

County of Residence	Bristol
Yes, I agree to receive information concerning future opportunities or promotions from Hub Group Trucking by email or other commercial electronic communications.	No
<p>Would you like to receive communication from Hub Group Trucking via text message?</p> <p>By participating, you consent to receive text messages sent by an automatic telephone dialing system, which may contain recruiting/advertising messages. Consent to these terms is not a condition of being hired, contracted, or leased. You may opt out at any time by texting STOP to unsubscribe. You also agree that Hub Group Trucking's service provider receives in real time and logs your text messages with Hub Group Trucking.</p>	No

Company Questions	
Owner Operator	
GENERAL INFORMATION	
If you have spoken to a recruiter please select their name	
What type of driving position are you applying to?	Company Driver
Are you legally eligible for employment in the United States?	Yes
Are you employed now?	No
How long since leaving last employment?	4 months
Do you read, write, and speak English?	Yes
Have you ever worked for this company before?	No
Enter start and end dates, location, position, and reason for leaving:	
Do you have a current TWIC card?	No
Expiration date:	
Please enter the names of any relatives employed here:	
Have you ever been known by any other name?	No

Enter name:	
How did you hear about us?	Yahoo
Who referred you (enter driver's name or truck number)? Make sure if you were referred that the driver who referred you is listed or else no referral bonus will be paid.	
DRIVING EXPERIENCE	
For each class of equipment, enter type of equipment (van, reefer, tank, etc.), start and end dates, and approximate number of total miles. If no experience in a class, enter "NONE".	
Class B experience	None
Tractor and Semi-Trailer	8+ yrs
Tractor - Two Trailers	None
Flatbed	None
Which safe driving awards do you hold and from whom?	
Do you have Intermodal experience?	No
Do you have at least 1 year Tractor Trailer experience?	Yes
Have you worked or been employed by more than 5 Carriers in the past 3 Years?	Yes
Have you been convicted of a moving violation in the past 12 months?	No
What size T-shirt do you wear?	2XL
EDUCATION	
List highest grade completed:	Grade 12
List last school attended (name, city, and state):	NBHS

Licenses	
License Number	#####757
State/Province	MA
Country	United States
License Class	Class A
License Expiration Date	06-15-2025
Physical Expiration Date	04-07-2022
Current License	Yes
Commercial Driver License	Yes

Endorsements	None
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Employment / Unemployment	
Unemployment	
Start Date	08-2021
End Date	12-2021
Comment	Time Off
Venture Logistics	
Company	Venture Logistics
Start Date	04-2021
End Date	08-2021
Address	1101 S Harding Court
City, State/Province Zip/Postal	Indianapolis, IN
Country	United States
Phone	
Position Held	Driver
Reason for leaving?	Truck Issues
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Dart Transit	

Company	Dart Transit
Start Date	03-2021
End Date	03-2021
Address	
City, State/Province Zip/Postal	Eagan, MN
Country	United States
Phone	651-688-2000
Fax	651-683-1861
Position Held	Driver
Reason for leaving?	Current
Were you terminated/discharged/laid off?	No
Is this your current employer?	Yes
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
XXII Century Inc	
Company	XXII Century Inc
Start Date	02-2021
End Date	02-2021
Address	7501 Lemont Rd ste 345
City, State/Province Zip/Postal	Woodridge, IL 60517
Country	United States
Phone	630-948-0501
Position Held	Driver

Reason for leaving?	Current
Were you terminated/discharged/laid off?	No
Is this your current employer?	Yes
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Unemployment	
Start Date	01-2021
End Date	01-2021
Comment	Left Carroll Fulmer 01.17.21
Unemployment	
Start Date	12-2020
End Date	12-2020
Comment	Time Off
Heartland Express	
Company	Heartland Express
Start Date	09-2020
End Date	11-2020
Address	901 N KANSAS AVE
City, State/Province Zip/Postal	North Liberty, IA 52317
Country	United States
Phone	800-441-4953
Position Held	
Reason for leaving?	No Home Time/Rude Dispatcher

Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	3000-3500
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Unemployment	
Start Date	03-2020
End Date	08-2020
Comment	Time Off
Don Hummer Trucking Corporation	
Company	Don Hummer Trucking Corporation
Start Date	10-2019
End Date	02-2020
Address	505 33rd Ave SW
City, State/Province Zip/Postal	Cedar Rapids, IA 52322
Country	United States
Phone	319-828-2000
Fax	319-828-3105
Position Held	Driver
Reason for leaving?	Truck Issues
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes

Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	3000-3500
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Don Hummer Trucking Corporation	
Company	Don Hummer Trucking Corporation
Start Date	09-2019
End Date	09-2019
Address	505 33rd Ave SW
City, State/Province Zip/Postal	Cedar Rapids, IA 52322
Country	United States
Phone	319-828-2000
Fax	319-828-3105
Position Held	Driver
Reason for leaving?	Current
Were you terminated/discharged/laid off?	No
Is this your current employer?	Yes
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48

Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Don Hummer Trucking Corporation	
Company	Don Hummer Trucking Corporation
Start Date	08-2019
End Date	08-2019
Address	505 33rd Ave SW
City, State/Province Zip/Postal	Cedar Rapids, IA 52322
Country	United States
Phone	319-828-2000
Fax	319-828-3105
Position Held	Driver
Reason for leaving?	Current
Were you terminated/discharged/laid off?	No
Is this your current employer?	Yes
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Unemployment	
Start Date	06-2019
End Date	07-2019
Comment	Time Off

Us Xpress	
Company	Us Xpress
Start Date	01-2017
End Date	05-2019
Address	4080 Jenkins Rd
City, State/Province Zip/Postal	Chattanooga, TN 37421
Country	United States
Phone	800-251-6291
Fax	423-510-5805
Position Held	Driver
Reason for leaving?	Bad Fleet Owner/Pulled Contract
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	Lower 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Smith Transport	
Company	Smith Transport
Start Date	12-2016
End Date	12-2016
Address	331 E CLOSSON RD
City, State/Province Zip/Postal	Roaring Spring, PA 16673
Country	United States
Phone	800-877-1173

Fax	814-224-6939
Position Held	Driver
Reason for leaving?	Bad Equipment/Cigg Smell
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	Yes
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	EC
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Knight Transportation	
Company	Knight Transportation
Start Date	08-2016
End Date	11-2016
Address	20002 N 19th Ave.
City, State/Province Zip/Postal	Phoenix, AZ 85027
Country	United States
Phone	602-606-6247
Fax	602-606-6174
Position Held	Truck Driver
Reason for leaving?	Bad/Unfair Treatment
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor	Yes

vehicle?	
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	No
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	No
Areas Driven	Lower 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Unemployment	
Start Date	04-2016
End Date	07-2016
Comment	Time off/Vacation
Unemployment	
Start Date	03-2016
End Date	04-2016
Comment	Vacation
Knight Transportation	
Company	Knight Transportation
Start Date	04-2015
End Date	03-2016
Address	20002 N 19th Ave.
City, State/Province Zip/Postal	Phoenix, AZ 85027
Country	United States
Phone	602-606-6247
Fax	602-606-6174
Position Held	Truck Driver
Reason for leaving?	Current
Were you terminated/discharged/laid off?	No
Is this your current employer?	Yes
May we contact this employer at this time?	Yes

Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	No
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	Yes
Areas Driven	All 48
Miles driven weekly	2500-3000
Most common truck driven	Tractor-Trailer
Most common trailer	Van
Trailer length	53 feet or more
Knight Transportation	
Company	Knight Transportation
Start Date	05-2014
End Date	03-2015
Address	20002 N 19th Ave.
City, State/Province Zip/Postal	Phoenix, AZ 85027
Country	United States
Phone	602-606-6247
Fax	602-606-6174
Position Held	Driver
Reason for leaving?	Bad Equipment
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	No
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	No
Areas Driven	Lower 48

Miles driven weekly	1000-1500
Most common truck driven	Cabover Tractor
Most common trailer	Van
Trailer length	53 feet or more
Werner Enterprises	
Company	Werner Enterprises
Start Date	06-2013
End Date	04-2014
Address	P.O. Box 45308
City, State/Province Zip/Postal	Omaha, NE 68145-0308
Country	United States
Phone	800-346-2818
Fax	866-624-6108
Position Held	Driver
Reason for leaving?	Fleet Mngr
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	No
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	No
Areas Driven	48 States
Miles driven weekly	2500-3000
Most common truck driven	Cabover Tractor
Most common trailer	Van
Trailer length	53 feet or more
Precix	
Company	Precix
Start Date	02-2012
End Date	07-2013

Address	Bellville Ave
City, State/Province Zip/Postal	New Bedford, MA
Country	United States
Phone	
Position Held	Tech Assistant
Reason for leaving?	Werner
Were you terminated/discharged/laid off?	No
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	No
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	
Areas Driven	
Miles driven weekly	
Most common truck driven	
Most common trailer	
Trailer length	
Unemployment	
Start Date	07-2010
End Date	02-2012
Comment	More or less
Unemployment	
Start Date	08-2010
End Date	02-2011
Comment	
AFC Cable	
Company	AFC Cable
Start Date	06-2007
End Date	07-2010
Address	Industrial Park

City, State/Province Zip/Postal	New Bedford, MA
Country	United States
Phone	
Position Held	Machine Operator
Reason for leaving?	Laid Off
Were you terminated/discharged/laid off?	Yes
Termination Explanation	Laid Off
Is this your current employer?	No
May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	No
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	
Areas Driven	
Miles driven weekly	
Most common truck driven	
Most common trailer	
Trailer length	
Quaker Fabrics	
Company	Quaker Fabrics
Start Date	06-2004
End Date	05-2007
Address	
City, State/Province Zip/Postal	Fall River, MA
Country	United States
Phone	
Position Held	Mach Op (Wrapper)
Reason for leaving?	Laid Off
Were you terminated/discharged/laid off?	Yes
Termination Explanation	Laid Off
Is this your current employer?	No

May we contact this employer at this time?	Yes
Did you operate a commercial motor vehicle?	No
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while employed/contracted by this employer/contractor?	
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	
Areas Driven	
Miles driven weekly	
Most common truck driven	
Most common trailer	
Trailer length	

Trucking School	
Start Date	05-2013
End Date	06-2013
School	JJ Logistics
Address	
Address 2	
City, State/Province	New Bedford, MA
Country	United States
Phone	508-999-1335
Did you graduate?	Yes
Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while attending this truck school?	No
Did you perform any safety sensitive functions at this truck school, regulated by DOT, and subject to drug and alcohol testing?	No
GPA	90+
Hours of Instruction	150
Border Crossing	No
Log Books	Yes


Federal Motor Carrier Regulations	Yes
Hazardous Materials	No

FMCSR	
Under FMCSR 391.15, are you currently disqualified from driving a commercial motor vehicle? [49 CFR 391.15]	No
Has your license, permit or privilege to drive ever been suspended or revoked for any reason? [49 CFR 391.21(b)(9)]	Yes
Please provide additional detail, including the dates of the suspension(s)/revocation(s): 15-20yrs ago for Non payment of Citation	
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?[49 CFR 391.21(b)(9)]	No
Within the past two years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test by an employer to whom you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? [49 CFR 40.25(j)]	No
<p>In the past three(3) years, have you ever been convicted of any of the following offenses: [49 CFR 391.15]:</p> <ul style="list-style-type: none"> • Driving a commercial motor vehicle with a blood alcohol concentration ("BAC") of .04 percent or more • Driving under the influence of alcohol, as prescribed by state law • Refusal to undergo drug and alcohol testing as required by any jurisdiction for the enforcement of Federal Motor Carrier Safety Act regulations • Driving a commercial motor vehicle under the influence of any 21 C.F.R. 1308.11 Schedule I identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug • Transportation, possession, or unlawful use of a 21 C.F.R. 1308.11 Schedule I identified controlled substance, amphetamines, narcotic drugs, 	No

formulations of an amphetamine, or derivatives of narcotic drugs while you were on duty driving for a motor carrier • Leaving the scene of an accident while operating a commercial motor vehicle • Or any other felony involving the use of a commercial motor vehicle	
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Vehicle Accident Record
Were you involved in any accidents/incidents with any vehicle in the last 3 years (even if not at fault)?
No Accidents

Traffic Convictions \ Violations
Have you had any moving violations or traffic convictions in the past 3 years?
No Violations

Signature	
Full Name	Ariel C Alejandro
IP Address	68.227.198.29
Signature Date/Time	12-27-2021 7:57 AM
<p>By signing my application below, I agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.</p> <p>This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.</p>	
Signed Date:	12-27-2021 7:57 AM
Signed:	

Federal FCRA Summary of Rights Acknowledgment	
By checking this box, I (a) acknowledge that I have read and understand the federal FCRA Summary of Rights and	Yes

have been given the opportunity to copy/print the Summary of Rights and (b) agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	
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Massachusetts Criminal Policy and Record Correction Acknowledgment	
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By checking the box, I (a) acknowledge that I have read and understand the Company's Massachusetts Criminal Record Policy and Information Concerning the Process in Correcting a Criminal record and have also been given the opportunity copy/print both, and (b) agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	
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	Yes
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Washington Summary of Rights Acknowledgment	
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By checking the box, I (a) acknowledge that I have read and understand the Summary of Rights Under Washington's Fair Credit Reporting Act and have been given the opportunity to copy/print the Summary of Rights and (b) agree to use an electronic signature to demonstrate my acknowledgment. An electronic signature is as legally binding as an ink signature.	
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	Yes
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PSP Disclosure and Authorization	
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By checking the box, I (a) acknowledge that I have read and understand the PSP Disclosure and Authorization and also have been given the opportunity to copy/print it, and (b) agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	
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	Yes
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Additional Consent or Certification	
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By checking the box, I (a) acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it, and (b) agree to use an	
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	Yes
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electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	
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FCRA Disclosure and Authorization

By checking the box, I (a) acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it, and (b) agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	Yes
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Employment Verification Acknowledgment and Release (DOT Drug and Alcohol)

By checking the box, I (a) acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it, and (b) agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	Yes
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Clearinghouse Release

By checking the box, I (a) acknowledge that I have read and understand the above and also have been given the opportunity to copy/print it, and (b) agree to use an electronic signature to demonstrate my consent. An electronic signature is as legally binding as an ink signature.	Yes
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PRIVACY NOTICE TO CALIFORNIA APPLICANTS REGARDING THE COLLECTION OF PERSONAL INFORMATION

By checking this box, I represent that I understand and agree to the above language.	Yes
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User Requested Copy

User requested a copy to be sent to this email address maximus047@yahoo.com.	Yes
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ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Hub Group Trucking at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by HireRight, P.O. Box 33181, Tulsa, OK 74153, 800-381-0645, www.hireright.com and/or Hub Group Trucking. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink that reads 'Ariel Alejandro'.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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

In connection with your application for employment with Hub Group Trucking ("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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Hub Group Trucking ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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.

Printed Name:

Ariel C Alejandro

Signed Date: 12-27-2021

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', written over a horizontal line.



**Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I hereby provide consent to Hub Group Trucking to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand this consent shall remain on file and shall serve as ongoing consent for Hub Group Trucking to conduct multiple limited queries of the Clearinghouse at any time during my employment or contract period without asking me for additional consent.

I understand that if I refuse to provide consent for Hub Group Trucking to conduct a limited query of the Clearinghouse, Hub Group Trucking is required to prohibit me from performing safety-sensitive functions, including operating a commercial motor vehicle.

I understand that if the limited query conducted by Hub Group Trucking indicates that drug or alcohol information exists about me in the Clearinghouse, the FMCSA will not disclose that information to Hub Group Trucking unless I give additional specific consent within the Clearinghouse. However, I understand that Hub Group Trucking will be required to conduct a full query of the Clearinghouse within 24 hours after a limited query indicates that drug or alcohol information exists and that if I do not grant consent within the Clearinghouse for that full query I will be removed from performing safety-sensitive functions, including operating a commercial motor vehicle.

A handwritten signature in black ink, appearing to read 'Ariel Alejandro'.

Ariel C Alejandro

12-27-2021

Date



TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that Hub Group Trucking or its agents may investigate my background, including all references, and may secure additional information about me. I release from liability Hub Group Trucking and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I realize before I am offered employment with Hub Group Trucking, I will be required to undergo a medical examination and substance abuse screening test, and that any offer of employment is conditioned upon successful completion of such tests. Continued employment with Hub Group Trucking may also be subject to random, for cause, reasonable suspicion or post accident alcohol and substance abuse screening tests. I release the Hub Group Trucking, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization as required by the Immigration Reform & Control Action of 1986(IRCA). This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

Printed Name: Ariel C Alejandro

Signed Date: 12-27-2021

Social Security #: ###-##-4088

Signed:

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', written over a horizontal line.



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Hub Group Trucking ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a consumer report and/or an investigative consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (driving records), verification of your education or employment history, or other background checks. The Company will also obtain driving/accident and safety inspection history records maintained by the Federal Motor Carrier Safety Administration (FMCSA).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by HireRight, P.O. Box 33181, Tulsa, OK 74153, 800-381-0645, www.hireright.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Printed Name: Ariel C Alejandro

Signed Date: 12-27-2021

Social Security #: ###-##-4088

Signed:

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', written over a horizontal line.

Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing Records

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

Venture Logistics

To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Hub Group Trucking

DISCLOSURE AND RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to Hub Group Trucking, or to HireRight for the sole purpose of transmitting such records to Hub Group Trucking. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation. I also authorize the carriers (company/school) listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

The information that I have authorized Hub Group Trucking or HireRight to review involves tests required by DOT. If any carrier (company/school) listed above furnishes Hub Group Trucking or HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

**Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing
Records
And changes in Parts 390 and 391 of the FMCSA**

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

Dart Transit

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Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing Records

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

XXII Century Inc

To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Hub Group Trucking

DISCLOSURE AND RELEASE

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**Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing
Records
And changes in Parts 390 and 391 of the FMCSA**

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

Heartland Express

To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Hub Group Trucking

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Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing Records

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

Don Hummer Trucking Corporation

To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Hub Group Trucking

DISCLOSURE AND RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to Hub Group Trucking, or to HireRight for the sole purpose of transmitting such records to Hub Group Trucking. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation. I also authorize the carriers (company/school) listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

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Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing Records

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

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Request/Consent for Information from Previous Employer(s)/Carrier(s) For Alcohol and Controlled Substances Testing Records

X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

I, the above mentioned signer, hereby authorize

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X	12-27-2021	X	###-##-4088
Date		Social Security Number	

Ariel C Alejandro
108 Aries Dr
New Bedford, MA 02745
774-451-4216
Gender:

X	Ariel C Alejandro	X
Print Name (First, MI, Last)		Signature

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Us Xpress

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PRIVACY NOTICE TO CALIFORNIA APPLICANTS REGARDING THE COLLECTION OF PERSONAL INFORMATION

PRIVACY NOTICE TO CALIFORNIA APPLICANTS REGARDING THE COLLECTION OF PERSONAL INFORMATION

Hub Group, Inc. and its operating groups, subsidiaries and affiliates, ("the Company") is committed to protecting the privacy and security of personal information of all individuals including job applicants. The Company collects personal information of job applicants in connection with its recruitment and hiring activities. The Company does not sell or otherwise disclose this personal information for monetary consideration to any third parties.

The Company is committed to complying with the California Consumer Privacy Act (CCPA") and all data privacy and laws in the jurisdictions in which it recruits and hires employees. Job applicants with disabilities may access this notice in an alternative format by contacting Human Resources at HR_Notify@hubgroup.com or 1-630-795-5555.

WHAT CATEGORIES OF JOB APPLICANT INFORMATION DO WE COLLECT AND HOW DO WE USE THIS INFORMATION?

We collect the following categories of personal information for the purposes described below:

- Name and contact information;
- Job preference and work availability;
- Social Security Number and/or other identification information;
- Education and qualifications;
- Employment history and experience;
- Military service;
- Reference and background check information, including relevant criminal history and credit history;
- Social media information;
- Pre-employment test results;
- Information required by the Federal Motor Carrier Safety Administration, such as safety records, medical certifications, driver credentials, drug and alcohol violations. We also report drug and alcohol violations to the DOT Clearinghouse (applies only to applicants for positions requiring a commercial driver's license);
- Post-offer medical examination information and results, including drug test results, which are also reported to the DOT Clearinghouse (applies only to applicants for positions requiring a commercial driver's license);
- Voluntary self-disclosure information regarding minority, veteran, and disability status; and
- Information provided by you during the hiring process.

The Company collects this information to hire the best qualified applicants and to comply with applicable employment laws.

WHAT IS THE COMPANY'S PRIVACY POLICY?

The Company's Privacy Policy is located here. If you have any questions or concerns regarding this Privacy Notice, the Company's Privacy Policy or the collection of your personal information, please contact Hub Group Human Resources at HR_Notify@hubgroup.com.

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink that reads 'Ariel Alejandro'.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216



ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Hub Group Trucking at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by HireRight, P.O. Box 33181, Tulsa, OK 74153, 800-381-0645, www.hireright.com and/or Hub Group Trucking. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer / Contractor / Educational Institution:

Smith Transport

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', is written over a horizontal line.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

Knight Transportation

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', is written over a horizontal line.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

Knight Transportation

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

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Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

Knight Transportation

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

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Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

Werner Enterprises

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

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Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

Precix

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

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Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Hub Group Trucking at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by HireRight, P.O. Box 33181, Tulsa, OK 74153, 800-381-0645, www.hireright.com and/or Hub Group Trucking. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer / Contractor / Educational Institution:

AFC Cable

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', is written over a horizontal line.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

Quaker Fabrics

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', is written over a horizontal line.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



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Employer / Contractor / Educational Institution:

JJ Logistics

Printed Name:

Ariel C Alejandro

Social Security #:

###-##-4088

Signed Date: 12-27-2021

A handwritten signature in black ink, appearing to read 'Ariel Alejandro', is written over a horizontal line.

Ariel C Alejandro

108 Aries Dr

New Bedford, MA 02745

774-451-4216

Gender:



A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
3. Air Carriers	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
4. Creditors Subject to the Surface Transportation Board	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
7. Brokers and Dealers	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



MASSACHUSETTS CRIMINAL RECORD INFORMATION POLICY

This Policy applies to the Company's operations in Massachusetts.

1. Before asking employment applicants and employees about their criminal records, the Company will provide them with copies of the records if the Company is in possession of the records.
2. Before taking an adverse employment action against an employment applicant or employee based, in whole or in part, on criminal history records, the Company will notify the individual of the potential adverse employment decision. The notice will include the criminal history records, the sources of the records, a copy of this Policy and a copy of information from the state agency about the process for correcting a criminal record.
3. The Company will also provide the individual with an opportunity to dispute the accuracy of the criminal history records by waiting at least five business days before taking final adverse action.

Nothing in this Policy is intended to impose any obligations on the Company that are greater than those required by applicable law.

INFORMATION CONCERNING THE PROCESS IN CORRECTING A CRIMINAL RECORD

1. If you have undergone a background check by an agency that has received a criminal record from the DCJIS, you may ask the agency to provide you with a copy of the criminal record. You may also request a copy of your adult criminal record from the Department of Criminal Justice Information Services, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 or by calling (617) 660-4640 or go to http://www.mass.gov/Eeops/docs/cjis/cori_request_personal.pdf.
2. The DCJIS charges \$25.00 fee to provide an individual with a copy of his/her criminal record. You may complete an affidavit of indigency and request that the DCJIS waive the fee.
3. Upon receipt, review the record. If you need assistance in interpreting the entries or dispositions, please review the disposition code and "how to read a criminal record" on the DCJIS website www.mass.gov/cjis/cori/cori_bop.html.
4. The DCJIS does not offer "walk-in" service but you may call our Legal Division at (617) 660-4760 for assistance or the CARL Unit of the Office of the Commissioner of Probation at (617) 727-5300.
5. If you believe that a case is opened on your record that should be marked closed, you may contact the Office of the Commissioner of Probation Department at the court where the charges were brought and request that the case(s) be updated.
6. If you believe that a disposition is incorrect, contact the Chief Probation Officer at the court where the charges were brought or the CARL Unit at the Office of the Commissioner of Probation and report that the court incorrectly entered a disposition on

your criminal record.

7. If you believe that someone has stolen or improperly used your identity and were arraigned on criminal charges under your name, you may contact the Office of the Commissioner of Probation CARI Unit or the Chief Probation Officer in the court where the charges were brought. For a listing of courthouses and telephone numbers please see www.mass.gov/cjis/cori/cori_codes_court.html.
8. In some situations of identity theft, you may need to contact the DCJIS to arrange to have fingerprints analysis conducted.
9. If there is a warrant currently outstanding against you, you need to appear at the court and ask that the warrant be recalled. You cannot do this over the telephone.
10. If you believe that an employer, volunteer agency, housing agency or municipality has been provided with a criminal record that does not pertain to you, the agency should contact the CORI Unit for assistance at (617) 660-4640.



A Summary of Your Rights Under Washington's Fair Credit Reporting Act

Under the Washington state Fair Credit Reporting Act (WFCRA or the "Act"), an employer, before taking adverse employment action, is required to provide the applicant or employee with a summary of their rights under the Act with respect to consumer reports or investigative consumer reports obtained for employment purposes from a consumer reporting agency (CRA). This Summary is intended to serve that purpose.

You can find the complete text of the WFCRA, Wash. Rev. Code §§19.182.005"19.182.902, at the Washington State Legislature's web site (<http://www.leg.wa.gov>). You may have additional rights under the federal Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, which is available on the Internet at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- **You must consent to the procurement for employment purposes of a report about you.** Before an employer can obtain a report about you from a CRA, the employer must provide you with notice that it will request the report and obtain your consent to that request. A CRA may not give out information about you to your employer, or prospective employer, without your written consent.
- **You must be told if information in your file has been used against you for employment purposes.** An employer who uses information from a consumer or investigative consumer report to take action against you - such as denying an application for employment or terminating employment - must tell you that its decision is based in whole or in part on the report and give you the name, address and phone number of the CRA that provided the report. The employer also must provide you with a description of your rights under the WFCRA and a reasonable opportunity to dispute with the CRA any information on which the employer relied.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file (except that medical information may be withheld), and a list of everyone who has recently requested your file. These disclosures may be made in person, over the telephone or by any other reasonable method available to the CRA. At your request, any medical information contained in your file will be disclosed to the healthcare provider of your choice.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the disputed items, free of charge, within 30 business days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of the investigation. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files within 30 business days after you dispute it. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the business name and address.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data violates the WFCRA, you may sue them in state court.