

ACCIDENT RECORD FOR PAST 3 YEARS (Indicate N/A if none) (ATTACH SHEET IF NEEDED)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------|---|------------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Indicate N/A if none)
(OTHER THAN PARKING VIOLATIONS – ATTACH SHEET IF MORE SPACE IS NEEDED)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |

Past EMPLOYMENT RECORD (List ALL past employment for the last 3 years and ALL DOT regulated past employers for the past 10 years)

Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Second Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Third Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Fourth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

Printed Name

Past Employment Record (Attachment Sheet for Additional Employers)

Fifth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Sixth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Eighth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Ninth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

tenth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Eleventh Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Twelfth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

DISCLOSURE WITH AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

RIGHT TO REBUTTAL STATEMENT

Hintzsche Fertilizer Inc
2S181 County Line Road
Maple Park, IL 60151

In accordance with the provisions of Section 1681 et. seq., and Section 604(b)(2)(A) of the Fair Credit Reporting Act 15 USC., (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), and applicable federal, state and local laws, you are being informed that a consumer report may be obtained on you for employment purposes.

I, _____, hereby authorize and permit the above-named company to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For CDL Drivers Only) in accordance with the Department of Transportation Motor Carrier Safety Regulations Section 382.413, information concerning alcohol and controlled substances for the past 10 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputations, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization as the same effect as an original. This authorization is ongoing in the event such a report is needed in the future.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as [Hintzsche Fertilizer, Inc.](#) from liability that might otherwise result from the request for use of and or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act I may request a copy of any consumer report form the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize [Hintzsche Fertilizer, Inc.](#) to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

DISCLOSURE: As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USE at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act. Under Department of Transportation Motor Carrier Safety Regulations Section 391.23(i), you have the right to review information provided by previous employers, you have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer, you have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Print Name _____

Signature _____

Date _____