



1500 TRUMBULL AVENUE GIRARD, OH. 44420
Phone # (800) 321-9038 OR (330) 759-0438 / Fax # 330-759-5561 OR 330-759-5558

APPLICATION FOR EMPLOYMENT: DRIVER

Please Note: This application must be filled out completely or it will not be processed

EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, military status or the presence of a disability.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and /or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____ Date of Application: _____

GENERAL INFORMATION

Pursuant to FMCSR code 391.21(b)2, please complete the following information:

Name: _____ Phone: () _____ SS#: _____
Address: _____ City: _____
State: _____ Zip: _____ How long have you lived at this address? _____
Email Address: _____

RESIDENCES IN THE PAST THREE YEARS

Pursuant to FMCSR code 391.21(b)3, please complete the following information:

Address: _____ How Long? _____
Address: _____ How Long? _____
Address: _____ How Long? _____

Have you worked for this company before? Y/N Where? (Name) (Address) (Phone)
Are you related to anyone in the company? Y/N Who?
Reason for leaving?
Who referred you? Rate of Pay expected?
Have you ever been convicted of a misdemeanor or felony? Date?
Are you able to perform the requirements of the position as they have provided / described to you?
Do you permit us to run your Motor Vehicle Report? If so, please provide the following:
Name (exactly how it is written on your driver license):
License #: State: Class: Expiration Date:

DRIVING INFORMATION

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Pursuant to FMCSR code 391.21(b)7, please provide the following information: **If NONE check here:**

Dates	Nature of Accident Head-on, rear-end, upset, etc.	Fatalities	Injuries
Last Accident:	DO NOT LEAVE SECTION BLANK		
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Pursuant to FMCSR code 391.21(b)8, please provide the following information: **If NONE check here:**

LOCATION	DATE	CHARGE	PENALTY
	DO NOT LEAVE	SECTION BLANK	

DRIVER'S LICENSES & PERMITS FOR THE PAST 3 YEARS

Pursuant to FMCSR code 391.21(b)5, please provide the following information:

State	License Number	Type / Class	Expiration Date(s)	Endorsements
	DO NOT LEAVE	SECTION BLANK		

Have you ever been disqualified under Federal Motor Carrier Safety Regulations Guidelines? Yes ___ No ___ Date? ____

Pursuant to FMCSR code 391.21(b)10, please answer the following:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___ Date? ____

Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___ Date? ____

Have you ever been convicted or are any charges pending for driving while under the Influence of alcohol, a narcotic drug, amphetamines or derivatives thereof? Yes ___ No ___ Date? ____

Have you ever failed or refused any DOT pre-employment drug or alcohol test by any employer where you did not accept or were refused employment as a driver? Yes ___ No ___ Date? ____

If you answered "YES" to any of the above, please explain: _____

DRIVING EXPERIENCE

Pursuant to FMCSR code 391.21(b)6, please provide the following:

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approximate # of miles (total)
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor & Two Trailers				
Other				

List states operated in for the last five years: _____

Truck Driving School: _____

Phone Number: _____

City, State: _____

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

WORK EXPERIENCE Pg.1

PLEASE READ : Department of Transportation requires us to have employment history for the past **10 years**.

If a former employer is no longer in business, in addition to the information provided below, please provide W-2's, 1099's and references.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

TOTAL NUMBER OF ACCIDENTS: _____ NUMBER OF CHARGEABLE ACCIDENTS: _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SECOND LAST EMPLOYER COMPANYNAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

TOTAL NUMBER OF ACCIDENTS: _____ NUMBER OF CHARGEABLE ACCIDENTS: _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

THIRD LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

TOTAL NUMBER OF ACCIDENTS: _____ NUMBER OF CHARGEABLE ACCIDENTS: _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver Applicant Name: _____ **Social Security:** _____

WORK EXPERIENCE Pg.2

PLEASE READ : Department of Transportation requires us to have employment history for the past 10 years.

If a former employer is no longer in business, in addition to the information provided below, please provide W-2's, 1099's and references.

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

TOTAL NUMBER OF ACCIDENTS: _____ NUMBER OF CHARGEABLE ACCIDENTS: _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

TOTAL NUMBER OF ACCIDENTS: _____ NUMBER OF CHARGEABLE ACCIDENTS: _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

TOTAL NUMBER OF ACCIDENTS: _____ NUMBER OF CHARGEABLE ACCIDENTS: _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver Applicant Name: _____ **Social Security:** _____

COMMENTS: _____

TO BE READ AND SIGNED BY APPLICANT

I certify that all information I have provided in order to apply for and secure work is true, complete and correct.

I expressly authorize, without reservation, you to make such investigations and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume' and interview process. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations and organizations for furnishing such information about me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disqualification for consideration or discharge. I understand, also, that I am required to abide by all the rules and regulations of the company.

Applicant agrees to furnish such additional information as may be requested and to willingly submit to any examination NOW OR IN THE FUTURE as may be required to obtain and to continue employment which could include, but not be limited to a D.O.T Physical, Drug screen and/or written test. Positive findings on a drug screen would make the driver/applicant ineligible to drive.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an executive of the company.

I understand that I may only hold one Commercial Drivers License, that this license must be issued by the state I reside in and I agree to comply with these federal requirements.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I agree to these conditions of employment and if employed, agree to abide by any and all company rules during employment.

This certifies that I have read and understand the preceding paragraphs and agree to any and all terms of employment contained in them. This certifies that this application was completed by me and that all entries on it and all information in it are true and complete.

Signed: _____
Revised 9-11

Date: _____

Authorization/Liability Release for AIM

I hereby authorize the above stated company to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information to the company requesting this information. This information is being requested in compliance with §40.25 and §391.23

Applicant Signature: _____

Date: _____

Applicant Please Sign & Date Only

Previous Employer: _____

Contact: _____

Street: _____

Phone: _____

City, State, Zip: _____

Fax No: _____

Prospective Employee Name: _____

Social Security Number: _____

This person has submitted an application to our company for a position as a truck driver. He/she states that he/she was employed by your company as a _____ from _____ to _____.

*** **Are the above dates correct?** Yes No -If no, please explain & provide dates: _____.

Safety Performance History

Did he/she drive motor vehicles for you? Yes No; if NO what Position: _____

If yes, what type: Straight Truck Tractor-Trailer; Other (specify): _____

Cargo Tank Flatbed Doubles/Triples Bus Other _____ Was it: Over the Road Local

Was Driver: Discharged Laid off Resigned

Eligible for Rehire? Yes No Upon Review; If no, please explain: _____

Accident History

Please give the following information for any accidents included on your accident register [§390.15(b)] that involved the applicant (regardless of fault) which occurred in the previous three (3) years. **Or, check here if there is no accident register data for this applicant.**

Date	City, State	Description	Preventable(Y/N)	# Injuries	#Fatalities	Hazmat Spill
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Drug & Alcohol History: As your are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a compliant notification being filed with the Federal Motor Carrier Safety Administration using the compliant process specified at §386.12.

Pursuant to §382.409 of the Federal Motor Carriers Safety Regulations, please provide information from your records concerning the following questions: Within the past three (3) years has this applicant ever: If applicant was not subject to Department of Transportation (DOT) testing requirements while employed by you, please check here .

- Had an alcohol test with a concentration level result of 0.04 or greater? Yes No
- Tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
- Refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? Yes No - If yes, date: _____
- Violated other DOT drug or alcohol regulations of Subpart B of Part 382, or 49 CFR Part 40? Yes No
- If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? Yes No (If yes, please send documentation of the SAP name, address and phone number when you return this form)
- For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result o 0.04 or greater, a verified positive drug test, or refused to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

Completed By:

Signature: _____ Title: _____

Name: _____ Date: _____

Recorded By: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

*CDL holder only Date of Birth _____ SSN# _____ LICENSE NO. _____

I hereby authorize you to release the following information to _____ for purposes of
(Prospective Employer)

investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant Please Sign & Date:

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. the consumer (applicant) has authorized, in writing, the procurement of this report;
2. the consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. the information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, section 300002(a)).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip)

REQUESTED BY

(Name of Company) Aim NationalLease / Aim Integrated Logistics
(Typed Name)

(Address) (Title)

(City) (State) (Signature)

DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

**Please Sign
& Date!**

Driver's Signature

Date

STATEMENT OF EMPLOYMENT STATUS / VERIFICATION

() Statement of Self-Employment

() Statement of Unemployment

I, _____, was () self-employed () unemployed from _____
to _____.

My self-employment / unemployment consisted of: _____

The following references can verify my self-employment:

Name: _____

Address: _____

Telephone: _____

I did business with the following bank(s): (Please write on back if more space is needed)

Name of Bank: _____

Address: _____

Telephone: _____

If you were an Owner/Operator, please list all companies you were leased with for the ten-year history, prior to this application date. (Please write on the back if more space is needed)

1. Name: _____ Telephone: () _____

Address: _____

2. Name: _____ Telephone: () _____

Address: _____

3. Name: _____ Telephone: () _____

Address: _____

ADDITIONAL EMPLOYMENT VERIFICATION:

Regulations require all employment be verified for the last 10 years. Other forms of employment verification required (choose one or more) **Please attach.**

() Self-Employment 1099 copies enclosed

() Yearly profit and loss statements

() IRS tax filing form 1040

() Copies of checks (1st & last)

() Copies of unemployment reg. card.

() Copies of unemployment check(s)

I certify that all entries are true and complete. I am submitting this form as an addendum to my application for verification purposes.

Signature

Date

Please complete & sign at the bottom!

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(j).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past three (3) years.

NAME _____ DATE _____

SOCIAL SECURITY # _____

Applicant/Driver Please answer items listed below.

A. During the past three (3) years have you tested positive on a Pre-employment alcohol safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

B. During the past three (3) years have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return – to – duty process required by Part 40 Subpart O.

Date: _____ Name (Print) _____

Signature of Applicant/Driver _____

Witness _____

Please Sign & date!

Record keeping requirements: If “yes” to either question – 5 year retention. If “no” to both questions – discard after employment terminates.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Aim Leasing Company ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Aim Leasing Co. ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.