



# Initial Screening PAK™

**Compliance Alert:** This Packet Must Be  
Returned to Foley Within:

**48**

**HOURS**

**For Timely Returns:  
Email: [BSS@FoleyServices.com](mailto:BSS@FoleyServices.com)  
Fax: 1-860-913-2452**

# INITIAL SCREENING PAK™

## INSTRUCTIONS

Thank you for choosing Foley. Please read this page carefully and make sure to follow the steps outlined below. **This PAK™ must be completed and returned within 48 hours.** If you have any questions about this Initial Screening PAK™, or about your program, please contact a customer service representative at 1-800-253-5506 or email [BSS@FoleyServices.com](mailto:BSS@FoleyServices.com).

**Notice for Owner Operators:** If you are an owner-operator, and have not already done so, you are required to provide an Initial Screening PAK™ for yourself. Complete this information as if you were an applicant.



### STEP ONE: REVIEW THIS PAK™

This is your Initial Screening PAK™. This packet is used each time you wish to hire a new Operator. It contains the information that you are required to provide to your Operator by the Federal DOT Regulations. It also includes the forms that your applicant will need to provide in order for Foley to perform a DOT-compliant background check. Your Initial Screening PAK™ contains the following documents:

#### A Summary of Your Rights Under the Fair Credit Reporting Act

The Summary of Your Rights Under the Fair Credit Reporting Act found on pages 3 and 4 explains your rights under Federal law concerning background checks. This information should be provided to your applicant before they complete the information in this Initial Screening PAK™.

#### Forms

The Initial Screening PAK™ contains the following forms. Each form includes instructions on how to complete it.

- Disclosure and Release Form
- Application for Employment
- Inquiry for Alcohol and Controlled Substances
- Inquiry for Safety Performance



### STEP TWO: COMPLETE ALL SECTIONS

In order to maintain compliance with the Federal regulations, you must perform the Operator investigation soon. Please complete **all sections** of this Initial Screening PAK™ and return them to Foley within **48 hours** of receiving them. If you have any questions, or if you think you may be delayed, please contact a customer service representative immediately at 1-800-253-5506 or email [BSS@FoleyServices.com](mailto:BSS@FoleyServices.com).



### STEP THREE: RETURN THIS PAK™

Return your Initial Screening PAK™ within 48 hours by using one of the following methods:

**Scan and Email to:** [BSS@FoleyServices.com](mailto:BSS@FoleyServices.com)

**Fax to:** 860.913.2452

**Mail to:** Foley  
140 Huyshope Avenue  
Hartford, CT 06106

*(Note: If sending by mail, please be sure to keep a copy of this document for your records)*

## RETURN TO FOLEY WITHIN 48 HOURS

# A Summary of Your Rights Under the Fair Credit Reporting Act

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552*

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| Type of Business:  | Contact:  |
|--|---|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>  | <p>a. Consumer Financial Protection Bureau<br/>1700 G Street NW, Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580<br/>(877) 382-4357</p>  |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP)<br/>Division of Consumer Compliance and Outreach (DCCO)<br/>1775 Duke Street, Alexandria, VA 22314</p> |
| 3. Air carriers  | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division Department of Transportation<br>1200 New Jersey Avenue, SE Washington, DC 20590   |
| 4. Creditors Subject to Surface Transportation Board   | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street SW Washington, DC 20423   |
| 5. Creditors Subject to Packers and Stockyards Act, 1921   | Nearest Packers and Stockyards Administration area supervisor   |
| 6. Small Business Investment Companies   | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, SW, 8th Floor, Washington, DC 20416   |
| 7. Brokers and Dealers   | Securities and Exchange Commission<br>100 F St NE, Washington, DC 20549   |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations   | Farm Credit Administration<br>1501 Farm Credit Drive McLean, VA 22102-5090  |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above  | FTC Regional Office for region in which the creditor operates or<br>Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357   |

# DISCLOSURE AND RELEASE FORM

## Applicant Authorization

|                                 |                      |
|---------------------------------|----------------------|
| Applicant's Name:               | Date of Application: |
| Current Address:                | Social Security No.: |
|                                 | Date of Birth:       |
| Length of time at this address: | Telephone No.:       |

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY FOLEY CARRIER SERVICES LLC. WITH REGARD TO THIS INQUIRY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I authorize Foley and their agents to conduct the background investigations indicated above, in conjunction with my current or prospective employer's service contract with Foley. I understand that these background checks may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, alcohol and controlled substances testing history, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. Information may also be obtained from Foley and their agents concerning previous driving record requests made by others from such state agencies, and state provided driving records. All information obtained will be provided to my current or prospective employer and used for employment purposes only.

This authorization shall remain on file and shall serve as ongoing authorization for the above named employer to procure motor vehicle reports at any time during my employment (or contract) period.

Applicant Authorization (Signature) \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

Have all applicants complete this form before their employment begins.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

## To be completed by Employer:

|           |
|-----------|
| Operator: |
| Address:  |

## To be completed by Applicant:

|                                 |                      |
|---------------------------------|----------------------|
| Applicant's Name:               | Date of Application: |
| Current Address:                | Social Security No.: |
|                                 | Date of Birth:       |
| Length of time at this address: | Telephone No.:       |

## PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)

| Street | City | State/Zip | How long | Additional Information Attached<br><input type="checkbox"/> |
|--------|------|-----------|----------|---|
|        |      |           |          |   |
|        |      |           |          |   |

## EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last two years.

|  |                        |
|--|------------------------|
| Employer Name:   | Employed From: / To: / |
| Address:   | Position:              |
|  | Salary:                |
| Contact: Phone:  | Reason for Leaving:    |
| Were you subject to the Pipeline and Hazardous Materials Safety Regulations while employed by this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                             |                        |

|  |                        |
|--|------------------------|
| Employer Name:   | Employed From: / To: / |
| Address:   | Position:              |
|  | Salary:                |
| Contact: Phone:  | Reason for Leaving:    |
| Were you subject to the Pipeline and Hazardous Materials Safety Regulations while employed by this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                             |                        |

# APPLICATION FOR EMPLOYMENT

|  |                        |
|--|------------------------|
| Employer Name:   | Employed From: / To: / |
| Address:   | Position:              |
|  | Salary:                |
| Contact: Phone:  | Reason for Leaving:    |
| Were you subject to the Pipeline and Hazardous Materials Safety Regulations while employed by this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                             |                        |

|  |                        |
|--|------------------------|
| Employer Name:   | Employed From: / To: / |
| Address:   | Position:              |
|  | Salary:                |
| Contact: Phone:  | Reason for Leaving:    |
| Were you subject to the Pipeline and Hazardous Materials Safety Regulations while employed by this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                             |                        |

|  |                        |
|--|------------------------|
| Employer Name:   | Employed From: / To: / |
| Address:   | Position:              |
|  | Salary:                |
| Contact: Phone:  | Reason for Leaving:    |
| Were you subject to the Pipeline and Hazardous Materials Safety Regulations while employed by this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                             |                        |

**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.**

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

## Important Note About Safety Sensitive Employers

If you checked "yes" to one or both of the "yes/no" questions regarding your compliance with Pipeline and Hazardous Materials Regulations or Part 40 drug and alcohol testing for any of the employers listed above, new/prospective employers are required to submit an Inquiry for Alcohol and Controlled Substances Information on your behalf. As such, you must complete the following Inquiry form (DAT-2) for each safety sensitive employer listed on this application.

# INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION (DAT-2)

Use this form to obtain two years of drug and alcohol information from an applicant's previous employer.

**This form is only to be used by employers who do not have to meet the 49 CFR Part 391 requirements for performing a Safety Performance History Inquiry.** If you operate commercial motor vehicles in interstate commerce you will need to perform a Safety Performance History Inquiry (49 CFR Part 391). You may use form SPH 3 to perform the required Safety Performance History Inquiry in lieu of using this inquiry form or you may use this form provided that you complete the other associated requirements of Part 391.23 and Part 40.25.

| SECTION I: TO BE COMPLETED BY APPLICANT  |                      |
|--|----------------------|
| Applicant's Name:  |                      |
| Social Security Number:  | Date of Application: |
| Signature:   |                      |
| <i>As the applicant, my signature authorizes Previous Employer to release the information requested to my Prospective Employer indicated herein.</i> |                      |
| Previous Employer Information  |                      |
| Employer Name:   | Telephone:           |
| Designated Employer Representative (DER):  | Fax:                 |
|  | Dates of Employment: |
| Address, City, State, Zip:   |                      |

| SECTION II: TO BE COMPLETED BY HIRING EMPLOYER |                      |
|--|----------------------|
| Prospective Employer's Name:                   |                      |
| Attention:                                     |                      |
| Address:                                       |                      |
| City, State, Zip:                              |                      |
| Confidential Fax:                              | Confidential E-mail: |
| Telephone Number:                              | Date Form Mailed:    |

## SECTION III: TO BE COMPLETED BY PREVIOUS EMPLOYER

**Indicate if this former employee had any of these violations dating two years prior to the date of application:**

- Confirmed alcohol test result with a concentration of 0.04 or greater  Yes\*  No  No Knowledge  
 Verified positive controlled substances test result  Yes\*  No  No Knowledge  
 Refusal to be tested (including verified adulterated or substituted drug test results)  Yes\*  No  No Knowledge  
 Other violations of DOT agency drug and alcohol testing regulations  Yes\*  No  No Knowledge

\* With respect to any employee who violated a DOT drug and alcohol testing regulation, please provide documentation of the employee's successful compliance with the DOT return-to-duty requirements. Be sure to include any requirements not completed to date, such as follow-up tests, etc. If the individual is still in the return-to-duty process, define the requirements that must be met.

- Separate documentation is enclosed  
 Employee did not complete the DOT requirements while in our employment.

**Individual who completed this form for Previous Employer:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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