



J.B. Hunt Transport, Inc. P.O. Box 859, Lowell, AR 72745

DRIVER DISCLOSURE & AUTHORIZATION FORM

You will be asked by a Corporate Driver Personnel (CDP) Investigator to consent to a verbal release to begin the background check process. This form must be signed and returned by FAX to CDP prior to being scheduled to attend orientation. If this form is not signed by then, you will be required to sign it in orientation. The Disclosure & Authorization forms are available to you on line at WWW.ibhunt.jobs under Drivers, "Pre Qualify On Line" section."

Please Read the Disclosure & Authorization Statement Prior to Signing this Authorization Form.

I have carefully read and understand this Disclosure and Authorization Statement and the summary of rights under the Fair Credit Reporting Act ("FCRA") By my signature below, I consent to the release of consumer reports, investigative consumer reports, and other personal history reports prepared by a consumer reporting agency, government agency or department, or other entity to J.B. Hunt Transport, Inc. (the "Company"). I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining Consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. Furthermore, Customers of the Company may require investigative or consumer reports which apply to my background. These reports would apply to my assignment to projects related to the Customer, permission to be on the Customers' premises and to handle its products and other security concerns of the Customer. I agree to allow the Company to provide my work history information to a consumer reporting agency.

I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and re-sent to the Company once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employer will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of "49 CFR" Part 391.23. Request to review previous employer information must be in writing. A release form for employment records can be requested by calling 1-800-252-4868 or mail to Driver Personnel – Information Request; PO Box 859, Lowell, AR 72745. I understand that I have additional rights under the FCRA as noted in the summary of rights provided to me.

By my signature below, I certify the information I provided on my application is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota, Oklahoma, Maine, Massachusetts, or Washington residents, or for individuals with jobs located in, these states, you may request a free copy of consumer or investigative consumer reports obtained on you. To request a free copy of your reports, call 877-503-3958 between the hours of 8:00 AM and 5:00 PM CST.

Drug and Alcohol History Release Authorization: I hereby authorize any person or company for whom I have worked (as an employee or contractor) or to whom I applied for work in the past three years, to release the date and type of any drug test with a positive result, any alcohol test with a concentration of 0.04 or greater, or any refusal to take a test when directed, to the Vice President of Driver Personnel at J.B. Hunt. This release should include all tests required under the Federal Motor Carrier Safety Regulations or conducted by the company under their company policy. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by the SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any person or company for whom I worked or with whom I applied, as well as their employees, agents, or representatives, from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Last Name _____ First _____ Middle _____

*Social Security No. _____ *Date of Birth (MM/DD/YYYY) _____

Applicant Signature _____ Date _____

Please fax form to 800-433-5278

- This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.