



NOTICE, AUTHORIZATION AND RELEASE FOR PRE-EMPLOYMENT INQUIRIES

(INITIAL) I understand that as condition of processing my application for employment, Gordon Trucking, Inc is requiring that I authorize Gordon Trucking, Inc. or its designees to conduct certain pre-employment inquiries.. I understand that, prior to signing this Notice, Authorization and Release, I have the right to end the application process and not submit to the items set forth below.

(INITIAL) Authorization to Release Work Records, Others Records and Drug and Alcohol Test results: I hereby authorize, without liability, any person, including but not limited to previous employers, education institutions, third party agencies selected by Gordon trucking Inc. to received information, or any other institution to furnish Gordon Trucking, Inc. information relating to any accidents in which I was involved in addition to any information they may have concerning my character, habits, ability, financial responsibility, job performance, and reasons for leaving employment.

(INITIAL) Consumer Reports: I understand that a criminal conviction will not necessarily bar me from employment unless such conviction relates to unsuitability for the position of which you are applying. I understand that a consumer report(s) and/or investigative consumer report(s) maybe be obtained in connection with my application for and/or throughout my continued employment with Gordon Trucking, Inc.

Company Name: _____
Company Name: _____
Company Name: _____
Company Name: _____
Company Name: _____
Company Name: _____

Company Name: _____
Company Name: _____
Company Name: _____
Company Name: _____
Company Name: _____
Company Name: _____

Applicant's Name (Print) _____

Social Security No. _____

Signature _____

Date _____

(INITIAL) Drug and Alcohol Testing: I understand that in the event that I am given a conditional offer of employment (or any offer of contact for services) I understand that, pursuant to federal and state law, I will be required to undergo alcohol and drug testing. I understand that I will be required to provide urine, hair or other biological samples to be tested for the presences for controlled substances.

(INITIAL) Pre-employment Full Medical Examination: I understand and agree that, in the event I am given a conditional offer of employment, Gordon Trucking, Inc. may condition acceptance of that offer on my satisfactory completion of Gordon Trucking, Inc. full medical examination. This examination will be conducted by physicians chosen by Gordon Trucking, Inc. Satisfactory completion of the Medical Examination means obtaining a D.O.T. Medical Examiners Certification, good for one year, full disclosure of complete medical history, and a determination that I can perform the essential functions of the position of Long Haul Semi Tractor Driver.

(INITIAL) **IMPORTANT NOTICE REGARDING BACKGROUND REPORTS OBTAINED FROM PSP ONLINE SERVICE. In connection with your application for employment with Gordon Trucking, Inc. ("Prospective Employer"), Prospective Employer may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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 FMCSA report upon which its decision was based.

(INITIAL) You 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. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you are challenging 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.

(INITIAL) Application Rights: I have the right to make a request to any third party agency deemed appropriate by Gordon Trucking, Inc. upon proper identification, to request the nature of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which any third party agency deemed appropriate by Gordon Trucking, Inc. has previously furnished within a two year period preceding my request.

(INITIAL) If hired (or contracted), I understand that periodic consumer reports may be ran pursuant to company policy and this authorization shall remain on file and shall serve as a n ongoing authorization for you to procure consumer reports at any time during my employment or (contact) period. I also understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, a summary of your rights under the federal and, where applicable, such California or Washington, state Fair Credit Reporting Acts, as well as additional information on rights under the applicable laws.

(INITIAL) 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. Any false, misleading, or incomplete statement to the information requested in this application or on D.O.T. physical shall be sufficient grounds for denial of employment or if hired or contracted, discharge from employment. Any offers of employment will be conditioned upon successfully completing D.O.T. physical and company screening, drug screen, criminal background check and company road test.

Applicant's Name (Print) _____

Social Security No. _____

Signature _____

Date _____