



**WATSONTOWN TRUCKING COMPANY**  
**NATIONWIDE TRANSPORTATION SERVICES**  
60 Belford Boulevard, Milton, PA 17847-9701

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

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

I authorize Watsontown Trucking Company 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 Watsontown Trucking Company to make a determination regarding my suitability as an employee.

I further understand that neither Watsontown Trucking Company 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 <http://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 Watsontown Trucking Company and I understand that if I sign this consent form, Watsontown Trucking Company may obtain a report of my crash and inspection history. I hereby authorize Watsontown Trucking Company and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

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



**WATSONTOWN TRUCKING COMPANY**  
**NATIONWIDE TRANSPORTATION SERVICES**  
 60 BELFORD BOULEVARD MILTON, PA 17847

**Confidential Inquiry to Previous Employer**

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

To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 In accordance with FMCSR 49-391.23 and 49-382.413, I hereby authorize the above listed company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned person and/or company.

X: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant's Signature

From: A.J. Ouellette, CSS  
 Watsontown Trucking Company  
 Milton  
 Phone: 570-522-1275

Director of Safety  
 60 Belford Boulevard  
 PA. 17847  
 Fax: 570-522-0267

Name of Applicant: \_\_\_\_\_ SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Did the applicant work for you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_?  
**YES** or **NO** If no, please explain: \_\_\_\_\_

If employed as a driver, please answer the following:  
 Company Driver? \_\_\_\_\_ Owner/Operator? \_\_\_\_\_ Other? \_\_\_\_\_  
 Type of power unit? \_\_\_\_\_ Type of trailer? \_\_\_\_\_  
 Other equipment? \_\_\_\_\_ Commodities? \_\_\_\_\_  
 General area of operation: \_\_\_\_\_  
 Accidents? **YES** or **NO** If yes, please give the date and a brief description of each incident: \_\_\_\_\_

Traffic Violations? **YES** or **NO** If yes, please list all including the date and type of violation: \_\_\_\_\_

License(s) Suspended? **YES** or **NO** If yes, please list the date(s): \_\_\_\_\_

License State: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Why did this person leave your company? \_\_\_\_\_

Would you re-employ this person? **YES** or **NO** If no, please explain: \_\_\_\_\_

Alcohol tests with a result of 0.04 or greater? **YES** or **NO** If yes, please give date(s): \_\_\_\_\_

Verified positive controlled substances test results? **YES** or **NO** If yes, please give date(s): \_\_\_\_\_

Refusals to test? **YES** or **NO** If yes, please give date(s): \_\_\_\_\_

Violations of DOT Alcohol/Drug regulations? **YES** or **NO** If yes, please give details: \_\_\_\_\_

Info from previous employer that this employee violated DOT Alcohol/Drug regulations? **YES** or **NO**

Details: \_\_\_\_\_

Rehab completed under direction of SAP/MRO? **YES** or **NO** If yes, please give date(s): \_\_\_\_\_

Additional comments? \_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Company: \_\_\_\_\_