**REYNOLDS NATIONWIDE**

**A DIVISION OF UNIQUE LEASING, INC.**

**8755 HIGHWAY 87 EAST**

**SAN ANTONIO, TX 78263**

**(888)648-3604 Fax (210)648-1342**

**TO ALL DRIVERS:**

REYNOLDS NATIONWIDE, A DIVISION OF UNIQUE LEASING INC., is a Common Interstate Motor Carrier with freight responsibilities in several states including Texas, New Mexico, Ohio, Penn, Illinois, Nevada, and other states. Driver employees of Reynolds Companies are subject to travel in any or all of the continuous 48 states in order to deliver freight as required by our customers, shippers and receivers.

By execution of this document, I recognize that I may be subject to travel in any or all of the 48 states during my employment with Reynolds Transportation Inc., Reynolds Nationwide, and or Unique Leasing, Inc.

**COMPLETE DRIVERS INFORMATION FORM:**

(List last ten years of employment) Account for all employment or dates between employment. Failure to list all employment within the ten (10) year period or falsification of work record will be subject to employee not being considered for the job. Dates, phone numbers and complete addresses are required on all applications or application will not be processed.

**NOTICE**

IF ALL QUESTIONS ARE NOT ANSWERED COMPLETELY

THE APPLICATION WILL NOT BE PROCESSED!

**NOTICE**

**DRIVER APPLICATION**

**CAN NOT BE PROCESSED UNLESS THE FOLLOWING IS COMPLETE**

1. COMPLETE EMPLOYMENT DATES FOR THE PAST TEN YEARS WITH NO GAPS! NO GAPS! NO GAPS!
2. COMPLETE COMPANY ADDRESSES
3. COMPLETE COMPANY PHONE NUMBERS

**DRIVER INFORMATION FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number/Street) (City) (State) (Zip Code)

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YY) (Age) (City/State/Country)

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_

**ALL DRIVER’S EMPLOYMENT HISTORY FOR THE PAST TEN YEARS**

**Begin with present experience and work backward to earlier. Listing all of your employers, driving school and other training programs, periods of military service, self-employment and periods of unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. All information is subject to verification.**

**DATES: From month/year \_\_\_\_\_\_\_\_\_\_\_\_ to present \_\_\_\_\_\_\_\_\_\_\_\_**

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of equip. driven: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Number of accidents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_ Compensation/Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full or Part Time: \_\_\_\_\_\_\_\_ Hours or Miles/Week: \_\_\_\_\_\_\_\_ Reason For Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES: From month/year \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_**

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**Full or Part Time: \_\_\_\_\_\_\_\_ Hours or Miles/Week: \_\_\_\_\_\_\_\_ Reason For Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPLICATION FOR EMPLOYMENT

REYNOLDS TRANSPORTATION, INC.

P.O. BOX 201720 SAN ANTONIO, TEXAS 78220-8720 (210) 648-7770 (210) 648-5527 Fax

**APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION**I understand that the information in this application will be used and that prior employers will be contacted for purpose of investigation as required by 391.23 of the Motor Carrier Safety Regulations. I also understand that I will be required to take a D.O.T. Physical exam and drug screen.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Federal law obligates us to reasonably accommodate the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation in order to complete the application process or an essential element of the position sought.

**ALL QUESTIONS MUST BE ANSWERED**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First middle last

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (not discriminated against due to age) \_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long? \_\_\_\_\_

Address City State Zip

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long? \_\_\_\_\_

Address City State Zip

IN CASE OF EMERGENCY NOTIFY (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_

Name Address Phone

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_

Name Address Phone

Who Referred You? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Newspaper, Name of Newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_\_\_\_ If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Many Years of Tractor Semitrailer Experience Can You Prove? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years

**ANSWER THE FOLLOWING QUESTIONS WITH “YES” OR “NO”**

Are you Physically Capable of Heavy Manual Work? \_\_\_ Have you ever been Convicted of a Felony \_\_\_ If yes, When? \_\_\_\_\_

Are you Familiar with the Motor Carrier Safety Regulations? \_\_\_ Have you ever been Arrested for Driving while Intoxicated? \_\_ If yes,

When? \_\_\_\_\_\_\_

Do you Have Hazardous Materials Endorsement? \_\_\_\_ Have you ever tested Positive for Drugs or Alcohol? \_\_\_\_ If yes, When? \_\_\_\_\_

Have you Prepared and Turned in Logs in the Past 12 months? \_\_\_\_ Have you ever had your Drivers License Suspended or Revoked \_\_\_ If yes, When? \_\_\_\_\_\_\_

Do you take any Drugs/Medication That Might affect your Driving? \_\_\_\_\_\_

**LIST ALL STATES OPERATED IN FOR THE LAST FIVE YEARS: USE ‘X’ TO INDICATE.**

AL \_\_ FL \_\_ KY \_\_ MO \_\_ NJ \_\_ PA \_\_ VA \_\_

AR \_\_ GA \_\_ LA \_\_ MT \_\_ NM \_\_ RI \_\_ VT \_\_

AZ \_\_ IA \_\_ MA \_\_ MS \_\_ NV \_\_ SC \_\_ WA \_\_

CA \_\_ ID \_\_ MD \_\_ NC \_\_ NY \_\_ SD \_\_ WI \_\_

CO \_\_ IL \_\_ ME \_\_ ND \_\_ OH \_\_ TN \_\_ WV \_\_

CT \_\_ IN \_\_ MI \_\_ NE \_\_ OK \_\_ TX \_\_ WY \_\_

DE \_\_ KS \_\_ MN \_\_ NH \_\_ OR \_\_ UT \_\_

**DRIVING EXPERIENCE:**

APPROX

MILES

DATES

FROM TO

CLASS OF EQUIPMENT

TYPE OF EQUIPMENT (VAN, TANK FLAT, ETC.)

STRAIGHT TRUCK

TRACTOR AND SEMI TRAILER

TRACTOR – TWO TRAILERS

OTHER

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT DRIVERS LICENSE:

State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_ License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Currently Hold A Driver’s License In Addition To That Listed Above? (State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List States and Years of All Driver Licenses Held In Past 10 Years

State \_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_ License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_ License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_ License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Ever Been Denied A Driver’s License? Yes \_\_\_\_ No \_\_\_\_\_ If Yes, Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Ever Been Disqualified Subject to Parts 383 or 391 of the Federal Motor Carrier Safety Regulations? \_\_\_

Have You Worked Under Any Other Name? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ALL ACCIDENTS FOR THE PAST 3 YEARS OR MORE (ADDITIONAL SPACE BELOW IF NEEDED)

DATES NATURE OF ACCIDENT FATALITIES INJURIES EXTENT OF DAMAGE - $

Last Accident

Next Previous

Next Previous

Next Previous

TRAFFIC CONVICTIONS (TICKETS) AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking tickets)

LOCATION DATE CHARGE PENALTY

**MILITARY STATUS**

Have You Served in the U.S. Armed Forces? \_\_\_\_\_\_\_ Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: From \_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_

Rank at Discharge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Draft Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reserve Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name City State

**DATE YOU ARE AVAILABLE FOR WORK** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have responsibilities or commitments that would prevent you from performing the duties and meeting the schedules of an Over the Road driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL HISTORY**

Date of Last Physical Examination \_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Name and Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s Names And Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you physically qualified to operate a motor vehicle as outlined in section 391.41 of the Federal Motor Carrier Safety Regulations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S STATEMENT**

**TO BE READ AND SIGNED BY APPLICANT**

To Applicant: READ THIS INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age and disability with respect to certain individuals. The Law of most States prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

This certifies that this application was completed by me, and that these answers are true and complete to the best of my knowledge. The Company may investigate all the statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment is conditioned upon a health evaluation be a doctor selected by the Company, to determine whether I can perform the job duties. I specifically authorize, as part of the physical examination, a test for drugs and alcohol. Additionally I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with and interest that the Company deems appropriate.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**Date of Interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Interview By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name REYNOLDS TRANSPORTATION, INC.

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Social Security number

**REYNOLDS TRANSPORTATION, INC.**

**NOTIFICATION OF PROCUREMENT OF CONSUMER REPORT**

**Through this document, Reynolds Transportation, Inc. is putting you on notice and disclosing to you that the Company and/or DAC Services (acting on behalf of Reynolds Transportation, Inc.) may obtain a consumer report, which may include an investigative consumer report, for employment purposes as part of the pre-employment background investigation. In addition such a consumer report may be obtained at any time during your employment.**

**An investigative consumer report includes information as to your character, general reputation, personal characteristics and/or mode of living. Upon your written request received by us within a reasonable time, we will make a complete and accurate disclosure of the nature and scope of the investigative consumer report.**

**Please sign below to signify your receipt and understanding of the above disclosure.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant or Employee Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number Applicant or Employee Name (PRINT)**