



AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below: I authorize Gold Shield Limousine Company (“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.

Signature :

Name : _____

Date : _____

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.





GOLD SHIELD

BACKGROUND CHECK DISCLOSURE FOR EMPLOYMENT PURPOSES

Gold Shield Limousine Company may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, re assignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and /or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and throughout the course of your employment. Order Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, (866) 915-0792, www.validityscreening.com, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit; names and dates of previous/current employment; worker's compensation claims; criminal history records (from federal, state, local, international, and other law enforcement agencies' records); sexual offender's lists; wants and warrants records; motor vehicle records; military records; educational verification; license verification; civil cases; OIG/GSA;OFAC/patriot act; any sanction lists; fingerprinting; and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance, and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer report by contacting the Company you are applying to. A Summary of Your Rights Under the Fair Credit Reporting Act is also being provided to you.



WWW.GOLDSHIELDCARS.COM



BACKGROUND CHECK DISCLOSURE FOR EMPLOYMENT PURPOSES

I authorize the complete release of records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have to Order Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, (866) 915-0792, www.validityscreening.com. I authorize the full release of the information described above, without any reservation, and throughout the duration of my employment at the Company. This authorization and consent shall be valid in original, facsimile (“fax”), or copy form.

Signature :

Date : _____





The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last) :	<input type="text"/>
Maiden/AKA/Previous Name(s) :	<input type="text"/>
Social Security Number (SSN) :	<input type="text"/>
Date of Birth (MM/DD/YYYY) : (This will not affect hiring decision)	<input type="text"/>
Driver's License Number :	<input type="text"/>
State of Issue :	<input type="text"/>
Current Address :	<input type="text"/>
City :	<input type="text"/>
State :	<input type="text"/>
ZIP/Postal Code :	<input type="text"/>
Phone Number :	<input type="text"/>





GENERAL CONSENT FORM

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration(FMCSA) Drug and Alcohol Clearinghouse (§ 382.703)

I, hereby provide consent to **Gold Shield Limousine Company** or a consortia/ third-party administrator (C/TPA) or other service agent designated by Gold Shield Limousine Company to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearing house. Limited queries of the Clearing house will be conducted to satisfy compliance with 49 CFR §391 and may also be conducted to satisfy additional company safety requirements for the duration of employment. I understand that if the limited query conducted by **Gold Shield Limousine Company** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Gold Shield Limousine Company** without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Gold Shield Limousine Company to conduct a limited query of the Clearinghouse, Gold Shield Limousine Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature :

Date : _____





A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;





- Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.
- › In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learn more for additional information.
- › **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- › **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- › **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.





- Consumer reporting agencies may not report out dated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore .
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies





CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account.

Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.





- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learn more](http://www.consumerfinance.gov/learn-more) .

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580





TYPE OF BUSINESS:	CONTACT
<p>2. To the extent not included in item 1 above:</p> <ul style="list-style-type: none">a. National banks, federal savings associations, and federal branches and federal agencies of foreign banksb. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.c. Nonmember Insured Banks, Insured State Branches of Foreign Banks and insured state savings associationsd. Federal Credit Unions	<ul style="list-style-type: none">a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314





TYPE OF BUSINESS:	CONTACT
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 192	Nearest Packers and Stockyards Administration area supervisor Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
6. Small Business Investment Companies	
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549





TYPE OF BUSINESS:	CONTACT
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357





SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name) :

Here by authorize :

Previous Employer :

Previous Employer
Address :

SSN :

Date of Birth :

Email :

Telephone :

To release and forward the information requested by sections 2 and 3 of this document concerning my Alcohol and Controlled Substance. The records within the previous 3 years.





To :

Prospective Employer :

Attention :

Telephone :

Street :

City :

State :

Zip :

In Compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number : _____

Prospective employer's email address : _____

Applicant Signature

Date : _____





PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The Applicant named above was employed by us. Yes No

Employed as from _____ (m/y) _____ to(m/y)

1. Did he/She drive motor vehicle for you? Yes No if yes ,what type?

Straight Truck Tractor-Semitrailer Bus Cargo Tank

Doubles/Triples Other (Specify) _____

2.Why did the employee leave? Discharged Resignation Lay Off

Military Duty If there is no Safety performance history to report, check here

sign below and return.

ACCIDENTS : Complete the following for any accidents included on your accident register(390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill





Please Provide information concerning any other accident involving the application that were reported to government agencies or insurers or retained under internal company policies : _____

Any other remarks :

Signature :

Title :

Date :





PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill date of employment from

_____ to _____ , complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from

_____ to _____

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration ?

Yes No

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?

Yes No

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?

Yes No





4. Has this person committed other violations of Subpart B of Part 382 , or Part 40?

Yes No

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed Rehabilitation program in your employment, including return-to-duty and follow-up test? If yes Please send documentation back with this form.

Yes No

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver sub sequently have another test result of 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 prior previous employer in the previous year prior to the application date shown on page 1

Name :

Company :

Street :

City :

State :

Zip :

Telephone:

Part 3 Completed by (Signature) :

Date





PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed
Emailed Other

By :

Date :

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when Information is obtained.

Information recieved from _____

Recorded by : _____

Method : Fax Mail Email Telephone

Date : _____ Other : _____





INSTRUCTION TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1 : Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a : Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 2 PART 2 : Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2
SECTION 3

PAGE 2 PART 3 : Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b : Prospective Employer

- Record receipt of the information
- Retain the form

