

# Crowe Transportation

2388 North Market Street

Elizabethtown, PA 17022

Phone: 717-367-8535 Fax: 717-367-2193

*Please provide Copy  
of Current Driver's  
License & DOT physic  
Card!*

## APPLICATION FOR DRIVER POSITION

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

As part of the application process, I am aware that certain pre-qualification procedures are involved, including driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee or owner operator of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring/leasing decision until such time as I receive a written notification from a Company official that I have been hired or leased on as an owner-operator, my position is that of an applicant.

### PLEASE PRINT

NAME

SS#

LAST

FIRST

MI

ADDRESS

STREET

CITY

HOME PHONE ( )

STATE

ZIP

ADDRESSES FOR PAST THREE (3) YEARS - STATE HOW LONG AT EACH

DATE OF BIRTH / /

IF YOU HAVE WORKED FOR THIS COMPANY BEFORE, PLEASE FURNISH DATES:

FROM / / TO / / REASON FOR LEAVING

HOW DID YOU FIND OUT ABOUT OUR COMPANY?

INSERT NAME OF EMPLOYEE OR PAPER

### DRIVER LICENSE

STATE

LICENSE NUMBER

TYPE OF LICENCSE

EXPIRATION

STATE	LICENSE NUMBER	TYPE OF LICENCSE	EXPIRATION

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING)**

DATE	LOCATION	OFFENSE	PENALTY

**ACCIDENT RECORD FOR PAST FIVE (5) YEARS**

DATE	TYPE OF ACCIDENT: HEAD-ON, BACKING ETC.	FATALITIES	INJURIES

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated with our without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice Presidents of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or to make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

**DRUG AND ALCOHOL TEST RESULTS**

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

**I AUTHORIZE WITHOU RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.**

Applicants Name (Signature)

Date

Applicant's Name (Please Print)

Yes No

A.	Have you ever been denies a license, permit or privilege to operate a motor vehicle?		
B.	Has any license, permit or privilege been suspended or revoked?		
C.	Have you ever been convicted for driving while intoxicated?		
D.	Have you ever been convicted for possession, sale or use of a narcotic drug?		
E.	Have you ever been refused auto liability insurance?		
F.	Have you ever been arrested or convicted of a crime?		

If answer to A, B, C, D, E or F is yes, state circumstances and dates:


**APPLICANT CERTIFICATION STATEMENT**

I understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.

No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

Yes, I have information to report on my drug and alcohol history

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions	Date of violation
I had a verified positive drug test for a prior employer or as a pre-employment test	
I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer	
I refused to be tested (includes submitting a substituted or adulterated specimen)	
I performed a safety-sensitive function within four hours after using alcohol	
I used alcohol while performing safety-sensitive functions	
I was involved in an accident that required post-accident testing and I used alcohol prior to being tested	
I used controlled substances while performing a safety-sensitive function	
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have  have not  completed the return to duty requirements

Prior employer (or company which I applied to) Company Name
Employers Designated Employer Representative
Employers Address
Employer Telephone Number
Substance Abuse Professional information

**"Certification: I CERTIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE. I UNDERSTAND THAT FAILURE TO ACCURATELY REPORT INFORMATION MAY RESULT IN MY NOT BEING HORED OR TERMINATION OF MY EMPLOYMENT IF I AM HIRED."**

Date of application: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## WORK HISTORY EXPERIENCE AND QUALIFICATIONS

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From ___/___/___	Comp	Duties	Annual Mileage	Reasons for Leaving
To ___/___/___	City		Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	State	Supervisor		Yes ___ No ___
	Phone			

From ___/___/___	Comp	Duties	Annual Mileage	Reasons for Leaving
To ___/___/___	City		Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	State	Supervisor		Yes ___ No ___
	Phone			

From ___/___/___	Comp	Duties	Annual Mileage	Reasons for Leaving
To ___/___/___	City		Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	State	Supervisor		Yes ___ No ___
	Phone			

From ___/___/___	Comp	Duties	Annual Mileage	Reasons for Leaving
To ___/___/___	City		Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing?
	State	Supervisor		Yes ___ No ___
	Phone			

To: \_\_\_\_\_

(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplies to DAC to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

#### INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driven.

Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish to provide to the prospective employer.

#### DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information in an identified person."

**I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.**

Applicant's Name (Signature)

Date

Applicant's Name (Please Print)

## DRIVER REQUIREMENTS ENDORSEMENT

Named Insured:  
Policy Number:  
Effective date:  
Expiration Date:

It is a condition of this policy that you report any driver changes to your agent so that all drivers can be included and endorsed to the approved Drivers List on file with the insurer. It is a condition for which this policy is written that coverage shall only respond to loss or damage while the insured automobile is being operated by a person who meets the following minimum underwriting requirements:

- A. A minimum age of twenty-five (25) years.
- B. Minimum of thirty-six (36) continuous months experience within the last thirty-six (36) months as an over the road, fulltime tractor trailer driver.
- C. Possession of a valid commercial driving license issued by the resident state of the driver.
- D. No record of driving license suspension or revocation for more than thirty (30) days during the last thirty-six (36) months.
- E. No record of citation or conviction for the violations listed below during the last sixty (60) days.
  - 1) Driving while under the influence of alcohol or drugs.
  - 2) Refusal to take a test required by an implied consent or similar law.
  - 3) Violation of an "open container" or similar statute.
  - 4) Reckless homicide or involuntary manslaughter.
  - 5) Operating while under suspension or revocation.
  - 6) Leaving the scene of an accident or "hit and run".
  - 7) Speed exhibition, contact or drag race.
  - 8) Use of motor vehicle in the commission of a felony.
  - 9) Assault with a motor vehicle.
  - 10) Reckless driving or careless endangerment.
  - 11) Operating a motor vehicle without the permission of the owner.
  - 12) Fleeing or eluding a police officer.
  - 13) Passing a school bus.
  - 14) Speeding 21 or more over the posted speed limit.
  - 15) Failure to report an accident.
- F. No record of convictions for more than two (2) motor vehicle moving violations during the last thirty-six (36) months. Two (2) nonmoving violations equal one (1) moving violation. Excessive speed (15-20 over the posted speed limit), following too closely, or careless driving equal two (2) moving violations.
- G. No record of involvement in more than one (1) at-fault accident during the last thirty-six (36) months. All accidents within this time frame must be submitted with detailed explanation to Daily Underwriters for approval.
- H. No record of involvement in more than one (1) at-fault accident and more than one (1) motor vehicle violation/conviction during the last thirty-six (36) months.

X \_\_\_\_\_  
Authorized Signature

To: \_\_\_\_\_

(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

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#### INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driven.

Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish to provide to the prospective employer.

I, \_\_\_\_\_, hereby authorize my prior employer, \_\_\_\_\_, to release any and all information relating to my employment with them to \_\_\_\_\_. I further release and hold harmless both \_\_\_\_\_ and \_\_\_\_\_ (your company's name) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

#### DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

**I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.**

Applicants Name (Signature)

Date

Applicant's Name (Please Print)

# FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

## Disclosure

It is Crowe Transportation (Company) company policy to perform certain background checks of its employees and applicants. This may include checking your prior employment, criminal and civil history, drug/alcohol test records, educational records, driving records, credit, etc. Thus you may be subject of a "consumer report" or "investigative consumer report". We will use this information as part of the basis for our decision regarding your employment. This means that your former employers may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency. That agency is Helpe, Inc. 402A Dacey Ford Road, Camden, SC 29020, 803-432-3933. In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain; we will also provide a copy of your rights in the form prescribed by the Federal Trade Commission. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Helpe, Inc. directly. By signing below you acknowledge receipt of a copy of New York Correction Law Article 23-A.

## Acknowledgement and Authorization

I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Helpe to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. This may include requests for information regarding my criminal, civil and motor vehicle records. I authorize the release of this information by my prior employer and anyone else having information or documentation about me to Company and Helpe. I release the Company and Helpe and all other persons from any liability for supplying such information and or documentation. I agree that so long as I remain employed by the above names employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

\_\_\_\_ California, Minnesota and Oklahoma Applicants/Employees: Initial if you want to receive a copy of any report

California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the California notice regarding Background Investigation

\_\_\_\_ Printed Name of Applicant/Employee                      Date of Birth                      Social Security Number

\_\_\_\_ Signature                      Date                      Telephone Number

\_\_\_\_ List your Current Address - Street/City Zip Code

\_\_\_\_ List Your Former Addresses for the Last 7 Years Street/City Zip Code

\_\_\_\_ List Your Former Addresses for Last 7 Years Street/City Zip Code

### APPLICANT RIGHTS NOTIFICATION

As a driver applicant you have the following rights regarding the investigative information that will be provided to us the prospective employer pursuant to the Federal Regulations:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to us the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to you within five (5) business days of receiving the written request. If the prospective employer has not yet received the request information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provides the records to the prospective employer.

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's safety performance history.

After October 24, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer;
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration following procedures specified in section 386.12 of the regulations.

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Driver Signature

Date

## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

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

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

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

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

Keep

NEW YORK CORRECTION LAW  
ARTICLE 23-A

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

Section 750. Definitions.

751. Applicability.

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

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

754. Written statement upon denial of license or employment.

755. Enforcement.

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

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

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

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.