

DOT Employment Application



18725 E. Gale Avenue, Ste. 205
City of Industry, CA 91748
P (800) 424-7746 | F (626) 956-0784

For HR Use Only	
Employee Hire Date:	



I 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, 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 resend the corrected information to the prospective employ; 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.

Signature: _____ Date: _____

Personal Information

Full Name: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Length of Time at This Address: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

SSN: _____ Birth Date: _____

CDL State: _____ CDL # _____

Previous Address*

Previous Address*: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Length of Time at This Address: _____

*Must list previous 3 years of residency



Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last

Employer: _____ Phone Number: _____

Address: _____

Street Address

City

State

ZIP Code

Position: _____ Time Employed: _____

From

To (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed? Y N

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Account for period between jobs – include dates (month/year) and reason: _____

Previous Employer: _____ Phone Number: _____

Address: _____

Street Address

City

State

ZIP Code

Position: _____ Time Employed: _____

From

To (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed? Y N

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Account for period between jobs – include dates (month/year) and reason: _____

Previous Employer: _____ Phone Number: _____

Address: _____

Street Address

City

State

ZIP Code

Position: _____ Time Employed: _____

From

To (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed? Y N

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Account for period between jobs – include dates (month/year) and reason: _____

Previous Employer: _____ **Phone Number:** _____

Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Position: _____ **Time Employed:** _____
From *To (month/year)*

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed? Y N

Was your job designated as a safety-sensitive function in any DOT-regulated mode
subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Account for period between jobs – include dates (month/year) and reason: _____

Previous Employer: _____ **Phone Number:** _____

Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Position: _____ **Time Employed:** _____
From *To (month/year)*

Reasons for Leaving: _____

Were you subject to the FMCSRs** while employed? Y N

Was your job designated as a safety-sensitive function in any DOT-regulated mode
subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Account for period between jobs – include dates (month/year) and reason: _____

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:

- (1) Weights or has a GVWR or 10,001 pounds or more
- (2) Is designed or used to transport 9 or more passengers
- (3) Is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

If no driving experience in the last 3 years – check here

Class of Equipment	Type of Equipment	Date From	Date To	Or	# of Miles	
Straight Truck	Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/>					
Tractor & Semi-Trailer	Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/>					
Tractor – 2 Trailers	Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/>					
Tractor – 3 Trailers	Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/>					
Motor Coach (8+ Passengers)	n/a					
Motor Coach (15+ passengers)	n/a					
Other	Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/>					

Accident History (3 years)

If no accidents within the last 3 years – check here

Date	Nature of Accident	# of Fatalities	Hazardous Spill?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years – check here

Date Convicted	Violation	State of Violation	Penalty

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License #	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y N

If yes, give details:

Has any license, permit, or privilege ever been suspended or revoked? Y N

If yes, give details:

Applicant Certification

This certifies that this applications was 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

**EMPLOYEE STATEMENT OF
PREVIOUS PRE-EMPLOYMENT
DRUG AND ALCOHOL TEST**

As the employer, you must also ask the employee whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. (see Sec. 40.25 (j)).

If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b)(5)).

Prospective Employee Name: _____ Driver's License #: _____

The prospective employee is required by Sec. 40.250 to respond to the following question:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check One: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

I certify that the information provided on this document is true and correct:

Prospective Employee
Signature: _____

Date: _____

Witnessed by: _____

Date: _____

MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirement in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operate a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from state of residence and return the additional license to the states that issued them. **DESTROYING** a license does not close the record in the state that issued it: you must notify the state. If license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License #: _____

Expiration Date: _____

State: _____

Driver Name: _____

Driver Signature: _____

Date: _____

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST
TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: _____

Social Security #: _____

Date of Birth: _____

I hereby authorize the Previous Employer noted below to release and forward information requests concerning safety performance history to my Prospective Employer.

Prospective Employee

Signature: _____

Date: _____

Previous Employer Information

Company Name: _____

Contact Name: _____

Phone #: _____

Website: _____

Fax #: _____

Address: _____

Street Address

City

State

ZIP Code

Prospective Employer Information

Company Name: Prime America Logistics, Inc.

This Form Was

Date

Attention: Human Resources

Mailed

Address: P.O. Box 1669

Faxed

City, State, Zip: Walnut, CA 91788

Emailed

Phone #: (800) 424-7746 ext. 117

Relayed by Phone

Fax #: (626) 956-0784

Name of Contact

Safety Performance History

To be completed by the previous employer

No safety performance history to report

Non-DOT Regulated Driver

DOT Regulated Driver

Eligible for Rehire: Yes No

Driver Operated a (check box)

Reason for Leaving Employment (check box)

Straight Truck

Cargo Truck

Discharged

Military Duty

Tractor-Semitrailer

Motor Coach-Bus

Resignation

Other (Specify)

Doubles/Triples

Other (Specify)

Lay Off

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST (CONTINUED)
TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENTS: Complete the following for any accidents included on your accident registration that involve the applicant in the 3 years prior to the application date shown above, or check here if there is no registered data for this driver

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

DRUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated driver was checked off on the Safety Performance History section)

This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is checked skip the section below).

Under Department of Transportation testing requirements for the past 3 years:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration: Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes No
3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of subpart B or Part 382, or Part 40? Yes No
5. Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up test? If yes, please attach documentation. Yes No
6. Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes No

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations are included.

Remarks:

Signature: _____

Title: _____

Date: _____

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST
TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: _____
Social Security #: _____ Date of Birth: _____

I hereby authorize the Previous Employer noted below to release and forward information requests concerning safety performance history to my Prospective Employer.

Prospective Employee Signature: _____ Date: _____

Previous Employer Information

Company Name: _____
Contact Name: _____ Phone #: _____
Website: _____ Fax #: _____
Address: _____
Street Address

City State ZIP Code

Prospective Employer Information

Company Name:	Prime America Logistics, Inc.	This Form Was	Date
Attention:	Human Resources	<input type="checkbox"/> Mailed	_____
Address:	P.O. Box 1669	<input type="checkbox"/> Faxed	_____
City, State, Zip:	Walnut, CA 91788	<input type="checkbox"/> Emailed	_____
Phone #:	(800) 424-7746 ext. 117	<input type="checkbox"/> Relayed by Phone	_____
Fax #:	(626) 956-0784	<input type="checkbox"/> Name of Contact	_____

Safety Performance History

To be completed by the previous employer

No safety performance history to report Non-DOT Regulated Driver DOT Regulated Driver

Eligible for Rehire: Yes No

Driver Operated a (check box)

Straight Truck Cargo Truck
 Tractor-Semitrailer Motor Coach-Bus
 Doubles/Triples Other (Specify)

Reason for Leaving Employment (check box)

Discharged Military Duty
 Resignation Other (Specify)
 Lay Off

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST (CONTINUED)
TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENTS: Complete the following for any accidents included on your accident registration that involve the applicant in the 3 years prior to the application date shown above, or check here if there is no registered data for this driver

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

DRUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated driver was checked off on the Safety Performance History section)

This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is checked skip the section below).

Under Department of Transportation testing requirements for the past 3 years:

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration: Yes No
- 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes No
- 3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
- 4. Has this person committed other violations of subpart B or Part 382, or Part 40? Yes No
- 5. Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up test? If yes, please attach documentation. Yes No
- 6. Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes No

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations are included.

Remarks:

Signature: _____

Title: _____

Date: _____

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST
TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: _____
Social Security #: _____ Date of Birth: _____

I hereby authorize the Previous Employer noted below to release and forward information requests concerning safety performance history to my Prospective Employer.

Prospective Employee Signature: _____ Date: _____

Previous Employer Information

Company Name: _____
Contact Name: _____ Phone #: _____
Website: _____ Fax #: _____
Address: _____
Street Address

City State ZIP Code

Prospective Employer Information

Company Name:	Prime America Logistics, Inc.	This Form Was	Date
Attention:	Human Resources	<input type="checkbox"/> Mailed	_____
Address:	P.O. Box 1669	<input type="checkbox"/> Faxed	_____
City, State, Zip:	Walnut, CA 91788	<input type="checkbox"/> Emailed	_____
Phone #:	(800) 424-7746 ext. 117	<input type="checkbox"/> Relayed by Phone	_____
Fax #:	(626) 956-0784	<input type="checkbox"/> Name of Contact	_____

Safety Performance History

To be completed by the previous employer

No safety performance history to report Non-DOT Regulated Driver DOT Regulated Driver

Eligible for Rehire: Yes No

Driver Operated a (check box)

Straight Truck Cargo Truck
 Tractor-Semitrailer Motor Coach-Bus
 Doubles/Triples Other (Specify)

Reason for Leaving Employment (check box)

Discharged Military Duty
 Resignation Other (Specify)
 Lay Off

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST (CONTINUED)
TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENTS: Complete the following for any accidents included on your accident registration that involve the applicant in the 3 years prior to the application date shown above, or check here if there is no registered data for this driver

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

DRUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated driver was checked off on the Safety Performance History section)

This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is checked skip the section below).

Under Department of Transportation testing requirements for the past 3 years:

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration: Yes No
- Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes No
- Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
- Has this person committed other violations of subpart B or Part 382, or Part 40? Yes No
- Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up test? If yes, please attach documentation. Yes No
- Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes No

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations are included.

Remarks:

Signature: _____

Title: _____

Date: _____

CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including independent contractor assignments, if applicable) and in accordance with pertinent laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, 3Reports´) related to information concerning you: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), academic history, verification of references and verification of other information supplied by you, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, accident history, workers compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records and information about your character, general reputation, personal characteristics and mode of living (collectively, 3Information´). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information sources (collectively, 3Suppliers´).

Upon providing proper identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all Information in HireRights files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within certain statutorily-prescribed time periods preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **consumer credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, during normal business hours you may view the file maintained on you by HireRight. You may also obtain a copy of this file by submitting proper identification and paying any statutorily-prescribed costs for such file by contacting HireRight in person, by mail or by phone. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing your file. IF you appear in person, a person of your choice may accompany you provided that this person furnished proper identification.

Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

If you are a **Maine, Massachusetts, New York or Washington State** applicant, employee or contractor, please also refer to the additional state law notices attached herewith.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize HireRight to obtain Information and disclose Information to its customers (3Customers´), if applicable, for the purpose of making a determination as to my eligibility for employment (including independent contractor assignments), promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and HireRight Customers, if applicable, to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment or contract period. As permitted by law, I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this document. I agree that Information in HireRights possession and my employment history with Customers if I am hired or contracted may be supplied by HireRight to other HireRight Customers for legally permissible purposes.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (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, independent contractor status, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original.

Print Applicant Name: _____

Social Security #: _____

Applicant Signature: _____

Date: _____

Applicant Address: _____

Applicant Phone Number: _____

ADDITIONAL STATE LAW NOTICES

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 us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit 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 agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

WASHINGTON STATE: If we request 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 us a complete and accurate disclosure of the nature and scope of the investigation requested by us. 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.

Notices continue on next page

NEW YORK CORRECTION LAW
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS
PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.