUFFALO LAKE MN 55314 (320)</u>	Salary:	
Contact: <u>KURT/BRENDA</u> Phone: <u>833 2414</u>	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name: <u>E.M TRANSPORTERS</u>	Employed From: <u>2008 /</u>	To: <u>2014</u>
Address: <u>706 LUKE RD</u>	Position: <u>TRUCK DRIVER</u>	
<u>MIDDLE RIVER, MD 21220</u>	Salary: <u>1,200 PER WEEK</u>	
Contact: <u>ERIC MUNDIA</u> Phone: <u>443 824364</u>	Reason for Leaving: <u>TRUCK OWNERSHIP</u>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Employed From: <u>/</u>	To: <u>/</u>
Address:	Position:	
	Salary:	
Contact: Phone:	Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## OFFICE USE ONLY

<input type="checkbox"/> Applicant Hired	Date:	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:			
<input type="checkbox"/> Date of Termination of Employment:		Authorized by:	
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other:	
Reason:			

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.

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



**RECEIPT OF DRIVER'S RIGHTS**

PURPLE/FORM NO.

**SPH**  
**1**

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

**DRIVER REVIEW AND RECEIPT**

☐ I acknowledge that \_\_\_\_\_ has provided me with written  
Employer Name  
instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

- ☐ **Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- ☐ **Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- ☐ **Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

Robert Kimani  
Driver's Full Name

[Signature]  
Driver's Signature

10/11/16  
Date

\_\_\_\_\_  
Supervisor/Authorized Motor Carrier Representative Signature

\_\_\_\_\_  
Date

**Employer Keeps Original, Provides Scan or Copy to Applicant**



**SAFETY PERFORMANCE HISTORY INVESTIGATION**

GREEN/FORM NO.

**SPH  
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: ROBERT KUMANI Social Security Number: 216534280 Client Code: \_\_\_\_\_

Applicant's Signature: [Signature] Previous Employer: E.M. TRANSPORTERS

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

**Verification of Employment**

Applicant was employed with this company from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Position required a Commercial Drivers License? ☐ Yes ☐ No

**Accident Information**

☐ No accident information to report (as defined by Part 390.5)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: \_\_\_\_\_

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

**Prohibited Drug and Alcohol Testing Information**

- ☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment  
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ☐ No

Have a verified positive drug test result? ☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ☐ Yes ☐ No

Have a violation of any of the other drug and/or alcohol testing prohibitions? ☐ Yes ☐ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? ☐ Yes ☐ No

Successfully complete the return to duty program while in your employment? ☐ Yes ☐ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

**Previous Employer Contact Information**

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name

Title

Telephone

Fax

Mailing Address

Signature of Company Official releasing this information

Date Released



**SAFETY PERFORMANCE HISTORY INVESTIGATION**

GREEN/FORM NO.

**SPH  
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: Robert Kimani Social Security Number: 218534780 Client Code: \_\_\_\_\_

Applicant's Signature: [Signature] Previous Employer: KOTICE Trucking

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

**Verification of Employment**

Applicant was employed with this company from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Position required a Commercial Drivers License? ☐ Yes ☐ No

**Accident Information**

☐ No accident information to report (as defined by Part 390.5)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: \_\_\_\_\_

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

**Prohibited Drug and Alcohol Testing Information**

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment

☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

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\_\_\_\_ Previous Employer Contact Name

\_\_\_\_ Title

\_\_\_\_ Telephone

\_\_\_\_ Fax

\_\_\_\_ Mailing Address

\_\_\_\_ Signature of Company Official releasing this information

\_\_\_\_ Date Released



**SAFETY PERFORMANCE HISTORY INVESTIGATION**

GREEN/FORM NO.

**SPH  
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Client Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

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Position: \_\_\_\_\_ Position required a Commercial Drivers License? ☐ Yes ☐ No

**Accident Information**

☐ No accident information to report (as defined by Part 390.5)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: \_\_\_\_\_

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

**Prohibited Drug and Alcohol Testing Information**

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During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?

☐ Yes ☐ No

Have a verified positive drug test result?

☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?

☐ Yes ☐ No

Have a violation of any of the other drug and/or alcohol testing prohibitions?

☐ Yes ☐ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?

☐ Yes ☐ No

Successfully complete the return to duty program while in your employment?

☐ Yes ☐ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

**Previous Employer Contact Information**

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name Title

Telephone Fax

Mailing Address

Signature of Company Official releasing this information Date Released

**SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION**

Retain for 3 years after the driver leaves your employment