



AUTHORIZATION TO RELEASE INFORMATION

NAME OF APPLICANT

First Name _____ Middle _____ Last Name _____

Other Names Used (including birth name) _____ Years Used _____

Email Address: _____

Phone: _____ Cell Phone: _____

ADDRESS HISTORY

Current Address

Street _____

City _____ State _____

Zip _____

Dates Lived Here _____

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

1 _____

2 _____

3 _____

4 _____

Background Check Release Form

PERSONAL INFORMATION

Date of Birth _____ / _____ / _____

Social Security _____ / _____ / _____

Number Driver's License # _____ State _____

EMPLOYMENT HISTORY

Current Employer: _____

Address/City: _____

Number of years with present employer: **Start:** _____ **Finish:** _____

May we contact your Current Employer? Yes or No

Name of Supervisor: _____

Phone Number: _____

Previous Employer: _____

Address/City: _____

Number of years with employer: **Start:** _____ **Finish:** _____

May we contact your Previous Employer? Yes or No

Name of Supervisor: _____

Phone Number: _____

CDL Driver Information

FMCSA Section 383.21

No person who operates a commercial motor vehicle shall at any time have more than one driver license, by signing this application you are certify that you do not have more than 1 driver license.

Additional Questions

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by previous employer?

Circle One – Yes – No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Circle One – Yes or No

Background Check Release Form

DOT Clearinghouse

Will you give consent to Santa Energy to conduct a limited query of the in the FMCSA Clearinghouse portal to determine whether a drug or alcohol violation exists. I understand that if the limited query indicates that a drug or alcohol violation is reported to Santa Energy, additional information in the FMCSA portal will request that I approve a full query as needed by Santa Energy to complete the full query requirement as stated in 49 CFR Part 40. I understand that the query is a requirement of my employment and obligation to hold a valid CDL and if I decline to allow Santa Energy to pull my query, I will not be able to perform safety sensitive functions or operate a CMV with Santa Energy.

Circle One – Yes or No

Have you ever been denied a license, permit or privilege to operate a CMV? Circle One –Yes or No

Reason: _____

Has any license, permit or privilege been suspended or revoked? Circle One –Yes or No

Reason: _____

Accident Records

Please list any accidents that occurred for the last 3 years while operating a CMV

Date: _____

Nature of Accident: _____

Fatalities: Yes or No

Number injuries: _____

Chemical Spills: Yes or No

Diving Experience - Check all that apply

Straight Truck _____

Tractor and Semi-Trailor _____

Tractor – Two Trailers _____

Other _____

Total Years of Experience _____

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of the requesting Company to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures.

Information appearing on this Authorization will be used exclusively by the requesting Company for identification purposes and for the release information which will be considered in determining any suitability for employment.

Background Check Release Form

I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment.

I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by the requesting Company to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to the requesting Company upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Company has previously furnished within the two-year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews, will be sufficient grounds for rejection of the right to employment by stated company.

Printed Name _____

Applicant Signature _____

Date ____/____/____

Disclaimer: this form is not meant to provide legal advice of any kind. Legal advice should be sought from your attorney. We make no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the information contained herein. We make no warranty that this form is appropriate for your needs.

FCRA & EEOC and States laws are covered in our background searches and a full FCRA Report is available upon request.

You have the right to receive a copy of any investigative consumer report requested by the Company, upon its completion, by contacting the following consumer reporting agency:

Empire Consulting
P.O. Box 578, Georgetown, CT 06829 (866) 612-0701