



# DRIVER'S APPLICATION FOR EMPLOYMENT

Company: MACK GROUP OF COMPANIES

Address: 201 Columbia Road

City: Valley City State: Ohio Zip: 44280

(answer all questions – please print)

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, or non-job related disability.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years. **(required)**

Current Address: \_\_\_\_\_  
Street City

State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

Street City State & Zip Code How Long? \_\_\_\_\_

Street City State & Zip Code How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving your last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. \_\_\_\_\_

**\*\* Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven years which has not been annulled or expunged by a court? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_**

## EMPLOYMENT HISTORY

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three (3) years. You must give the same information for all employers you have driven a commercial motor vehicle\* for the seven (7) years prior to the initial three years (total of 10 years employment record).

(NOTE: List employers in reverse order starting with the most recent. Continue on the next page if necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY	STATE	ZIP	POSITION	
CONTACT PERSON:		PHONE NO:	SALARY / WAGE	
REASON FOR LEAVING				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY	STATE	ZIP	POSITION	
CONTACT PERSON:		PHONE NO:	SALARY / WAGE	
REASON FOR LEAVING				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY	STATE	ZIP	POSITION	
CONTACT PERSON:		PHONE NO:	SALARY / WAGE	
REASON FOR LEAVING				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY	STATE	ZIP	POSITION	
CONTACT PERSON		PHONE NUMBER	SALARY / WAGE	
REASON FOR LEAVING				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY	STATE	ZIP	POSITION	
CONTACT PERSON:		PHONE NO:	SALARY / WAGE	
REASON FOR LEAVING				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

## USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION			
CITY	STATE	ZIP	SALARY / WAGE			
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was your job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ? <input type="checkbox"/> YES <input type="checkbox"/> NO						

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT.)	FATALITIES	INJURIES
LAST ACCOUNT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)  
IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACES ARE NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:

(NAME)

(CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	CLASS	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

*(If the answer to either A or B is YES, attach statement giving details)*

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES		APPROX NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

## 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 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. 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. Our organization abides by employment-at-will, which permits the organization or the employee to terminate the employment relationship at anytime, for any reason, with or without notice. Neither the policies contained in the employee handbook, nor any other written or verbal communication are intended to create a contract of employment for any specified period of time or a warranty of benefits.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(If rejected, summary report of reasons 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 & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



**MACK INDUSTRIES, INC.**

**AUTHORIZATION FOR ALCOHOL & CONTROLLED SUBSTANCES TESTING RELEASE**

I, \_\_\_\_\_ Social Security No: \_\_\_\_\_  
(Name of Applicant)

Hereby authorize and permit the release to any authorized representative of **MACK INDUSTRIES, INC.** (or any of its sister companies), any and all records in your possession pertaining to me regarding my alcohol / controlled substance information.

*This is in compliance with §382.405(f) and (h), which state:  
(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.*

*(h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent:*

*§382.413(a)(b)(d)(e)(f)(h) further state:*

*§382.413 Inquiries for alcohol and controlled substances information from previous employers.*

*(a)(f) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.40(b)(1)(i) through (iii) of this subpart:*

*(i) Alcohol tests with a result of 0.04 alcohol concentration or greater;*

*(I) Verified positive controlled substance test results; and*

*(II) Refused to be tested.*

*(2) The information obtained from a previous employer may contain any alcohol and drug information obtained from other previous employers under paragraph (a) (1) of this section.*

*(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs a safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs a safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information*

*(d) The prospective employer must provide to each driver's previous employer the driver's specific, written authorization for release of the information in paragraph (a) of this section.*

*(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.*

*(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer by the driver, provided the employer assure itself that the information is true and accurate.*

*(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to starting dates in §382.115 of this part.*

A photographic copy of this authorization shall serve as if it were an original.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Print)



## MACK INDUSTRIES, INC.

### DRUG / ALCOHOL AUTHORIZATION

I, \_\_\_\_\_ hereby authorize testing as a required by Mack Group of Companies, as a condition of employment, this may also include Drug / Alcohol testing.

Further, I hereby authorize Mack Group of Companies, to release all Drug and or Alcohol results to prospective employers who may request such information.

I also understand that if I am involved in an accident that I must take both DOT and NON-DOT drug and alcohol tests because the company test requirements and the DOT regulations are different.

This authorization is valid until withdrawn by me in writing.

\_\_\_\_\_  
(Signature of Job Applicant/Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Job Applicant/Employee)

---

#### Testing Requested:

\_\_\_\_\_ Random DOT Drug

\_\_\_\_\_ Post Accident DOT Drug

\_\_\_\_\_ Random DOT Breath Alcohol

\_\_\_\_\_ Post Accident DOT Alcohol

\_\_\_\_\_ Pre-Employment DOT Drug

\_\_\_\_\_ Post Accident Non-DOT Drug

\_\_\_\_\_ Pre-Employment Non-DOT Drug

\_\_\_\_\_ Post Accident Non-DOT Alcohol

Requested By: \_\_\_\_\_

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Mack Group of Companies

Street Address: 201 Columbia Road

City, State, Zip: Valley City, OH 44280

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

## The prospective employee is required by Sec. 40.25 (j) to respond to the following questions

- 1.) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Check  
One:                      Yes              No
  
- 2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?  
Check  
One:                      Yes              No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Requests for National Driver Register (NDR) Record Checks

## Who May Obtain an NDR Record Check?

Any person may ask to know whether there is an NDR record on him or her and may obtain a copy of the record if one exists. Requests from individuals require form NDR-PRV.

Employers of drivers and locomotive engineers may also obtain NDR record checks. **Every driver or operator on whom an NDR file check is requested is entitled to review the NDR report(s) provided to the employer.** The results of the NDR check will be mailed only to the current or prospective employer. If no employer is named on the form or it is changed, the request will not be processed.

## The following authorization applies to Railroad Company Requests

NDR Check Authorization: The U.S. Department of Transportation, Federal Railroad Administration, in accordance with 49 CFR, Part 240.111, requires that I hereby request and authorize the National Highway Traffic Safety Administration (NHTSA) to perform an NDR check of my driving record for a 36-month period prior to the date of this request **including license withdrawal actions open at time of file check.** I hereby authorize the NDR to furnish a copy of the results of this NDR directly to the railroad company identified on the inquiry form.

## What NDR Records Contain?

NDR results for employers will contain only the identification of the state(s) which have reported information on the driver to the NDR and only information reported with the past 3 years from the date of the inquiry. Driver control actions initiated prior to that time, even if still in effect, will not be included.

Detailed information to confirm identity or to describe the contents of the driver record can be obtained only from the State(s) listed when probable matches are reported. The name and address of the driver licensing official will be provided for each state listed.

## How to Request an NDR Record Check:

Using this form, which may be completed by either the current or prospective employer or the current or prospective employee, (1) the driver must authorize the request by his or her signature or mark as witnessed and (2) the driver must certify his or her identity.

Any mailed NDR record check request must be notarized to certify identity. Requests made in person require certification of identity acceptable to the state through one or more documents issued by a recognized organization (e.g., a driver's license or a credit card) which contains a means of verification such as a photograph or a signature.

**Requests must be made to the state in which the driver is licensed.**

## Location of NDR Records:

Records on individuals can be made available to those individuals, within a reasonable time after request, for personal inspection and copying during regular working hours at 7:45 a.m. to 4:15 p.m., each day except Saturday s, Sunday s, and Federal legal holidays. The address for requesting record information in writing directly from the NDR:

National Driver Register  
Nassif Building  
400 7<sup>th</sup> Street, S.W., 6124  
Washington, DC 20590

BUREAU OF MOTOR VEHICLES

**\* Please Supply a Copy of Your Current Driver's License \***

## BUREAU OF MOTOR VEHICLES

### EMPLOYER / EMPLOYEE REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

CURRENT OR PROSPECTIVE EMPLOYER TO RECEIVE THE NDR SEARCH RESULTS				
EMPLOYER NAME <b>Mack Industries, Inc.</b>		<input checked="" type="checkbox"/> Driver Employer		<input type="checkbox"/> Railroad Company
MAILING ADDRESS (NUMBER AND STREET) <b>1321 Industrial Pkwy N, Ste 500</b>		BUSINESS TELEPHONE <b>(330) 460-7005</b>		
CITY, STATE, ZIP <b>Brunswick, OH 44212</b>				
ATTENTION <b>Susan Stanic</b>				
TYPE OR PRINT LEGIBLY (AVOID DELAYS, INQUIRES THAT CANNOT BE READ WILL NOT BE PROCESSED.)				
DRIVER'S FULL LEGAL NAME (FIRST, MIDDLE, AND LAST AS SHOWN ON YOUR DRIVERS LICENSE)				
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)				
ADDRESS (NUMBER AND STREET WITH APARTMENT NUMBER IF ANY OR RURAL ROUTE / CARRIER AND BOX NUMBER – AS SHOWN ON YOUR DRIVER LICENSE)				
CURRENT MAILING ADDRESS IF DIFFERENT (NUMBER, STREET, APARTMENT NUMBER OR RURAL ROUTE / CARRIER AND BOX NUMBER)			HOME TELEPHONE (VOLUNTARY)	
CITY, STATE, ZIP			WORK TELEPHONE (VOLUNTARY)	
DRIVER LICENSE NUMBER AND STATE			SOCIAL SECURITY NUMBER (VOLUNTARY)	
MONTH, DAY, AND YEAR OF BIRTH	SEX	EYE COLOR	HEIGHT	WEIGHT

**EMPLOYEE UNDERSTANDING:** I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does **not** contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the employer to obtain the driver records and to determine or verify records which apply to me. Under the Privacy Act I, I have the right to request records(s) pertaining to me from the NDR. I hereby, with my signature, authorize a one-time file search of the NDR and the report to be sent to the employer named on this form.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Driver Signature

**NOTARY:**

Subscribed and sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ In the county of \_\_\_\_\_ State of \_\_\_\_\_

My commission expires \_\_\_\_\_  
NOTARY PUBLIC

STATE USE ONLY				
DATE RECEIVED	DATE SENT	CONTROL SECTION	EMPLOYEE VERIFYING APPLICANT IDENTIFICATION	DATE
<b>TYPE OF IDENTIFICATION:</b>				
<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> VALID PHOTO DRIVER LICENSE <input type="checkbox"/> STATE-ISSUED PHOTO ID				
<input type="checkbox"/> MILITARY DISCHARGE PAPERS <input type="checkbox"/> VALID PASSPORT <input type="checkbox"/> MILITARY ID				
<input type="checkbox"/> OTHER (SPECIFY) _____				

# Voluntary Self-Identification of Race/Ethnicity

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

We are subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require us to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the Federal Government requires us to determine this information by visual survey and/or other available information. All race/ethnicity information will be collected and reported in the seven categories identified below.

---

## Invitation to Self-Identify

Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above races, excluding those who identify themselves as Hispanic or Latino.

**Gender:**     Male     Female

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex or national origin.

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, MACK INDUSTRIES, INC. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

# AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Mack Industries to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize Mack Industries to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

*(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)*

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during my employment.

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Applicant Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Parent or Legal Guardian Signature for searches conducted on* *(Date)*  
*minors under the age of 18)*

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

## ***Personal Data:***

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Current Address (include street, city, state, zip code)

\_\_\_\_\_  
Dates Lived Here

❖ Address for the past (7) years: (include street, city, state, zip code)

\_\_\_\_\_  
Dates of Residence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two-year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)