



Foley Carrier Services, LLC
140 Huyshope Avenue
Hartford, CT 06106

Phone: 1-800-253-5506
Fax: 1-860-913-2452
Email: BSS@FoleyServices.com



SERVICES TO BE PERFORMED

This section should be completed by the Employer. Please indicate below which background checks you wish to have Foley Carrier Services LLC perform:

| | | | |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | Safety Performance History Inquiry (Included) | | Drug & Alcohol Inquiry ONLY (Call for pricing) |
| <input checked="" type="checkbox"/> | DQF Annual Motor Vehicle Report (Included) | | Motor Vehicle Report ONLY (Call for pricing) |

The receipt of certain background information on an individual involves specific duties and obligations under the Fair Credit Reporting Act. The individual about whom background information is being requested MUST sign this Disclosure and Release.

Any person who knowingly and willfully obtains a consumer report under false pretenses, or for reasons other than employment purposes, may face criminal prosecution.

| | | |
|----------------------------|----------------|-------------------------------|
| Roy Salmon | Driver~ | 6/06/2019 |
| Employer Authorization | Title | Date |
| Roy Salmon Trucking | | RYSL |
| Company Name | | Client Code |
| 9737 Eustice Road | | Randallstown, MD 21133 |
| Address | | City, State, Zip |

APPLICANT AUTHORIZATION

This section should be completed by the Applicant

| | |
|---|---|
| Applicant Name: MICHAEL SMITH | Social Security Number: xxx-xx-9264 |
| Date of Application: 6/06/2019 | Driver's License Number: MD: S530603119258 |
| License Expiration Date: 04/2022 | Date of Birth: 04/01/xxxx Medical Certificate Exp. Date: 05/30/2020 |
| Address: 6443 COLONIAL KNLS | Email: msmith5386@yahoo.com |
| City: GLEN BURNIE State: MD Zip: 21061 | Telephone: (410) 777-3886 |

Date Application Started: 6/6/2019 2:52:10 PM Date Application Submitted: 6/6/2019 3:03:00 PM

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 acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Roy Salmon Trucking at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Foley Carrier Services, LLC ("Agency"), 140 Huyshope Avenue, Hartford, CT 06106, telephone number (800) 253-5506, www.foleyservices.com** and/or Roy Salmon Trucking. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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.

| | |
|--|------------------|
| MICHAEL SMITH (Digitally signed 6/06/2019 at 3:03 PM) | 6/06/2019 |
| Application Authorization (Signature) | Date |



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MICHAEL SMITH

Applicant Name

6/06/2019

Date of Application

ADDRESS HISTORY

This section displays all previous addresses for the past 3 years, most recent first.

Address 1

Address: **6443 COLONIAL KNLS**

City/State: **GLEN BURNIE, MD**

Zip: **21061**



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ADDITIONAL CONSIDERATIONS

Additional considerations as provided by the applicant.

Has artificial and/or prosthetic limb? **No**

Has vision impairment? **No**

Has hearing impairment? **No**

Has diabetes? **No**

Has a seizure disorder? **No**



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6/06/2019

Applicant Name

Date of Application

MOTOR VEHICLE EXPERIENCE

This section displays all previous Experience.

Experience 1

| | |
|-------------------------------|-----------------------------------|
| Experience Type: Truck | Experience Length: 4 YEARS |
|-------------------------------|-----------------------------------|



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MICHAEL SMITH

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MOTOR VEHICLE ACCIDENTS

This section displays all previous Accidents.

(No Accident Records Entered by MICHAEL SMITH)



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6/06/2019

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LICENSE or PERMIT DENIAL, REVOCATION or SUSPENSION

This section displays the facts and circumstances of any Denial, Revocation or Suspension of any License, Permit or Privilege to operate a motor vehicle.

MICHAEL SMITH indicated that no such denial, revocation or suspension has occurred.



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MOTOR VEHICLE VIOLATIONS

This section displays all previous Violations.

(No Violation Records Entered by MICHAEL SMITH)



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6/06/2019

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EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer.

Employment 1

| | |
|---|---|
| Employer: ROY SALMON TRUCKING LLC. | Employed From: 07/2018 to 06/2019 |
| Address: PO BOX 799 | Position: DRIVER |
| City, State: RANDALLSTOWN, MD | Salary: Not Entered per Not Entered |
| Contact: SARAH MORGAN at (443) 948-3520 | Reason for Leaving: |
| Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer: true | |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing: true | |

Employment 2

| | |
|---|---|
| Employer: ENIDAN ENT | Employed From: 06/2016 to 07/2018 |
| Address: PO BOX 360 | Position: DRIVER |
| City, State: BURTONSVILLE, MD | Salary: Not Entered per Not Entered |
| Contact: N/A at N/A | Reason for Leaving: N/A |
| Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer: true | |
| Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing: true | |



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6/06/2019

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PREVIOUS EMPLOYMENT DRUG TESTING

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer that you have applied for, but did not obtain, safety-sensitive work covered under the Department of Transportation's drug and alcohol testing rules during the past two years?

No

Can you provide documentation supporting your completion of a return-to-duty process as required by regulation 49 CFR Part 40?

Not Applicable



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6/06/2019

Applicant Name

Date of Application

EMPLOYMENT HISTORY - EXPANDED

If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please note that these employment records will not be verified.

(No Expanded Employment Records Entered by MICHAEL SMITH)



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MICHAEL SMITH

Applicant Name

6/06/2019

Date of Application

RECEIPT OF DRIVER'S RIGHTS

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

☒ I acknowledge that **Roy Salmon Trucking** has provided me with written instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

☒ **Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).

☒ **Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.

☒ **Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

☒ I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

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

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.

MICHAEL SMITH

Driver's Full Name

MICHAEL SMITH (Digitally signed 6/06/2019 at 3:03 PM)

Driver's Signature

6/06/2019

Date

Roy Salmon

Supervisor/Authorized Motor Carrier Representative Signature

6/06/2019

Date



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SAFETY PERFORMANCE HISTORY INVESTIGATION (Form 2/3/R)

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer **Roy Salmon Trucking**.

| | |
|---|--|
| Applicant Name: MICHAEL SMITH | Social Security Number: xxx-xx-9264 |
| Prospective Employer: Roy Salmon Trucking | Account Number: RYSL |
| Applicant Signature: MICHAEL SMITH <i>(Digitally signed 6/06/2019 at 3:03 PM)</i> | Previous Employer: ROY SALMON TRUCKING LLC. |

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 218-9360.

Verification of Employment

| | | | | | |
|------------|----------|----------|---|------------------------|--|
| / | / | / | / | | |
| Emp. Start | Emp. End | Position | | CDL Required? (Yes/No) | |

Accident Information

| | | | | |
|--|-------------------|-----------------|---------------|--|
| <input type="checkbox"/> No accident information to report (as defined by Part 390.5) | | | | |
| / | / | | | |
| Date of Accident | City/Town & State | # of Fatalities | # of Injuries | |
| <input type="checkbox"/> Release of hazardous materials? (Not including fuel spilled from the fuel tanks of vehicles involved in the accident) | | | | |

Additional information about the accident: _____

Prohibited Drug and Alcohol Testing Information

| |
|---|
| <input type="checkbox"/> Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment |
| <input type="checkbox"/> No prohibited drug and/or alcohol conduct to report |

If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below:

| | | |
|---|------------------------------|-----------------------------|
| Have an alcohol test result with an alcohol concentration of 0.04 or higher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a verified positive drug test result? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a violation of any of the other drug and/or alcohol testing prohibitions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **yes** to any of the above, did the driver:

| | | |
|---|------------------------------|-----------------------------|
| Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Successfully complete the return to duty program while in your employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

| | |
|--|---------------|
| Previous Employer Contact Name | Title |
| Telephone | Fax |
| Mailing Address | |
| Signature of Company Official releasing this information | Date Released |



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As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer **Roy Salmon Trucking**.

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| Applicant Name: MICHAEL SMITH | Social Security Number: xxx-xx-9264 |
| Prospective Employer: Roy Salmon Trucking | Account Number: RYSL |
| Applicant Signature: MICHAEL SMITH <i>(Digitally signed 6/06/2019 at 3:03 PM)</i> | Previous Employer: ENIDAN ENT |

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 218-9360.

Verification of Employment

| | | | |
|------------|----------|----------|------------------------|
| / / | / / | | |
| Emp. Start | Emp. End | Position | CDL Required? (Yes/No) |

Accident Information

| | | | |
|---|-------------------|-----------------|---------------|
| <input type="checkbox"/> No accident information to report (as defined by Part 390.5) | | | |
| / / | / / | | |
| Date of Accident | City/Town & State | # of Fatalities | # of Injuries |
| <input type="checkbox"/> Release of hazardous materials? <i>(Not including fuel spilled from the fuel tanks of vehicles involved in the accident)</i> | | | |
| Additional information about the accident: _____ | | | |

Prohibited Drug and Alcohol Testing Information

| |
|---|
| <input type="checkbox"/> Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment |
| <input type="checkbox"/> No prohibited drug and/or alcohol conduct to report |

If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below:

| | | |
|---|------------------------------|-----------------------------|
| Have an alcohol test result with an alcohol concentration of 0.04 or higher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a verified positive drug test result? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have a violation of any of the other drug and/or alcohol testing prohibitions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **yes** to any of the above, did the driver:

| | | |
|---|------------------------------|-----------------------------|
| Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Successfully complete the return to duty program while in your employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

| | |
|--|---------------|
| Previous Employer Contact Name | Title |
| Telephone | Fax |
| Mailing Address | |
| Signature of Company Official releasing this information | Date Released |



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SAFETY SENSITIVE SELF-VERIFICATION FORM

| | |
|---|--|
| Applicant Name: MICHAEL SMITH | Social Security Number: xxx-xx-9264 |
| Account Name: Roy Salmon Trucking | Account Number: RYSL |
| Applicant Signature: MICHAEL SMITH <i>((Digitally signed 6/06/2019 at 3:03 PM))</i> | Previous Employer: ROY SALMON TRUCKING LLC. |

Verification of Employment

| | | |
|----------------|----------------|---------------|
| 07/2018 | 06/2019 | DRIVER |
| Emp. Start | Emp. End | Position |

Accident Information

☒ No accident information to report (as defined by Part 390.5)

Prohibited Drug and Alcohol Testing Information

☒ No prohibited drug and/or alcohol conduct to report



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SAFETY SENSITIVE SELF-VERIFICATION FORM

| | |
|---|--|
| Applicant Name: MICHAEL SMITH | Social Security Number: xxx-xx-9264 |
| Account Name: Roy Salmon Trucking | Account Number: RYSL |
| Applicant Signature: MICHAEL SMITH <i>((Digitally signed 6/06/2019 at 3:03 PM))</i> | Previous Employer: ENIDAN ENT |

Verification of Employment

| | | |
|----------------|----------------|---------------|
| 06/2016 | 07/2018 | DRIVER |
| Emp. Start | Emp. End | Position |

Accident Information

☒ No accident information to report (as defined by Part 390.5)

Prohibited Drug and Alcohol Testing Information

☒ No prohibited drug and/or alcohol conduct to report

