



**Mule Dust Inc.
12041 FM 3083
Conroe, TX 77301**

Hiring Criteria and Procedures:

Thank you for your interest in employment with Mule Dust. Please read the items listed below carefully to determine if you qualify for employment with our company and to acquaint yourself with our hiring procedures. We are a regional carrier and our drivers may be required to spend a night or two away from home each week.

Hiring Criteria:

- No more than two moving violations within the past three years.**
- No "At-Fault" accidents.**
- No alcohol related convictions.**
- No controlled substance related convictions.**
- No positive test results for drugs or alcohol.**
- No criminal record.**
- Must be 25 years of age.**
- Must possess a valid Class A CDL with tank endorsement.**
- Must pass a Road Test.**
- Must meet medical requirements.**
- Must have a negative substance test result.**
- Must have three years verifiable driving experience.**

Hiring Procedures

- Road test of at least ten miles.**
- Substance testing.**
- Completed application with ten years of past employment.**
- MVR check.**
- Background check. (employment, substance testing, criminal history)**
- Training (as needed)**
- Orientation (procedures, policies, safety)**
- Payroll – Payday is on Friday. Pay is held back 2 weeks and you will receive your first check on your 3rd Friday with the company. Starting pay is 24% of the gross that your truck earns or hourly wage established by management.**

Prospective Employee Acknowledgement:

Date: _____

APPLICATION FOR DRIVER QUALIFICATION

AS REQUIRED BY SECTION 391 DOT SAFETY REGULATIONS

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

Company applying for: Mule Dust Inc.

Address: 12041 FM 3083 Conroe, Texas 77301

Company Driver _____ Owner Operator _____

Part Time _____ Full Time _____

No application will be processed unless its completed in full!!!!

Date: _____

Name: _____ Home # (_____) _____
First Middle Last (Area)

(Current Address) Number Street City ST Zip

Address _____
(Past 3 Years) Number Street City ST Zip

Social Security No. Drivers License Number & State License Expiration Date
_____-_____-_____ /_____/_____ /_____/_____/_____

Date of Birth: _____ / _____ / _____ Place of Birth: (city) _____ (state) _____

Spouses Name Address Phone

Notify in Case of Emergency: Telephone No. Relationship

TO BE READ AND SIGNED BY APPLICANT

I authorize your to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I 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.
- As a part of the background information that you provide on this application, you **are not required** to provide, and you **shall not voluntarily** provide the company, with any information regarding any conviction/arrest records pertaining to you, that have been sealed or expunged.

Signature _____ Date _____

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS

Begin with your present job or most recent and work backwards in order. All ten years must be accounted for.

Current or Most Recent Employer _____ Supervisor _____
Are you Presently Employed? Yes _____ No _____ May we call your current employer? Yes _____ No _____ Telephone (_____) _____
Address _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Why do you want to change employers? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp. Claims? _____ Please Explain _____

Second Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Third Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Fourth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Fifth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Must be COMPLETE 10-year history(NO GAPS), if unemployed for any period of time - state unemployed. ALL addresses & phone numbers MUST be listed for Application to be processed.

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS CONTINUED.....

Sixth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Seventh Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Eighth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Ninth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Tenth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (_____) _____
Position Held _____ Date From _____ to _____ Rate of Pay _____
Were you subject to the FMCSR's while employed by this employer? _____. Were you subject to drug and alcohol testing while employed? _____
Reason For Leaving? _____ # of states driven in _____
of Accidents _____ # of Worker's Comp Claims? _____ Please Explain _____

Must be COMPLETE 10-year history, request additional page if needed. If unemployed for any period of time - state unemployed. ALL addresses & phone numbers MUST be listed for Application to be processed.

LICENSE

List All Drivers license/permits held in the past

State	License Number	Type	Expiration Date

Check Endorsements that you have: Combinations Hazardous Materials Air Brakes

TRAFFIC CONVICTIONS/FORFEITURES

List all vehicle moving traffic convictions and forfeitures for the past 3 years (If none write none)

Date	Location (ST)	Charge	Penalty

ACCIDENT RECORD

List all accidents/incidents with vehicles for the past 3 years, include all preventable and non-preventable whether or not on MVR (IF NONE WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head on, rear end, etc.)	Preventable		Fatalities		Injuries		Amount of Damage
			Yes	No	Yes	No	Yes	No	

NATURE AND EXTENT OF EXPERIENCE

TYPE	Trailer Length	Years of Experience	Approximate Number Of Miles	States Operated in
Tractor with Flatbed				
Tractor with Van				
Tractor with Reefer				
Tractor with Tank				
Straight Truck				
Dump Truck				
Other (Specify)				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___
- B. Have you ever had any license, permit or privilege suspended or revoked? Yes ___ No ___
- C. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes ___ No ___
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug? Yes ___ No ___
- E. Have you ever been refused liability insurance? Yes ___ No ___
- F. Have you ever been convicted of a felony? Yes ___ No ___
- G. Have you ever been convicted of a Misdemeanor? Yes ___ No ___
- H. Have you ever been disqualified to drive by Federal Regulations? Yes ___ No ___
- I. In the three years prior to the date of this application, (for DOT-regulated testing) :
 - 1. Have you ever had an alcohol test with a result of 0.04 or higher? Yes ___ No ___
 - 2. Have you ever had a verified positive drug test? Yes ___ No ___
 - 3. Have you ever refused to be tested? Yes ___ No ___
 - 4. Have you ever violated any DOT drug and alcohol testing regulation? Yes ___ No ___
 - 5. If "yes" to any of the above items, did you complete the return-to-duty process? Yes ___ No ___

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the information provided concerning previous employers must involve contact of the previous employers for the purpose of investigating my safety performance history information as required in part 391.23 of FMCSR. I also understand that part 391.23 of FMCSR provides me specific process rights regarding the information received as a result of these investigations. These rights include: (1) the right to review information provided by my previous employers; (2) the right to have errors in the information corrected by my previous employer and for that previous employer to re-send the corrected information to the prospective employer; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if my previous employer and I cannot agree on the accuracy of the information. Along with these rights, I understand that in accordance with FMCSR part 391.23(l), I may not take action or proceeding for defamation, invasion of privacy or interference with a contract that is based on the furnishing or use of information by providers of information, agents of motor carriers or insurers except for providers of knowingly false information in accordance with this regulation.

I authorize you to make such investigations and inquiries of my personal, employment financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature

PROCESS RECORD

Applicant Hired _____
Date Employed _____
Department _____

Rejected _____
Point Employed _____
Classification _____

(If rejected, Summary Report should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on file
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic convictions						

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Position: _____ Letter Mailed _____ In file _____
Dismissed _____ Voluntarily Quit _____ Other _____

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, veteran status, non-job related disability, or any other protected group.

1. Have you ever been bonded? _____, if yes, name of bonding company, _____

2. Have you ever been convicted of a felony? _____, if yes please explain fully (below): _____

(Conviction of a crime is not an automatic bar to employment as all circumstances will be considered)

EDUCATION (circle highest grade completed)

Elementary School

High School

College

1 2 3 4 5 6 7 8 9

10 11 12

1 2 3 4

Last School Attended (name, city, & state): _____

I also acknowledge by my signature on this application, that Mule Dust Inc. "did not inquire" about, and "I did not provide" any information regarding conviction/arrest records that have been sealed or expunged.

X Signature of Applicant

X Date

Mule Dust 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

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Mule Dust Inc. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, www.disa.com and/or Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature _____

Date: _____

INQUIRY TO PREVIOUS EMPLOYER

Prospective Employer: Mule Dust Inc. CO. REP.: Safety .
12041 FM 3083, Conroe, TX 77301

Previous Employer: _____ Attn : _____
Address: _____
Phone: (____) _____ Fax : (____) _____

Applicant: _____ SSN # _____

I HEREBY AUTHORIZE YOU TO RELEASE THE REQUESTED INFORMATION TO Mule Dust Inc.
FOR THE PURPOSE OF SAFETY PERFORMANCE HISTORY INVESTIGATION AS REQUIRED BY PART 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

DATE: _____ APPLICANTS SIGNATURE _____
In compliance with Title 49 Part 391.23 of the FMCSR's, previous employers must respond to each request for the DOT defined information within 30 days after the request is received. If there is no safety performance history, previous employers are required to send a response of "no-data".

_____ From _____ To _____
(Position worked at your company) Date started Date left your company

1. Are dates of employment with your company correct as stated above? YES / NO
If not please provide correct dates: From _____ to _____

2. Please describe type of work: Single driver operation: _____ Team driver _____ Long Haul _____
Short Haul _____ Local _____

3. Please indicate type of equipment driven: Tractor Trailer / Straight truck / Twins / Bus / Flat / Van
Drop / Reefer / Other _____

4. Accident information covering time of employment:

Date of accident	City or town	State	# of injuries	# of fatalities	H/M released

5. To your knowledge has this person's license ever been suspended while in your employment? Yes / No

6. Did the applicant pose either repeated and/or severe disciplinary problems? Yes / No
If yes please explain. _____

7. Reason for leaving your employment. Laid off _____ Resigned _____ Discharged _____

8. Were logs required? _____ if so were they maintained properly? Yes / No

9. Where was he/she employed before coming to you?

10. Would he/she be eligible for rehire? Yes / No If no please explain _____

11. Company's D.O.T#, MCC#, OR, ICC#: _____

General Comments: _____

Date : _____ Time: _____ By: _____
(Signature of person giving information and title)

Release of Information Form

Section I: To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Applicant's Printed Name: _____

Applicant's SS # or ID # _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section 1-A to the employer listed in Section 1-B. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following items for the past three years.

- 1. Alcohol test with a result of 0.04 or higher:
2. Verified positive drug test:
3. Refusals to be tested:
4. Other violations of DOT agency drug and alcohol testing regulation:
5. Information obtained from previous employers of a drug and alcohol rule violation.

Applicant's Signature: _____

A. Previous Employer Name: _____
Address: _____
Phone # (____) _____ Fax # (____) _____

B. New Employer Name: Mule Dust Inc.
Address: 12041 FM 3083, Conroe, TX 77301
Phone # (936) 647-1600 / Safety Department Fax # (936) 647-1652 / Safety Department

Designated Employer Representative: Tim Magee

Section II. to be completed by the previous employer and transmitted to the new employer.

A. In the previous three years, for DOT-regulated testing (while employed by your company):

- 1. Did the employee have alcohol test with a result of 0.04 or higher? Yes ___ No ___
2. Did the employee have verified positive drug tests? Yes ___ No ___
3. Did the employee refuse to be tested? Yes ___ No ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes ___ No ___
5. If "yes" to any of the above items, did the employee complete the return-to-duty process? Yes ___ No ___
6. Did a previous employer report a drug and alcohol rule violation to you? Yes ___ No ___

[Note: Previous employer, if you answered "YES" to any item in Section II-A, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing) record to the new employer.

[] No regulated history available for driver named in Section I.

B. Name of person providing information in Section II-A: _____

Title: _____

Date: _____

Please return both pages via fax to (936) 647-1652. Thank you for your immediate attention.

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23

X(Driver's Name)

X(Driver's Operators Lic. No.)

X(Driver's Social Sec. #)

Dear Fleetscreen :

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,

Tim Magee

(Signature of individual making inquiry)

Tim Magee

(Printed) Name of person making inquiry

Safety

Title of person making inquiry

Mule Dust Inc.,

Motor Carrier Name

10995 FM 3083

Street

Conroe

City

TX

State

77301

Zip

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Mule Dust Inc. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Mule Dust Inc. (“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.

Date: _____

Signature

Name (Please Print)

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 382.301 pre-employment testing requirements, apply to driver-applicants of this company.

382.301 – Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under 382.601 of this subpart. A driver applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive test results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Notification.

X _____
Applicant's Name (print)

X _____ X _____
Applicant's Signature MONTH DAY YEAR

WITNESSED BY:

Company Representative's Signature MONTH DAY YEAR

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Mule Dust Inc. may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, www.disa.com.

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

Mule Dust Inc. may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

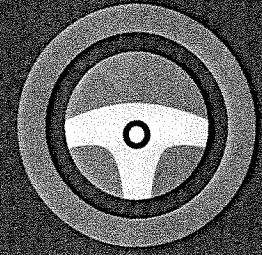
These reports will be obtained by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, www.disa.com.

Please use the following instructions and go to the FMCSA website. Once there you will register if you haven't already done so and grant permission for Mule Dust Inc to run a full query in the Drug and Alcohol database.

This is required by DOT for you to work as a DOT driver for any company effective 1/6/2020.

Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE



REGISTRATION: CDL DRIVERS

You must complete the registration process before you can respond to employer consent requests or access your driver record in the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse. The instructions below are for a driver who holds either a commercial driver's license (CDL) or commercial learner's permit (CLP).

Accessing the Clearinghouse Account

Accessing the Clearinghouse requires the creation of an account with login.gov, a shared service that offers secure online access to participating government systems, including the Clearinghouse. If you do not have a login.gov account, or would like to create a new one, you will need to follow the steps below.

During the login.gov registration process, after 15 minutes of inactivity, the current page will clear whatever information is entered into data fields.

1 Visit <https://clearinghouse.fmcsa.dot.gov/register> and click **Go to login.gov**.

The screenshot shows the top of the Clearinghouse website. The header includes the FMCSA logo and navigation links for Register and Login. Below the header, there is a main heading 'Register for the Clearinghouse now and be ready for implementation' with a 'Go to login.gov' button highlighted by a callout box. To the right, there is a section for 'GOVERNMENT PERSONNEL' with instructions for enforcement personnel and State Driver Licensing Agencies. Below the main heading, there are three icons representing Drivers, Employers, and SAPS & MROS, each with a brief description of their role in the registration process.

Register for the Clearinghouse now and be ready for implementation

Authorized users must request access to information in the Clearinghouse. You will need to sign in with a login.gov account to begin your Clearinghouse registration.

Need a login.gov account? Click the link below to create your login.gov account.

[Go to login.gov](#)

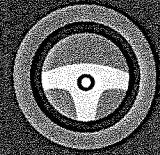
GOVERNMENT PERSONNEL

FMCSA enforcement personnel and State Driver Licensing Agencies should not complete Clearinghouse registration until logging their initial CDL information.

Why register now?

Don't wait! Registering now lets you complete the steps below so that you can be ready when the Clearinghouse is operational on January 14, 2020.

- DRIVERS**
Enter your CDL information and confirm all information is accurate in our database.
- EMPLOYERS**
Does a C/TPA manage your drug and alcohol testing program? Designate them today. Have an FMCSA Portal account? Link it with your Clearinghouse account.
- SAPS & MROS**
Invite Assistants from your company and get set up so you can record information as soon as the Clearinghouse is operational.



2

On the login.gov sign in screen, click **Create an account**.

Or, if you already have a login.gov account, enter your email address and password on this screen, click **Sign In** and go to step 10.



The FMCSA Drug & Alcohol Clearinghouse is using login.gov to allow you to sign in to your account safely and securely.

Are you FMCSA or State Driver Licensing Agency personnel?
FMCSA enforcement and SDLA staff do not need to create a login.gov account to access the Clearinghouse. This includes staff from Departments of Motor Vehicles.
[Visit the Government User login](#)

Email address

Password

Show password

Sign In

Don't have an account? [Create an account](#)

Sign in with your government employee ID

3

Enter your email address and click **Submit**. This is the email address the Clearinghouse will use to send you notifications about your Clearinghouse account. This email address will also be used to identify you in the Clearinghouse, and cannot be modified.

Are you FMCSA or State Driver Licensing Agency personnel?
FMCSA enforcement and SDLA staff do not need to create a login.gov account to access the Clearinghouse. This includes staff from Departments of Motor Vehicles.
[Visit the Government User login](#)

STEP 1 OF 4

Enter your email address

Email address

Submit

[Cancel](#)

[Security Practices and Privacy Act Statement](#)

LOGIN.GOV

Confirm your email

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

Confirm email address

https://login.gov/confirm_email?email=44fa-a045-96e5-5f45c6b-confirmation_token=7pG7-nNNQzW716T1v7A

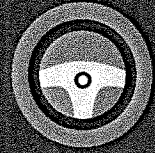
Please do not reply to this message. If you need help, visit www.login.gov/help

[About login.gov](#) | [Privacy policy](#)

4

Check your email and open the email from **no-reply@login.gov**, with the subject line **Confirm your email**.

Click **Confirm email address**, or copy and paste the link into a web browser.



5

Create a password. This password must be at least 12 characters long. If the password you enter is not strong enough, you will not be able to continue. Enter a strong password and click **Continue**.

LOGIN.GOV | DRUG & ALCOHOL CLEARINGHOUSE

You have confirmed your email address

STEP 2 OF 4
Create a strong password

It must be at least 12 characters long and not be a commonly used password. That's all!

Password Show password

.....

Password strength: **Great!**

Continue

[Cancel account creation](#)

6

Select an option to secure your account and click **Continue**.

Login.gov requires the completion of a user verification process to ensure the proper person is using those credentials. Follow the instructions for the method you select.

LOGIN.GOV | DRUG & ALCOHOL CLEARINGHOUSE

STEP 3 OF 4
First authentication method setup (1 of 2)

Add a second layer of security so only you can sign in to your account.

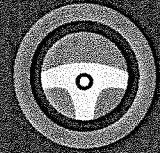
You'll only use one authentication method to sign in, but we ask you to set up two. This makes sure you can still sign in if you lose access to one.

Select an option to secure your account:

- Phone**
Get your security code via text message (SMS) or phone call
- Authentication application**
Set up an authentication application to get your security code without providing a phone number
- Security key**
Use a security key to secure your account
- Government employees**
Use your PIV/IAC card to secure your account
- I don't have any of the above**
You can use backup codes as your only authentication method. We'll give you 10 codes that you'll have to keep in a safe place.

Continue

[Cancel account creation](#)



7

Enter your security code and click **Submit**. This code will be provided via the method you selected. The screenshot below illustrates the SMS phone method.

LOGIN.GOV | DRUG & ALCOHOL
CLEARINGHOUSE

STEP 3 OF 4

Enter your security code

We sent a security code to +1 123-456-7890. This code will expire in 10 minutes.

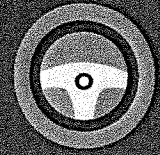
One-time security code

Submit

 Get another code  Remember this browser

Entered the wrong phone number? [Use another phone number](#)

[Choose another option](#)



8

Once you have completed setting up your first authentication method, you will be prompted to set up a second authentication method. You'll only use one authentication method to sign in, but you will need to set up two methods in case you lose access to one. Repeat steps 6 and 7 to set up your second method.

LOGIN.GOV | DRUG & ALCOHOL CLEARINGHOUSE



You successfully set up Phone as your first authentication method.

Next, you'll set up another method.

Continue

[Cancel account creation](#)

9

You have created your login.gov account. Click **Continue** to return to the Clearinghouse website and complete your Clearinghouse registration.

LOGIN.GOV | DRUG & ALCOHOL CLEARINGHOUSE



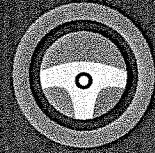
You have created your account with login.gov

You can now sign in to The FMCSA Drug & Alcohol Clearinghouse.

Continue

This is the only information login.gov will share with DOT.

Email address



Get into the Drug & Alcohol Clearinghouse

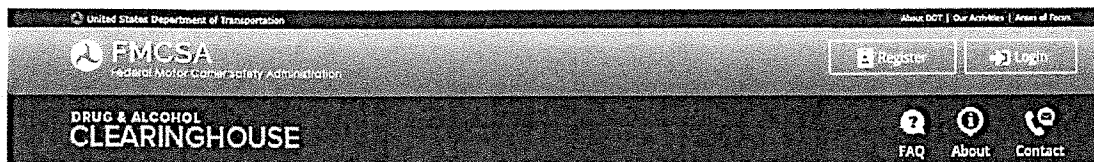
Once you have a login.gov account, you can complete your registration in the Clearinghouse. Follow the steps below.

10

Select your role (**driver**), and click **Next**.

If you are a self-employed CDL driver, do not register as a driver. You will need to register as an employer and, when prompted, identify yourself as an owner-operator (that is, an employer who employs himself or herself as a CDL driver, typically a single-driver operation). [View the sample letter template below for more details.](#)

If you are unsure if you are covered by the Clearinghouse rule, see the box labeled “Are you covered by DOT Drug and Alcohol Testing Regulations?” and click **Find out**.



Thank you! You are now logged into your login.gov account.
Follow the steps below to complete your Clearinghouse registration.



Do you need help? Click on the help icon to get assistance for the user interface.
¿Necesita ayuda? Haga clic en el ícono de ayuda para obtener asistencia de los usuarios.



LOGIN.GOV



ROLE SELECTION

3

CONTACT INFORMATION

4

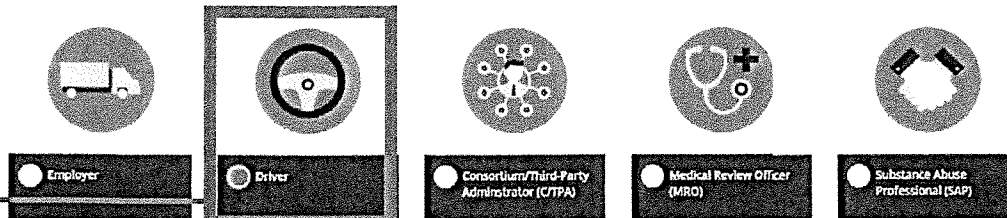
CDL

5

TERMS & CONDITIONS

2. Select Your Role

Use the menu below to select the type of user account you will need in the Clearinghouse.



To complete your Clearinghouse registration you will need:

- ✓ Your commercial driver's license (CDL) information



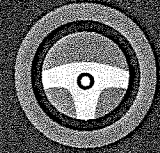
Are you a self-employed driver?

If you employ yourself as a CDL driver, you should register in the Clearinghouse as an employer. When asked, you should indicate in your registration that you are an owner-operator (that is, an employer that employs himself or herself as a CDL driver, typically a single-driver operation). Once you register as an employer, you will have the option to add your CDL information.

Are you covered by DOT Drug and Alcohol Testing Regulations?

Find out





11

Enter your contact information and click **Next**. All fields are required unless otherwise noted. Your email address will be pre-filled with your login.gov username and cannot be modified.

United States Department of Transportation About DOT | Our Activities | Areas of Focus

FMCSA
Federal Motor Carrier Safety Administration

[Register](#) [Login](#)

DRUG & ALCOHOL CLEARINGHOUSE [FAQ](#) [About](#) [Contact](#)

[Do you need help?](#) Download step-by-step instructions for driver registration.
[¿Necesita ayuda?](#) Descargue las instrucciones para el registro de conductores.

1 2 **3** 4 5

LOGIN.GOV ROLE SELECTION **CONTACT INFORMATION** CDL TERMS & CONDITIONS

3. Contact Information

Enter your contact information below. All fields are required unless otherwise noted.

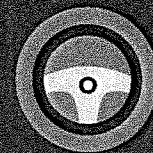
Name/Phone/Email		Address (Physical)		
First Name		Street	City	
Middle Name (Optional)		Country	State	ZIP Code
Last Name		Address (Mailing) <input checked="" type="checkbox"/> Same as Physical Address		
Phone Number	Type			
Alternate Phone Number (Optional)	Type			
Email Address (Login.gov Username) <small>user@domain.com</small>				

Preferred Contact Method

Email
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.

U.S. Mail
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

[Previous](#) [Next](#) [Cancel](#)



12

Choose your preferred contact method:

Preferred Contact Method

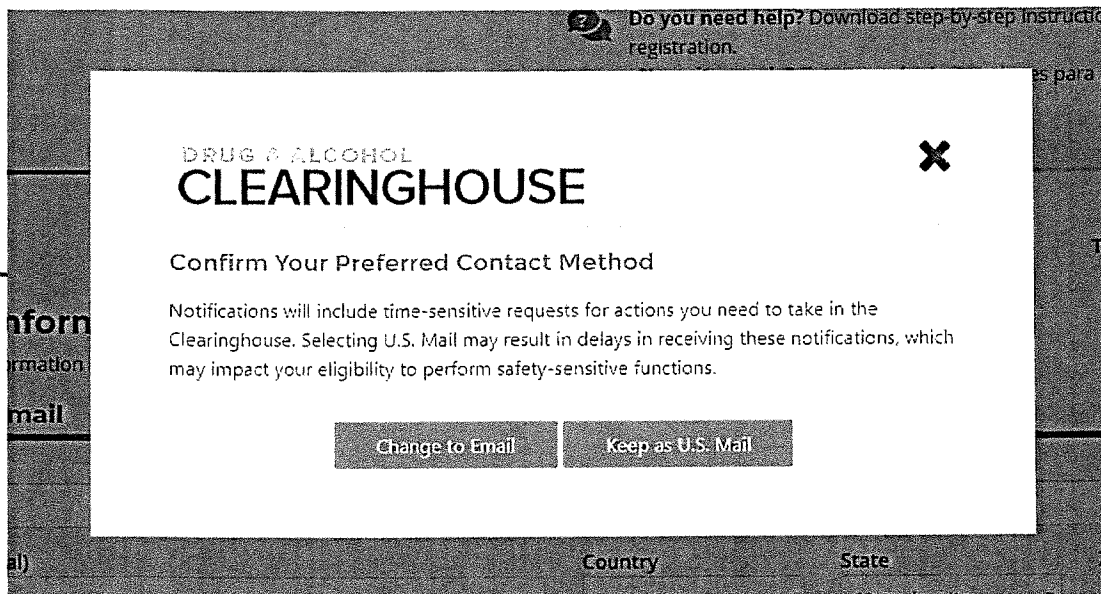
- Email**
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.
- U.S. Mail**
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

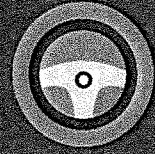
Previous

Next

Cancel

If you select U.S. Mail, you will see a message asking you to confirm this selection. Keep in mind that notifications will include time-sensitive requests for actions you need to take in the Clearinghouse. Selecting U.S. Mail may result in delays in these notifications, which may impact your eligibility to perform safety-sensitive functions. Select either **Change to Email** or **Keep as U.S. Mail**.





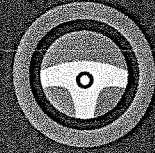
13

Enter your **current** commercial driver's license (CDL) or commercial learner's permit (CLP) information. Click **Verify**. The Clearinghouse will verify this information against information in the Commercial Driver's License Information System (CDLIS).

The screenshot shows the registration process for CDL drivers. At the top, it says "United States Department of Transportation" and "FMCSA Federal Motor Carrier Safety Administration". There are "Register" and "Login" buttons. Below that, it says "DRUG & ALCOHOL CLEARINGHOUSE" with "FAQ", "About", and "Contact" links. A progress bar shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL (current step), and TERMS & CONDITIONS. Below the progress bar, there is a section titled "4. Commercial Driver's License Information" with the instruction: "Enter your **current** commercial driver's license (CDL) information below. This information will be verified against your information in the Commercial Driver's License Information System (CDLIS)." The form contains the following fields:

First Name Sam	Last Name Jones
Country United States	State Alabama
CDL Number 1234567	Date of Birth January (01) 1995

At the bottom of the form are three buttons: "Previous", "Verify", and "Cancel".



14

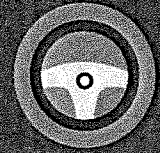
Once your CDL information is verified, you will not be able to edit it. Click **Next**.

The screenshot shows the FMCSA registration interface. At the top, it says "United States Department of Transportation" and "FMCSA Federal Motor Carrier Safety Administration". There are "Register" and "Login" buttons. Below that, it says "DRUG & ALCOHOL CLEARINGHOUSE" with "FAQ", "About", and "Contact" links. A progress bar shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL, and TERMS & CONDITIONS. The CDL step is highlighted with a '4' and a checkmark. A success message reads: "Success! We have verified your CDL information." Below this is the "4. Commercial Driver's License Information" section, which asks for current CDL information. The form includes fields for First Name, Last Name, Country (United States), State (California), CDL Number (1234567), and Date of Birth (1/1/1977). At the bottom, there are "Previous" and "Next" buttons, with "Next" highlighted.

If the Clearinghouse cannot verify your CDL information, you will be asked to check that you entered it correctly. Make any necessary corrections and click **Verify** again. You will have two chances to enter this information.

If your CDL information cannot be verified, you will need to contact your State Driver Licensing Agency to resolve any potential issues. You may continue with your Clearinghouse registration, but you will not be able to review your driver record or respond to employer consent requests until your CDL information has been verified. You can update this information under "My Profile" in your Dashboard, once your Clearinghouse registration is complete.

To continue and complete your registration, click **Next**.



15

Review the Clearinghouse terms and conditions.

The screenshot shows the registration process for CDL drivers. At the top, it says "United States Department of Transportation" and "FMCSA Federal Motor Carrier Safety Administration". There are "Register" and "Login" buttons. Below that, it says "DRUG & ALCOHOL CLEARINGHOUSE" with "FAQ", "About", and "Contact" links. A progress bar shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL, and TERMS & CONDITIONS (the current step). A help message says "Do you need help? Download step-by-step instructions for driver registration." and "¿Necesita ayuda? Descargue las instrucciones para el registro de conductores." Below the progress bar, the section is titled "5. Terms and Conditions" and "FMCSA IT Rules of Behavior". The text reads: "As a user of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse, I understand that I am personally responsible for the use and any misuse of my system account and password. I also understand that by accessing a U.S. Government information system, I must comply with the following requirements:" Below this text, there is a checkbox and the text "I affirm that all the information provided is true and accept all of the terms above." At the bottom, there are three buttons: "Previous", "I Agree", and "Cancel".

Check the box to confirm that you agree to the terms and conditions and click **I Agree**.

Your Clearinghouse registration is complete.

You will be directed to your Dashboard, a logged-in home page for your Clearinghouse activity. This is where you will come to respond to employer consent requests, review your Clearinghouse record, and make changes to your Clearinghouse account.