



**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE *PSP Online Service***

In connection with your application for a leased contractor with Clark Transfer, Inc. (“Prospective Lessee”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Lessee uses any information it obtains from FMCSA in a decision to not offer you a lease or make any other adverse leasing decision regarding you, the Prospective Lessee 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 Lessee will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Lessee cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Lessee may obtain such background reports, please read the following and sign below:

I authorize Clark Transfer, Inc. (“Prospective Lessee”) 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 consenting to 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 Lessee to make a determination regarding my suitability as a Leased Operator.

I further understand that neither the Prospective Lessee 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 am challenging 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.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Lessee and I understand that if I sign this consent form, Prospective Lessee may obtain a report of my crash and inspection history. I hereby authorize Prospective Lessee and its employees, authorized agents, and/or affiliated to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)



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## OWNER-OPERATOR APPLICATION

*In compliance with Federal and State equal 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 status.*

### TO BE READ AND SIGNED BY APPLICANT

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

I understand that the information I provide will be used by Clark Transfer, Inc. to determine whether I meet their safety, character, and experience criteria. False, misleading or incomplete information provided herein or in any interviews shall be grounds for declining my application, and in the event of a lease agreement, may result in termination of the lease. I also understand that decisions based on this information are provisional and that a final decision is contingent upon my successfully passing physical and drug screening as provided for in Federal DOT Regulations.

I understand that information I provide regarding current and/or previous employers and/or companies leased to may be used, and those employers(s) or companies will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- 1) Review information provided by previous Company(s) / Employer(s);
- 2) Have errors in the information corrected by previous Company(s) / Employer(s) and for those previous Company(s) / Employer(s) to re-send the corrected information to Clark Transfer, Inc.; and
- 3) Have a rebuttal statement attached to the alleged erroneous information, if the previous Company(s) and I cannot agree on the accuracy of the information.

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

*Please complete all items accurately and completely. Incomplete responses will delay processing of your application. Please feel free to add any additional pertinent information on separate sheets.*

### PERSONAL INFORMATION

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Referred By \_\_\_\_\_

**List all previous addresses of residency for the past 3 years**

Street City State Zip How long? (year/month)

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**Do you have the legal right to work in the United States?** YES NO

**Select highest educational level completed.**

**Select Degree of Certificate received.**

**Have you ever been convicted of a felony?** YES NO

If Yes, please provide details, date and nature of offense.

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**DRIVING QUALIFICATIONS AND EXPERIENCE**

**Drivers Licenses and permits held in the past three years**

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**Have you ever had a license or permit suspended or revoked?** YES NO

If Yes, please provide dates and details?

**Have you ever been denied a license, permit or privilege to operate a motor vehicle?** YES NO

If Yes, please provide dates and details?

**Driving Experience**

CLASS OF EQUIPMENT	YES	NO	TYPE OF EQUIPMENT (van, flat, reefer, etc.)	DATES FROM	DATES TO	APPROX # OF MILES
Straight Truck						
Tractor and Semi Trailer						
Tractor – Two Trailers						
Tractor – Three Trailers						
Motorcoach – School Bus (more than 6 passengers)						
Motorcoach – School Bus (more than 16 passengers)						
Other _____						

**States operated in within the last five years**

**Special courses and/or training related to trucking that you have attended**

**Safe driving awards received**

**Additional relevant trucking, transportation or other experience**

**All Traffic Violations in the Past Three Years** *(attach sheet if more space is needed)*

DATE	LOCATION	TYPE OF VEHICLE	CHARGE	PENALTY

**All Accidents in the Past Three Years** *(attach sheet if more space is needed)*

DATE	LOCATION	DESCRIPTION – NATURE OF ACCIDENT	INJURIES OR FATALITIES

## EMPLOYMENT HISTORY

**Please provide complete information on all employment during the past 10 years.**

*List employers in reverse order beginning with the most recent. Add additional sheets as required.*

EMPLOYER			DATE	
Name			From mm/yyyy	To mm/yyyy
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Were you subject to the FMCSRs* while employed?			YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES	NO

EMPLOYER			DATE	
Name			From mm/yyyy	To mm/yyyy
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Were you subject to the FMCSRs* while employed?			YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES	NO

EMPLOYER			DATE	
Name			From mm/yyyy	To mm/yyyy
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Were you subject to the FMCSRs* while employed?			YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES	NO

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to carry 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER			DATE	
Name			From mm/yyyy	To mm/yyyy
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Were you subject to the FMCSRs* while employed?			YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES	NO

EMPLOYER			DATE	
Name			From mm/yyyy	To mm/yyyy
Address			Position Held	
City	State	Zip	Salary/Wage	
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Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Were you subject to the FMCSRs* while employed?			YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES	NO

**TO BE READ AND SIGNED BY APPLICANT**

I certify that this application was completed by me, and that all information herein is true, complete and correct to the best of my knowledge.

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

**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 a consumer report may be obtained on you for work purposes.

I acknowledge the receipt of the above disclosure.

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

**EMERGENCY NOTIFICATION CONTACT INFORMATION**

<b>NAME</b>	<b>PHONE</b>
<b>ADDRESS</b>	<b>RELATIONSHIP</b>

<b>NAME</b>	<b>PHONE</b>
<b>ADDRESS</b>	<b>RELATIONSHIP</b>



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## APPLICANT'S AUTHORIZATION TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

I \_\_\_\_\_ understand that as a condition of qualification as an owner-operator  
*(Print Applicant Name)*

with Clark Transfer, Inc., I must give Clark Transfer, Inc. written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including my refusals to be tested) from all companies for which I worked as a driver and/or owner-operator during the past two (2) years or to which I applied to be a driver and/or owner-operator. I have been advised and understand that my signing of this authorization does not guarantee that I will be offered an owner-operator lease with Clark Transfer, Inc.

Below I have listed all the companies for which I have worked as a driver and/or owner-operator during the past two (2) years. I hereby authorize Clark Transfer, Inc. and its designated agents to obtain from those companies and I hereby authorize these companies to furnish to Clark Transfer, Inc. and its designated agents the following information concerning my drug and alcohol tests: (I) All positive drug test results during the past two (2) years; (II) All alcohol test results of 0.04 or greater during the past two (2) years; (III) All alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years; and (IV) All instances in which I refused to submit to a DOT-required drug and/or alcohol test during the past two (2) years.

I hereby authorize Clark Transfer, Inc. to investigate my background and prior work history, including any and all results from drug and alcohol testing (screening) in accordance with regulations of the Federal Highway Administration (FHWA), title 49, sections 382.405, 382.413, 383.35, 391.23, and 391.27.

**I also authorize all companies to release to Clark Transfer, Inc. if I am participating in a random drug and alcohol testing pool.**

The following is a list of all the companies for which I worked as a driver and/or owner-operator or to which I applied to be a driver and/or owner-operator during the past two (2) years.

COMPANY NAME	ADDRESS/PHONE #	DATES WORKED FOR OR APPLIED TO

### APPLICANT CERTIFICATION

I have carefully read and fully understand this authorization to release my drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I authorize release of my drug and alcohol test results from any company listed above and any company that I have omitted above that I have either applied to or worked for in the past two (2) years.

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