

DRIVER INVESTIGATION HISTORY FILES (DIHF)

TO BE READ AND SIGNED BY THE APPLICANT

I, _____, hereby authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, 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, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

“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). I understand that I have the right to:

- ◆ Review information provided by current/previous employers;
- ◆ Have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer; and
- ◆ Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

Applicant's Signature

Date