

DISCLOSURE AND RELEASE FORM

SERVICES TO BE PERFORMED

This section should be completed by the Employer

Please indicate below which background checks you wish to have Foley Carrier Services LLC. perform:

<input type="checkbox"/> Safety Performance History Inquiry (Included)	<input type="checkbox"/> Criminal Report (Call for pricing)
<input type="checkbox"/> DQF Annual Motor Vehicle Report (Included)	<input type="checkbox"/> National Criminal & Sex Offender Registry Report (Call for pricing)
<input type="checkbox"/> Drug & Alcohol Inquiry Only (Call for pricing)	<input type="checkbox"/> Social Security Number to confirm SSN & provides previous addresses (Call for pricing)
<input type="checkbox"/> References (Call for pricing)	<input type="checkbox"/> Education Verification (Call for pricing)
<input type="checkbox"/> Worker's Compensation Claim Report (Call for pricing)	<input type="checkbox"/> Motor Vehicle Report ONLY (Call for pricing)

The receipt of certain background information on an individual involves specific duties and obligations under the Fair Credit Reporting Act. The individual about whom background information is being requested MUST sign this Disclosure and Release.

Any person who knowingly and willfully obtains a consumer report under false pretenses, or for reasons other than employment purposes, may face criminal prosecution.

Employer Authorization (Signature)	Title	Date
Company Name		Client Code

APPLICANT AUTHORIZATION

This section should be complete by the Applicant

Applicant Profile					
Applicant Name:	MICHAEL PARKER		Social Security Number:	076-58-0045	
Date of Application:	9-20-2017		Driver's License Number:	21638860	
License Expiration Date:	1-29-2020		Date of Birth:	1-28-1966	
Address 1:	P.O. Box 1211		Address 2:	497 PIEDMONT CIRCLE York PA 17404	
City:	York,	State:	PA	Zip:	17403
				Telephone:	717-841-6493

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY FOLEY CARRIER SERVICES LLC. WITH REGARD TO THIS INQUIRY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I authorize Foley Carrier Services LLC. and their agents to conduct the background investigations indicated above, in conjunction with my current or prospective employer's service contract with Foley Carrier Services, LLC. I understand that these background checks may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, alcohol and controlled substances testing history, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. Information may also be obtained from Foley Carrier Services LLC and their agents concerning previous driving record requests made by others from such state agencies, and state provided driving records. All information obtained will be provided to my current or prospective employer and used for employment purposes only.

This authorization shall remain on file and shall serve as ongoing authorization for the above named employer to procure motor vehicle reports at any time during my employment (or contract) period.

Michael Parker Applicant Authorization (Signature)	SIGN HERE 9-20-17 Date
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APPLICATION FOR EMPLOYMENT

GREEN/FORM NO.

DQF
1

Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier:
Address:

To be completed by Applicant:

Applicant's Name: <u>MICHAEL PARKER</u>	Date of Application: <u>9-20-17</u>
Current Address: <u>497 PIEDMONT CIRCLE</u> <u>C/O PO Box 1211 YORK PA 17403</u>	Social Security No.: <u>076-58-0045</u>
Length of time at this address: <u>3 YEARS</u>	Date of Birth: <u>1-28-1966</u>
	Telephone No.: <u>717-841-6493</u>

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)				
Street	City	State/Zip	How long	Additional Information Attached
497 PIEDMONT CIRCLE	<u>YORK</u>	<u>PA/17404</u>	<u>3 YRS</u>	<input type="checkbox"/>
<u>497 PIEDMONT CIRCLE</u>				

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS			
State	Number	Expiration Date	Additional Information Attached
<u>PA</u>	<u>21638860</u>	<u>1-29-2020</u>	<input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)		
Type	Experience in Years and / or Miles Driven	Additional Information Attached
<u>TRACTOR TRAILER 53' 48'</u>	<u>13 YEARS</u>	<input type="checkbox"/>
<u>VAN, FLAT, TANKER</u>		

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS				
DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
		<u>NONE</u>		

☒ Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS			
DATE	CITY/STATE	CHARGE	PENALTY
		<u>NONE</u>	

☒ Check here to certify that no convictions or bond forfeitures have occurred

DQF 1 - APPLICATION FOR EMPLOYMENTRetain for 3 years
after ceasing duties

APPLICATION FOR EMPLOYMENT

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE:

None

☒ Check here to certify that no such denial, revocation or suspension has occurred

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).

Employer Name: <i>FRIMPS TRUCKING</i>	Employed From: <i>1-7 12017</i> To: <i>9-15-2017</i>
Address: <i>6027 BONTGRASS DR ARLINGTON, MD 20012</i>	Position: <i>DRIVER</i>
Contact: <i>OSBI FRIMPS</i> Phone:	Salary: <i>\$120 (LOAD) = 1200/WK</i>
Reason for Leaving: <i>EQUIPMENT</i>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: <i>TAYLOR TRUCK LINES</i>	Employed From: <i>8-3 12015</i> To: <i>11-2-30-16</i>
Address: <i>501 MN3 NORTHFIELD, MN 55057</i>	Position: <i>REGIONAL DRIVER</i>
Contact: <i>PAO WEAP (DEPT) DIVISION</i> Phone: <i>507-645-4531</i>	Salary: <i>1100/WK</i>
Reason for Leaving: <i>NEED MORE LOCAL WORK</i>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: <i>TRANS AM TRUCKING</i>	Employed From: <i>11 12013</i> To: <i>12015</i>
Address: <i>15910 S. HIGHWAY 109 OLATHE, KS 66062-1 (913-782-5350)</i>	Position: <i>LEASE PURCHASE DRIVER</i>
Contact: <i>LEASE DEPT</i> Phone: <i>913-782-5300</i>	Salary: <i>72% OF GROSS AFTER SET REDUCTIONS</i>
Reason for Leaving: <i>TRUCK KEEP BREAKING DOWN</i>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

<input type="checkbox"/> Applicant Hired Date:	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:		
<input type="checkbox"/> Date of Termination of Employment:	Authorized by:	
<input type="checkbox"/> Dismissed <input type="checkbox"/> Quit <input type="checkbox"/> Other:		
Reason:		

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: *Michael Parker*

SIGN HERE

Date: *9-20-2017*

RECEIPT OF DRIVER'S RIGHTS

PURPLE/FORM NO.

SPH
1

Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

☒ I acknowledge that Roy Salmon has provided me with written
Employer Name

instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

- ☒ **Right to Review Information** - I have the right to review the information provided by my previous DOT-regulated employer(s).
- ☒ **Right to Request Corrections** - I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- ☒ **Right to Rebut Information** - I have the right to rebut the information provided by my previous DOT-regulated employer(s).

MICHAEL EUGENE PARKER
Driver's Full Name

Michael Parker **SIGN HERE**
Driver's Signature

9-20-17
Date

SIGN HERE
Supervisor/Authorized Motor Carrier Representative Signature

Date

Employer Keeps Original, Provides Scan or Copy to Applicant

SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: MICHAEL PARKER Social Security Number: 076-58-0045 Client Code: _____

Applicant's Signature: Michael Parker Previous Employer: TAYLOR TRUCK LINES

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: ____/____/____ to: ____/____/____

Position: _____ Position required a Commercial Drivers License? ☐ Yes ☐ No

Accident Information

☐ No accident information to report (as defined by Part 390.5)

____/____/____ Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

- ☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ☐ No

Have a verified positive drug test result? ☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ☐ Yes ☐ No

Have a violation of any of the other drug and/or alcohol testing prohibitions? ☐ Yes ☐ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? ☐ Yes ☐ No

Successfully complete the return to duty program while in your employment? ☐ Yes ☐ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

____ Previous Employer Contact Name

____ Title

____ Telephone

____ Fax

____ Mailing Address

SIGN HERE

____ Signature of Company Official releasing this information

____ Date Released

SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: MICHAEL PARKER Social Security Number: 076-58-0045 Client Code: _____

Applicant's Signature: Michael Parker Previous Employer: TRANS AM TRUCKING

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: ____/____/____ to: ____/____/____

Position: _____ Position required a Commercial Drivers License? ☐ Yes ☐ No

Accident Information

☐ No accident information to report (as defined by Part 390.5)

____/____/____ Date of accident City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ☐ No

Have a verified positive drug test result? ☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ☐ Yes ☐ No

Have a violation of any of the other drug and/or alcohol testing prohibitions? ☐ Yes ☐ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? ☐ Yes ☐ No

Successfully complete the return to duty program while in your employment? ☐ Yes ☐ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

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Previous Employer Contact Name

Title

Telephone

Fax

Mailing Address

SIGN HERE

Signature of Company Official releasing this information

Date Released

SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

Employer and/or Third Party		INTERCEPT CORPORATION
Name:		1700 42nd St. S, Suite 2000
Street Address:		Fargo, ND 58103
City, State, Zip:		
Telephone:		
Fax Number:		

**Authorization for Debit and Credit
Electronic Funds Transfers**

I hereby authorize on this 20 day of SEPTEMBER, 2017 my employer and/or third party as referred to here within, and their agents including Intercept Corporation (IC), to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until;

- a) I notify my Bank and IC in writing to terminate this agreement and give the Bank and IC reasonable time to terminate this agreement,
- b) The Bank, third party/employer, and/or IC have sent me five (5) business days advance written notice of the Bank's and/or IC's termination of this Agreement

I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT INTERCEPT CORPORATION PROVIDES ELECTRONIC FUND TRANSFER SERVICES TO THIRD PARTIES AND/OR MY EMPLOYER. THE FUNDS TO BE TRANSFERRED MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY MY EMPLOYER AND/OR MYSELF. IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR INTERCEPT HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE INTERCEPT CORPORATION TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. I ALSO UNDERSTAND THAT IC MAY WITHDRAW AND/OR DEPOSIT TO MY ACCOUNT VARIOUS FUNDS REGARDING MY PARTICIPATION IN A FLEXIBLE BENEFIT/CAFETERIA PLAN/ERISA PLAN. I HEREBY HOLD INTERCEPT HARMLESS FOR TRANSFERRING ANY FUNDS DESIGNATED FOR FLEX BENEFITS UPON THE DIRECTION OF MY EMPLOYER OR PROCESSOR, AND THAT MY REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND/OR MY EMPLOYER AND THAT I WILL HOLD HARMLESS INTERCEPT FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM. I UNDERSTAND, AGREE, AND ACKNOWLEDGE THAT AS PART OF THE ACH PROCESS, ONCE FUNDS ARE DEBITED FROM THE BANK ACCOUNT SHOWN BELOW PURSUANT TO THIS AGREEMENT, SUCH FUNDS SHALL BE PLACED IN ONE OR MORE IC ACCOUNTS AT IC'S BANK AND THAT IC SHALL BE THE ONLY ENTITY AUTHORIZED ON SUCH ACCOUNTS. I FURTHER ACKNOWLEDGE THAT SUCH IC ACCOUNTS SHALL BE SUBJECT TO SETOFF BY IC'S BANK.





Dear Employer,

Your employee has elected to add direct deposit to his/her account at Point Breeze Credit Union. Please contact our Member Service Center at 410.584.7228 if you have questions about this request for direct deposit.

Sincerely,

Point Breeze Credit Union
Member Service Department

Employer: Please cut along the line and keep the form below for your records.



Direct Deposit Information

Member Name MICHAEL EUGENE PARKER
Savings Account # 1349070
Checking Account # 20437034
Routing Number 252076565

Amount \$ _____
Amount \$ 100%

Please take this form to
your payroll department.

Member Service Center: 410.584. 7228
Hunt Valley Office: 11104 McCormick Road · Hunt Valley, MD 21031
Rosedale Office: 2 Philadelphia Court · Baltimore, MD 21237
Bel Air Office: 410 South Atwood Road · Bel Air, MD 21014