



Application For Employment

Equal Opportunity Employer, M/F/V/D

Fleet One Holdings ("Company") and its subsidiaries are equal opportunity and affirmative action employers and do not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religion, national origin, citizenship, sex, marital status, age, disability, veteran status or sexual orientation.

To be considered an applicant for a position with Fleet One:

- You must fully complete the application form.
- You must apply for a specific position opening. Candidates requesting consideration for "any" position will not be considered.
- You must meet the minimum requirements of the position for which you are applying. Review the open position listing in the employment office or on our website (www.FleetOne.com) for position details. Persons who fail to meet the minimum requirements of the position will not be considered.
- Your application will be considered active for 30 days or during the time the job remains open, whichever is greater, not to exceed 6 months. After this period, you may request that the application remain active for one additional 30-day period immediately following the initial period, provided there are no material changes to the information provided herein.

Receipt of this application does not imply that the applicant will be employed.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS OF AN "AT WILL" NATURE, WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THE COMPANY MAY DISCHARGE ME AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE CEO OF THE COMPANY.

Fleet One, at its' own expense, arranges for pre-employment background and drug screening for each of its employees. The Company will be unable to offer employment or to continue employment if unacceptable information is discovered during the employment process or after employment begins. Unacceptable information can include, but is not limited to, convictions due to crimes of dishonesty, breach of trust, certain drug-related offenses, certain crimes of violence and other related crimes.

Employment Procedure

- 1) Complete the Application for Employment either online or in your own handwriting, using black or blue ink.
- 2) Complete the Disclosure and Authorization to Obtain Information, Identifying Information for Consumer Reporting Agency and the Applicant's Consent to Drug/Alcohol testing forms, using black or blue ink.
- 3) Advise us if you need accommodation or assistance in completing the application or during any stage of the employment process.
- 4) Submit your completed application to the Company representative, including your resume when available.
- 5) The Company will review your application and contact you in the event your skills and background are among the most highly qualified match for the position.

Personal Information				
Last Name	First Name	Middle Initial	Former Name(s)	Social Security Number - -
Home Telephone Number - -	Work Telephone Number - -	Pager/Cell Phone Number - -	E-Mail Address	
Present Address	Number and Street Zip Code	City	State	From (mm/dd/yyyy) To (mm/dd/yyyy)
Previous Addresses For The Last Seven Years				
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to work legally in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relatives (including domestic partner) currently employed by the Company or any other subsidiary of Fleet One Holdings, LLC. If none, write "none"		
		Name Relationship / Job Title if known Employment Location		
	Will you require sponsorship in order to continue employment with Fleet One in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Requirements				
State the specific job(s) and/or job reference number(s) for which you are applying	Specific Job Title(s) _____ _____	Job Reference Number(s) _____ _____		
What type of employment are you seeking (check one) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		If the position has more than one shift, indicate which shift(s) you would be interested in working (check as many as apply) <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift <input type="checkbox"/> 3rd shift		
State the hours and days of the week you are available to work		State your location preference		
Salary Requirements				
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	When would you be available to begin work?		

Method of Referral (Check the appropriate box below and provide the specific name of the referral method)			
<input type="checkbox"/> Advertisement – Flyer	<input type="checkbox"/> College Recruiting	<input type="checkbox"/> Fleet One Website	<input type="checkbox"/> Internet Job Board – Please Specify:
<input type="checkbox"/> Advertisement – Journal/Magazine	<input type="checkbox"/> Other Educational Institution	<input type="checkbox"/> Temporary Assigned to Fleet One by Agency	
<input type="checkbox"/> Advertisement – Newspaper	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Fleet One Job Fair/Open House	
<input type="checkbox"/> Advertisement – Other	<input type="checkbox"/> Recruiting Agency	<input type="checkbox"/> Other Job/Career Fair	
<input type="checkbox"/> Fleet One Human Resources / Recruiter	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Other Organization / Association	
Provide the specific name of referral method (Examples: The Daily News, John Doe, etc.)			

Have you previously worked for Fleet One or any of their affiliates? Yes No

If Yes, state when, where and what position _____

Have you previously applied for employment with Fleet One? Yes No

If Yes, state when, where and what position _____

Computer Skills/Experiences (Check appropriate boxes or complete information for skills/experiences that you presently possess)

Microsoft <input type="checkbox"/> Word <input type="checkbox"/> Outlook <input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Exchange <input type="checkbox"/> Project <input type="checkbox"/> Publisher <input type="checkbox"/> FrontPage <input type="checkbox"/> PowerPoint <input type="checkbox"/> BackOffice <input type="checkbox"/> Server	Programming Languages (mainframe, PC, web, etc.)
Adobe <input type="checkbox"/> Acrobat <input type="checkbox"/> PageMaker <input type="checkbox"/> Illustrator	Mainframe Applications and Hardware
Other <input type="checkbox"/> Crystal Report Writer <input type="checkbox"/> Novell NetWare	
Additional PC Software	Client Server Applications and Hardware

Additional Skills/Qualifications (List any additional knowledge, skills or abilities that would qualify you for the position with our Company, including any special training or language skills.)

Education/Certification

School Name and Location	Specify Degree Earned	Major	Dates Attended (mm/dd/yyyy)	Check Last Year Completed	Grade Average	Point
High School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Vocational School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
College				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
If currently enrolled, name of school	Current Level		Major Subject			

Certifications/Licenses Earned	Issuing Organization	Date Earned (mm/dd/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Record

Complete in detail starting with present or most recent employer. List all previous employers for the past seven years. Include self-employment, military service, summer or part-time employment. Use additional sheets if necessary.

Company Name				
Street Address (Physical Work Location)		City	State	Zip Code
Supervisor's Name		Supervisor's Title		Supervisor's Telephone Number - -
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____	Length of Employment From _____ To _____ (mm/dd/yyyy) (mm/dd/yyyy)		Current Salary
Briefly describe your duties		Reason for leaving (If you are still employed, why you desire a change?)		

Company Name				
Street Address (Physical Work Location)		City	State	Zip Code
Supervisor's Name		Supervisor's Title		Supervisor's Telephone Number - -
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____	Length of Employment From _____ To _____ (mm/dd/yyyy) (mm/dd/yyyy)		Final Salary
Briefly describe your duties		Reason for leaving		

Company Name				
Street Address (Physical Work Location)		City	State	Zip Code
Supervisor's Name		Supervisor's Title		Supervisor's Telephone Number - -
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____	Length of Employment From _____ To _____ (mm/dd/yyyy) (mm/dd/yyyy)		Final Salary
Briefly describe your duties		Reason for leaving		

Company Name			
Street Address (Physical Work Location)		City	State Zip Code
Supervisor's Name	Supervisor's Title	Supervisor's Telephone Number - -	
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Other _____	Length of Employment From _____ To _____ (mm/dd/yyy) (mm/dd/y y) yyy)	Final Salary
Briefly describe your duties		Reason for leaving	

Company Name			
Street Address (Physical Work Location)		City	State Zip Code
Supervisor's Name	Supervisor's Title	Supervisor's Telephone Number - -	
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Other _____	Length of Employment From _____ To _____ (mm/dd/yyy) (mm/dd/y y) yyy)	Final Salary
Briefly describe your duties		Reason for leaving	

Additional Information

Yes No May we contact your present employer? If No, explain.

Yes No Have you ever been bonded?

Yes No Have you ever been refused bond or had a bond terminated? If Yes, state reason and date.

Yes No Have you ever been terminated or asked to resign from any prior employment? If Yes, explain.

Yes No Are you now, or have you ever been, subject to an agreement containing non-competition or non-solicitation provisions? If Yes, explain.

Yes No Do you currently use illegal drugs?

Yes No Have you ever been terminated or disciplined for taking things of value from a previous employer? If Yes, explain.

The following question relates to felonies and misdemeanors. A conviction or guilty plea will not automatically disqualify an otherwise qualified applicant from employment, subject to full disclosure and review of all relevant facts. The Company will, as part of its hiring process, submit fingerprints of every hire to the FBI for investigation. Fleet One in its sole discretion will make the final determination whether a crime bears any nexus to the position applied for. All information tendered in response to this section will be verified through FBI records.

Have you ever been convicted (including convictions that have been pardoned and violations under any state first offender law), or entered, after November 1990, a pre-trial diversion program for any felony or misdemeanor crime of dishonesty, breach of trust, money laundering, illegal trafficking, distribution or manufacture of controlled substances; or any offense involving lewd or sexual deviant behavior or any other crime of violence? Youthful offender adjudications are not considered convictions for purposes of this application. (Examples of convictions that must be disclosed include, but are not limited to theft, perjury, fraud, embezzlement, larceny (petty/grand), passing/delivery of bad check, forgery, felony burglary, retail theft, misrepresentation, conspiracy, any crime against financial institutions, public indecency, disorderly conduct, aggravated battery, aggravated assault, murder or rape).

Yes No If you answered Yes, provide details of charges, dates and disposition.

Yes No Do you currently have any pending, unresolved charges for any crime? If you answered Yes, provide details of charges, dates and disposition.

Conditions of Employment

Read this section carefully and sign and date the bottom.

- A. I authorize the investigation of all statements contained in this application, and understand that any misrepresentation or material omission of facts is cause for immediate termination whenever such falsification or omission is discovered. I authorize all my previous employers, educational institutions, licensing and references to furnish any information concerning my personal character, habits, education, licenses or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information.
- B. I agree to be fingerprinted as part of the application process and during my employment, and understand that my fingerprint record will be processed by the FBI. The Company also reserves the right to check my credit record as part of the application process and during my employment. I understand that consumer credit reports or FBI criminal records may be obtained, and authorize the Company to obtain such reports and records. I further understand that as part of the application process, the Company shall provide me a summary of my rights, should adverse action be taken during the application process or my employment on the basis of information contained in such records.
- C. I voluntarily agree to submit to a drug test as part of the application process. I understand that refusal to submit to or pass the test will disqualify me from further consideration for employment. I further understand that I may be required to submit to a drug test during my employment pursuant to the Company's drug testing policy, and refusal to submit to or pass the test will be grounds for termination.
- D. In making this application for employment, I understand that a routine investigative report may be made whereby information is obtained through a criminal record check or driver's license check, education verification and a public record check. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of the investigation.
- E. I understand that employment, if offered, is subject to my satisfying the employment and eligibility requirements of the Immigration Reform and Control Act of 1986.

- F. I fully understand that because of the nature of the business conducted by the Company, all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description, relating to the business of the Company or to anyone with whom the Company has dealings, constitute privileged matters and are to be treated in a strictly confidential manner. I fully understand and agree that, should I enter the employ of the Company, I am not to, and will not at any time, communicate or reveal any business of the Company or any such information or records or files or the matters contained therein, to unauthorized personnel within the Company, nor to anyone outside the Company. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.
- G. If I am employed by the Company I will comply with all rules, regulations and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by the Company at any time, at the Company's sole option and without any prior notice to me.
- H. I agree not to work for any other company while employed unless agreed to by the Company.

I have read in full and agree to abide by the above statements and conditions of employment if hired.

Applicant's Signature

Electronic Signature Authorization. By checking this box I acknowledge that the electronic submittal of this application is the same as submitting a signed application. I further certify that all information contained herein is true and accurate information, and that I have read the application carefully.

Date ▶ _____
(mm/dd/yyyy)

Print Name ▶ _____

Social Security Number ▶ _____ . .

Signature ▶ _____

Date ▶ _____
(mm/dd/yyyy)

(Only required if not submitting application electronically)

To Be Completed At The Time Of Reactivation (See Page 1)

Job Reference Number	Job Title	Applicant's Signature	Date
		<input type="checkbox"/> Electronic Signature Authorization. By checking this box I acknowledge that the electronic submittal of this application is the same as submitting a signed application. I further certify that all information contained herein is true and accurate information, and that I have read the application carefully.	_____ (mm/dd/yyyy)
		Signature (Only required if not submitting application electronically) _____	Date _____ (mm/dd/yyyy)



Consumer Report Consent & Release Authorizations

Required For All Applicants

Notification and Release Authorization Applicant's Consent to Drug/Alcohol Testing

I understand that Fleet One LLC ("Company") is committed to providing a drug and alcohol free workplace and that the company tests all applicants who may receive job offers from the Company for drugs and alcohol at the Company's expense as a condition of employment and may conduct other drug and alcohol testing under circumstances as outlined in this notification.

In connection with my application for employment with Fleet One LLC, I understand that any offer for employment will be conditional upon my taking and passing a post-offer/pre-employment drug and/or alcohol test. I further understand that if I pass such pre-employment drug and/or alcohol test and become employed by the Company that I may be subject to subsequent drug and/or alcohol testing during my employment under the following circumstances as the Company may decide:

1. When a reasonable suspicion exists that I am under the influence of any illegal drug or alcohol in violation of the Company's Substance Abuse Policy. Reasonable suspicion means suspicion based on information regarding, among other things, the appearance, behavior, speech, attitude, mood and/or breath odor of any employee;
2. When I am found in possession of alcohol or illegal drugs in violation of the Company's Substance Abuse Policy, or when any of those items are found in any area controlled or used by me, such as a desk or locker;
3. After I have been referred by the Company for chemical dependency treatment or evaluation, or while I am or after I have participated in a chemical dependency treatment program under an employee benefit plan;
4. If required under Department of Transportation regulations;
5. If I hold a sensitive position (according to Department of Defense regulations), or am involved in safety-sensitive functions or hazardous job sites, testing may include post-accident, random, reasonable suspicion, alcohol and drug screening; and
6. For any other reasons permitted or required by law.

I UNDERSTAND AND AGREE TO PRE-EMPLOYMENT TESTING AND POST-EMPLOYMENT TESTING WHICH MAY BE CONDUCTED TO DETERMINE THE PRESENCE OF ALCOHOL AND/OR DRUGS, INCLUDING, WITHOUT LIMITATION, MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE (PCP) AND AMPHETAMINES OR METABOLITE OF THOSE DRUGS IN MY SYSTEM UNDER THE NATIONAL INSTITUTE FOR DRUG ABUSE (NIDA) GUIDELINES. I VOLUNTARILY, KNOWINGLY AND UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED PARTIES, THE COMPANY, QUEST CLINICAL LABORATORY, LABORATORY CORP. OF AMERICA, AND/OR ENTITY OR PERSON REVIEWING THE TEST RESULTS, ANY MEDICAL REVIEW OFFICER INTERPRETING TEST RESULTS, AND KROLL INC. FROM ANY AND ALL LIABILITY, ACTION, OR CLAIM WHICH MIGHT ARISE OR RESULT FROM THE TESTS FOR DRUGS AND/OR ALCOHOL, THE USE OF THE TEST RESULTS, OR THE DISCLOSURE OF THE TEST RESULTS. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE ONE YEAR TERMS AT EACH ANNIVERSARY DATE UNLESS WRITTEN NOTICE NOT TO RENEW IS PROVIDED BY ME TO THE COMPANY THIRTY DAYS PRIOR TO EACH ANNUAL ANNIVERSARY. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I understand that Kroll is a consumer reporting agency and it is Kroll's policy to not be involved nor make hiring decisions or recommendations. Kroll's privacy policy limits the information it provides to the Company named herein, however I hereby authorize the Company to share such information with parties in interest who have a "need to know" such information to protect them and their employees.

I agree that I may refuse to take the drug and/or alcohol tests, but that if I do so the Company and/or management staff of the Company may in its sole discretion deny me employment or terminate my employment immediately for such refusal. The Company and/or management staff of the Company also may in its sole discretion deny me employment or terminate my employment immediately if the confirmed results of any such tests are positive for drugs or alcohol (provided any timely confirmatory re-test obtained by me of the original sample in accordance with the Substance Abuse Policy does not contradict the original confirmatory positive test result).

I hereby agree to submit to such post-offer/pre-employment and post-hire drug and alcohol testing and authorize the lab performing the test, any medical review officer who may review the results, Kroll, or the Company to release any results to parties who have a "need to know" such results. I hereby agree to submit to such post-offer/pre-employment and post-hire drug and alcohol testing.

Print Name: _____

Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Fleet One LLC ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Print Name: _____

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: | NO:

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll

has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Signature	
<input type="checkbox"/> Electronic Signature Authorization. <i>By checking this box I acknowledge that the electronic submittal of this application is the same as submitting a signed application. I further certify that all information contained herein is true and accurate information, and that I have read the application carefully.</i>	Date ▶ _____ (mm/dd/yyyy)
<div style="background-color: yellow; display: inline-block; padding: 2px;">Signature</div> ▶ _____ <i>(Only required if not submitting application electronically)</i>	Date ▶ _____ (mm/dd/yyyy)

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, all consumers are 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 Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
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



Applicant Information
Equal Opportunity Employer
M/F/V/D

The following information is requested from all applicants for purposes of complying with Equal Employment Opportunity and Affirmative Action laws and regulations. Completion of this form is voluntary and all information will be maintained in a confidential manner. This information is not used or considered in the selection process and is filed separately from the employment application.

Fleet One is an Equal Opportunity Employer, M/F/V/D

Please Print

Name (Last, First, Middle Initial)		Date of Birth (mm/dd/yyyy)	Social Security Number - -
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I decline to state	Race/Ethnic Category <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino (white race only)		
		<input type="checkbox"/> Hispanic or Latino (all other races) <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I decline to state	

Decline
<input type="checkbox"/> I DECLINE TO STATE

Signature	
<input type="checkbox"/> Electronic Signature Authorization. By checking this box I acknowledge that the electronic submittal of this application is the same as submitting a signed application. I further certify that all information contained herein is true and accurate information, and that I have read the application carefully.	Date ▶ _____ (mm/dd/yyyy)
Signature ▶ _____ (Only required if not submitting application electronically)	Date ▶ _____ (mm/dd/yyyy)

Race/Ethnic Category Definitions

American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

Hispanic or Latino (all other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.