

Howell's Motor Freight, Inc.
DRIVER APPLICANT RELEASE

Past Employment Release: I authorize Howell's Motor Freight, Inc. to make investigations and inquiries of my personal, employment or lease, medical and/or criminal history and other related matters as may be necessary in arriving at an employment or lease decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers or contractor(s), schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment or lease, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the company.

Safety Performance History: I understand that my safety performance history may be used in my hiring or leasing process. I also understand that information I provide regarding current and/or previous employer(s) or lease(s) may be used, and those employer(s) or contractor(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and(e), and understand:

- * I have the right to review information provided by previous employer(s) or contractor(s). I must submit this request in writing to the prospective employer or contractor who then has 5 business days to provide a response and if the information provided is not picked up with 30 days I have waived the right to review it;
- * I have the right to have errors in the information corrected by previous employer(s) or contractor(s) and for those previous employers or contractor(s) to resend the corrected information to the prospective employer or contractor; and
- * I have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) or contractor(s) and I cannot agree on the accuracy of the information.

DOT/FMCSA Records: I authorize the Department of Transportation and the Federal Motor Carrier Safety Administration to disclose to Howell's Motor Freight, Inc., as a part of their pre-employment screening process, all electronic and written records maintained by the DOT/FMCSA including, but not limited to, my inspection and accident records.

Controlled Substance and Alcohol Testing Release: In compliance with 49 CFR Part 40 of the Federal Motor Carrier Safety Regulations, I hereby authorize my employer(s) or contractor(s) from the previous three (3) years to release and forward information regarding my controlled substance and alcohol testing records, including pre-employment tests.

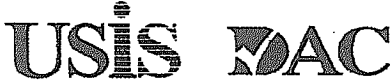
Applicant's Name _____
(Please print) First Middle Last

Applicant's Signature _____

Date ____/____/____

Social Security Number _____ Date of Birth ____/____/____

(The U. S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))



From: Howell's Motor Freight, Inc.
 Roanoke, Virginia
 Trish Johnson
 Fax# 540-966-3203
 Phone: 540-966-3200

USIS Customer #: 7730

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: _____ Applicant Signature: _____
 Social Security No: _____ Date: _____

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ Applicant Signature: _____

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)