



CROSSGLOBE TRANSPORT, LTD
2500-D WARWICK BLVD
NEWPORT NEWS, VA 23607
PHONE: (757) 244-8169
FAX: (757) 244-4143

The following list is required before starting the application process.

You must supply Full Address, Phone numbers and Fax numbers for past employment. If there are any employment gaps with dates we cannot start the application process. If you are unemployed, you must list the dates on application.

2. Attach a Copy of your Commercial Driver License
3. Attach a Copy of your Vehicle Registration
4. Attach a Copy of your TWIC Card

PLEASE MAKE SURE YOU COMPLETE ALL ITEMS

Mail all original documents to:
CrossGlobe Transport, LTD
2500-D Warwick Blvd.
Newport News, VA 23607

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED!

CROSSGLOBE TRANSPORT, LTD
2500-D WARWICK BOULEVARD
NEWPORT NEWS, VIRGINIA 23607
OWNER OPERATOR/ DRIVER SAFETY CLEARANCE

ANSWER ALL QUESTIONS– PRINT CLEARLY

In compliance with Federal and State Laws, qualified contractors are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicaps.

Date: _____

Name: _____ DOB: _____/_____/_____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State & Zip)

SS No.: _____ Home Phone: _____

Cell Phone: _____ E-MAIL: _____
(Required for all Contractors and Drivers)

Previous Address: _____
(Street) (City) (State & Zip)

In Case of Emergency Notify: _____
(Name) (Address) (Phone)

Do you have the legal right to work in the United States? Yes No

Have you Contracted to this company before? Yes No

Dates: From _____ To _____ Type of Pay _____ Position _____
Reason for leaving _____

Are you currently under contract? Yes No

Who Referred you? _____

How many years of Tractor-Trailer Experience? _____ Can you prove? Yes No

1. Are you a U.S. citizen or otherwise lawfully authorized to work in this country? Yes No
2. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes No If Yes, please explain

3. Are you familiar with the Motor Carrier Safety Regulations? Yes No
4. Have you ever been convicted of a felony? Yes No

5. Have you ever been convicted for driving while intoxicated or under the influence in past 5 yrs.?
 Yes No
6. Have you ever had your driver's license suspended or revoked?
 Yes No If yes, please explain

7. Sec. 40.25(i) Have you tested positive or refused to test on any pre-employment drug/alcohol test in the past three years? Yes No
8. Do you currently use drugs illegally? Yes No

EMPLOYMENT HISTORY

ALL CONTRACTORS MUST LIST 10 YEARS WORK HISTORY STARTING WITH MOST RECENT. DO NOT LEAVE ANY GAPS. IF UNEMPLOYED LIST DATES (ETC.).

We cannot start the application process if there are gaps in work history, please be sure to account for **ALL time for past 10 years. Thank you.

1. Contracted To: _____
 Address: _____
 Phone: _____ Fax: _____
 From (MO/YR): _____ To (MO/YR): _____
 D.O.T. Regulated? Yes No
 D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
 Position: _____
 Reason for leaving: _____
2. Contracted To: _____
 Address: _____
 Phone: _____ Fax: _____
 From (MO/YR): _____ To (MO/YR): _____
 D.O.T. Regulated? Yes No
 D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
 Position: _____
 Reason for leaving: _____
3. Contracted To: _____
 Address: _____
 Phone: _____ Fax: _____
 From (MO/YR): _____ To (MO/YR): _____
 D.O.T. Regulated? Yes No
 D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
 Position: _____
 Reason for leaving: _____

EMPLOYMENT HISTORY (CONTINUED)

4. Contracted To: _____
Address: _____
Phone: _____ Fax: _____
From (MO/YR): _____ To (MO/YR): _____
D.O.T. Regulated? Yes No
D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
Position: _____
Reason for leaving: _____

5. Contracted To: _____
Address: _____
Phone: _____ Fax: _____
From (MO/YR): _____ To (MO/YR): _____
D.O.T. Regulated? Yes No
D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
Position: _____
Reason for leaving: _____

6. Contracted To: _____
Address: _____
Phone: _____ Fax: _____
From (MO/YR): _____ To (MO/YR): _____
D.O.T. Regulated? Yes No
D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
Position: _____
Reason for leaving: _____

7. Contracted To: _____
Address: _____
Phone: _____ Fax: _____
From (MO/YR): _____ To (MO/YR): _____
D.O.T. Regulated? Yes No
D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
Position: _____
Reason for leaving: _____

8. Contracted To: _____
Address: _____
Phone: _____ Fax: _____
From (MO/YR): _____ To (MO/YR): _____
D.O.T. Regulated? Yes No
D.O.T. Safety sensitive position which required drug & alcohol testing? Yes No
Position: _____
Reason for leaving: _____

DRIVING EXPERIENCE

This certifies that I have completed this Safety Clearance Form and that all entries and information about my driving experience are true and accurate to the best of my knowledge. I authorize CrossGlobe Transport, LTD to make such investigations and inquiries as may be necessary to arrive at a decision about my experience. I hereby release all companies, schools or persons from all liability in responding to inquires in connection with my Safety Clearance. In the event of clearance, I understand that false or misleading information entered on my Safety Clearance Form or stated during interview (s) may result in termination of lease. I also understand that I am required to abide by all rules and regulations of CrossGlobe Transport, LTD as permitted by law.

(Contractor's Signature)

___/___/___
(Date)

Type of Equipment Operated (Dry Van, Flat Bed, Container etc.)	Class (A,B,C)	Dates MO/YR to MO/YR	Total Miles (Approx)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List States operated in for previous 3 years: _____

List any safe driving awards you received: _____

List any commercial driving training schools attended: _____

List any special transportation courses or training: _____

DRIVING HISTORY FOR PREVIOUS 3 YEARS

MUST INCLUDE POLICE REPORT FOR EACH D.O.T. CHARGEABLE ACCIDENT

Nature of Accident (Rear end, Lane change, etc.)	Date	State	Injuries
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS FOR PREVIOUS 3 YEARS

(OTHER THAN PARKING)

Type of Conviction	Date	State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Circle the Highest Grade Completed: 8 9 10 11 12 College: 1 2 3 4

Last School Attended _____ City/State _____

COMMERCIAL DRIVER LICENSE HISTORY

License #	State	Class	Endorsements	Expiration
_____	_____	_____	_____	_____

Have you ever been denied a license to operate a motor vehicle? Yes No

Has your driver license ever been revoked or suspended? Yes No

Have you ever failed or refused any drug or alcohol screening test? Yes No

If yes, please explain

RELEASE AUTHORIZATION OF DRIVER EMPLOYMENT RECORD

CrossGlobe Transport, LTD Safety Department 2500-D Warwick Blvd. Newport News, VA 23607 Fax # 757-244-4143	Applicant's Name _____ Social Security # _____ - _____ - _____
Company Name: _____	
City: _____	State: _____ Phone #: _____
Fax #: _____	Comments: _____

The person named above as applicant has applied for a position as a Commercial Driver with CrossGlobe Transport, LTD and has listed your company as a previous employer. Part 391.23 of the Federal Regulations require an Investigation of the driver's previous safety performance history. Failure to respond is a violation of Federal Regulation part 391.23 (c) (3).

1. Dates Employed/Contracted _____	Until _____
2. Position _____	Reason for leaving _____
3. Type of Equipment operated: Class A Tractor Trailer <input type="checkbox"/>	Other _____
4. General conduct/work history: Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
5. Eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>	Review Required _____
6. Number of DOT chargeable accidents _____	Dates _____
7. Within the previous 3 years has the applicant ever tested positive for a controlled substance or 0.02 or greater breath concentration for alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Has applicant ever refused to be tested for drugs or alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Has your company received information from any previous employer that the applicant violated any D.O.T. drug/alcohol regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Was the applicant exempt from D.O.T. drug/alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Form Completed By: _____ Title: _____

Signature: _____ Date: _____

I authorize you to release any and all information regarding my services, character and conduct while Employed/Contracted at your company as required by part 391.23 of the Federal Motor Carrier Safety Regulations and release you of any and all liability which may result from providing such information, including alcohol and controlled substance testing.	
Applicant's Signature: _____	Date: ____/____/____

APPLICANT STATEMENT OF AUTHORIZATION

I voluntarily give CrossGlobe Transport, LTD or their authorized representative, the right to make a thorough investigation of my past employment activities, including my credit worthiness and credit characteristics. I authorize and instruct any credit bureau contracted to furnish any credit information concerning me to agents, investigators or authorized photocopy of this statement be accepted with the same authority as the original, and I specifically waive any written notice from any person, agency or employer contacted.

I also authorize CrossGlobe Transport, LTD and its agents, investigators or employees, to conduct personal interviews with my former employees, friends or associates with whom I am acquainted or who may have knowledge concerning any information. I also authorize my former employers to give any information regarding me whether or not it is on their records. I hereby release them and their company from any damage whatsoever for issuing the same.

In accordance with Federal Motor Carrier Safety Administration regulation 391.23 (i) (1), we are required to make known to applicants for leasing on with our company that you have the following rights regarding investigative information that will be provided to our company pursuant to paragraphs (d) and (e) of this section of regulation.

You have the right to review information provided by your previous employers

You have the right to have errors in the information corrected by the previous employer and have the corrected information resent.

3. You have the right to have rebuttal statement attached to the alleged erroneous information if the previous employer and yourself cannot agree on the accuracy of the information.

I certify that the information I have given on my application is true to the best of my knowledge.

I have read the above and understand fully the authorization I have given to CrossGlobe Transport, LTD and do so knowingly and willingly.

Name _____ Signature _____

Social Security No. _____ Date of Birth _____/_____/_____

Note: There are additional provision from rights to review employment history which goes back farther than the 3 years required in the application process. Please review FMCSA Regulation 391.23 (i) (2)

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to CrossGlobe Transport, LTD 2500-D Warwick Blvd., Newport News, VA 23607 for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Applicant's Signature: _____ Date: ____/____/____

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508; as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report
2. The consumer (applicant) has been informed in a separate written document disclosure that a consumer report may be obtained for leasing purpose
3. The information requested below will be used for a "permissible purpose" (i.e. information for leasing purposes) and will be used for no other purpose
4. The information being obtained will not be used in violation of any Federal or State equal opportunity law or regulation
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report by the Consumer Reporting Agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of State Motor Vehicle records under the provision of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002 (a)).

(Printed Name of Requestor)

(Title)

(Signature of Requestor)

_____/_____/_____
(Date)

The following named person has made application with our company for the position of INDEPENDENT CONTRACTOR/DRIVER. As required by part 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the above-signed requestor with the applicant's motor vehicle history previous three years.

Name of Applicant _____ License # _____ State _____

Address _____
(Street) (City) (State) (Zip Code)

Former Address _____
(Street) (City) (State) (Zip Code)

Date of Birth ____/____/____ Social Security No. _____-____-_____

NOTIFICATION OF DRIVER'S RIGHTS

In accordance with Federal Motor Carrier Safety Administration Regulation 391.23 (i) (1), we are required to make known to Driver applicants for leasing on with our company that you have the following rights regarding the investigative information that will be provided to our company pursuant to paragraphs (d) and (e) of this section of the regulation.

You have the right to review information provided by your previous employers.

2. 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 our company.

3. You have the right to have rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree on the accuracy of the information.

I understand that I have been informed of these rights in accordance to the above listed regulation.

(Signature)

(Date)

(Name of Applicant Print)

Note: There are additional provisions for right to review employment history which past the 3 years required in the application process. Should you wish to pursue these, please review FMCSA Regulation 391.23 (I) (2).

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with **CrossGlobe Transport, LTD** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize CrossGlobe Transport, LTD ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Account Code:	_____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 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.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.
- **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 1-888-5-OPTOUT (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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

_____ (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are an applicant, employee or contractor in any of the states listed below, please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) 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 the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is set out below.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

MASSACHUSETTS: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is set out below.

NEW YORK: You have the right, upon written request, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, which is also set out below.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Please Read Closely

CROSSGLOBE FURNISHES LIABILITY & CARGO INSURANCE. YOU PAY FOR NON-TRUCKING LIABILITY & OCCUPATIONAL ACCIDENT COVERAGE, PHYSICAL DAMAGE AVAILABLE.

\$1,000-\$2000 ESCROW– TAKEN OUT OF TRUCK SETTLEMENT CHECKS AT \$100 PER WEEK UNTIL FULL AMOUNT PAID.

REQUIREMENTS:

- Must have 2 YEARS verifiable road experience within pervious 5 years.
- Must be 25 years of age.
- No chargeable accidents within previous 36 months.
- No DUI or test refusal, Reckless Driving, Hit and Run, Leaving scene of an accident, Passing a school bus, Racing or **ANY** other Felony within the past 5 years.
- No Felony convictions.
- Must pass drug test and DOT physical.
- Tandom axle tractor **MUST PASS** CrossGlobe FHWA inspection.
- Fifth wheel height less than 48 inches.
- Tractor must be registered as apporioned with required States: VA, DC, MD, PA, OH, DE, WV, NC, KY.
- Must have cellular telephone with active service.
- Must have T.W.I.C. Card (Transportation Workers Identification Card).

FOR MORE INFORMATION: PLEASE CALL 1-757-244-8169 EXT. 2112/2113