



AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information, may be requested or made compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities, will be requested. This information will, in whole or in part, be obtained from Omega Compliance Solutions LLC., 1614 Pioneer Way, El Cajon, CA 92020. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at anytime during your employment (or contract). You also agree that a fax or Photocopy of this authorization with your signature be accepted with the same authority as the original. You have the right to make a request of Omega Compliance Solutions LLC upon proper identification and the payment of any legally permissible fees, for the information in it's files on you at the time of your request. You hereby authorize and request, without any reservation, any presenter, former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, Workers Compensation or other persons or agencies having knowledge about you to furnish Omega Compliance Solutions LLC, with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For CA, OK & MN APPLICANTS ONLY: You have the right to receive a copy of any consumer reports or investigative consumer reports should one be requested on you for employment reasons. If you wish to be furnished with a copy of your consumer and/or investigative consumer report should one be ordered, check the following box and provide your e-mail here _____.

DRUG & ALCOHOL/ACCIDENT

I hereby authorize _____ to release information from my Department of Transportation regulated drug and alcohol testing records including Accident information to the Requestor Omega Compliance Solutions LLC, 1614 Pioneer Way, El Cajon, CA 92020 (619) 312-1545. This release is in accordance with regulation FMCSA Part 391.23, Investigation and Inquiries. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests, also including any/all Accident information during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation;
7. Total number of accidents, DOT or NON-DOT.

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer :i) You have the right to review information provided by previous employers: ii) You have the right to have errors in the Information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; iii) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

Part 391.23 (e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.(e)(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

Print your Name: _____ Other or Former Names: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____ Telephone Number: _____



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Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Sections 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 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and you driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

Applicants Signature

Date

Print Name