

DISCLOSURE REGARDING CONSUMER REPORTS

Truck Game, LLC
2603 NW 13th Street, #176
Gainesville, FL 32609
(352) 565-5959

Truck Game, LLC Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with **Truck Game, LLC** (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a “consumer report” and/or an “investigative consumer report” on you from PeopleFacts, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a “background check report.”

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in PeopleFacts’ files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to PeopleFacts should be forwarded to:

PeopleFacts | Consumer Relations | 7127 Riverside Parkway | Tulsa, OK 74136
1-800-600-8999 | Support@PeopleFacts.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is accurate and complete information required in order for **Truck Game, LLC** to request PeopleFacts to perform a background check on you and in the process obtain a complete consumer report about you:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

All Previously Used Former or Other Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Prior Street Address 1: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Prior Street Address 2: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Prior Street Address 3: _____ Dates Resided Here: _____ to _____

City: _____ State: _____ Zip: _____

Current Email Address*: _____ Gender**: M / F Race**: _____

Social Security Number: _____ Date of Birth**: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Your signature below indicates the following:

- 1) You authorize, without reservation, PeopleFacts or any third party to obtain and/or furnish to **Truck Game, LLC** any records or information referenced in the provided disclosure statement for employment;
- 2) You authorize **Truck Game, LLC** ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish **Truck Game, LLC** and/or PeopleFacts or any of either of their affiliated entities with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

APPLICANT/CONSUMER Signature: _____ **Date:** _____

*Your email address will be provided to notify you when any adverse public record information is being reported.

** This information will be used for background screening and record matching purposes only.

NOTICE REGARDING BACKGROUND CHECKS
AUTHORIZED BY A MINNESOTA, OKLAHOMA, CALIFORNIA, MAINE APPLICANT/EMPLOYEE

- Check this box if you are a Minnesota, Oklahoma, or California applicant**, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by PeopleFacts during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. PeopleFacts is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), PeopleFacts is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Truck Game, LLC (the "Company") intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you.

The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be PeopleFacts, 7127 Riverside Parkway, Tulsa, Oklahoma 74136. The source of any credit report will be PeopleFacts, 7127 Riverside Parkway, Tulsa, Oklahoma 74136. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Truck Game

13900 Tech City Circle, Suite 400, Alachua, FL 32615



Driver Qualification File Checklist

Driver Name: _____ Date of Birth: _____

Date of Hire: _____ Position: _____

License Type: _____

Documents should be arranged in the order listed below.

1. Driver Application for Employment. _____
2. Annual Review and Violation Record with MVR.
Pre-employment retained for 3 years after termination.
Annual MVR and reviews retained 3 years. _____
3. Previous Employment Verification
(3 Years) _____
4. Copy of valid Class "A" CDL. _____
5. Copy of Medical Examiners Certificate.
Must maintain 3 years in file where applicable. _____
6. Drivers Statement of On-Duty Hours.
May be removed from file after 6 months. _____
7. Pre-Employment Drug Screen Results. _____
8. FMCSA PSP Consent Form.
Not required unless PSP reports pulled. _____
9. Notification of Driver's Rights Statement. _____

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Driver Application for Employment

E-Mail: _____ Date: _____

Name: _____ Phone: _____
First Middle Last

Current Address: _____
Street City State Zip Code

If at the above residence less than three years, List below all residences for the past three years. Attach a separate sheet if necessary

Address: _____
Street City State Zip Code

Address: _____
Street City State Zip Code

Position Applying: Driver Temporary ___ Part Time ___ Full Time ___

How did you find this position? _____ Rate of Pay Expected? _____

Have you worked for this company before? _____ From: _____ To: _____
Date/Year Date/Year

Where: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Names of any relatives employed by this company? _____

Have you ever worked for this company under a different name? _____

If so what name? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

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Driver Experience and Qualification

Answer the questions in this section only if applying for driver position Date of Birth: _____
 The U.S. Department of Transportation requires that driver applicants state their date of birth § 391.21 (b)

Social Security No. _____-_____-_____

DRIVER EXPERIENCE & QUALIFICATION (CONT'D) answer the question in this section only if applying for driver position.

Licenses	State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES___ NO___
- B. Has any license, permit or privilege ever been suspended or revoked? YES___ NO___
- C. Have you ever ben disqualified for violation of the Federal Motor Carrier Safety Regulations? YES___ NO___

*** If you answered "yes" to A.B.C. attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

- List states operated in during last five years. _____
- List special courses or training that will help you as a driver. _____
- List safe driving awards held and who awards were presented by. _____

Accident Review for past 3 years (attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear – End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

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Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. § 391.21 (b) (10), (11)
Start with last or current position, including military experience and work back. (Attach a separate sheet of paper if necessary)

Current or Previous Employer: _____ Supervisors Name: _____
Address: _____ Phone: _____
Position: _____ from _____ to _____ Salary: _____
month/year month/year

Reason for leaving:

Were you subject to the Federal Motor Carrier Regulations for this employer? ___ YES ___ NO
were you employed in a Safety Sensitive function requiring Drug and Alcohol testing in compliance with Parts 40 and 382? ___ YES ___ NO

Previous Employer: _____ Supervisors Name: _____
Address: _____ Phone: _____
Position: _____ from _____ to _____ Salary: _____
month/year month/year

Reason for leaving:

Were you subject to the Federal Motor Carrier Regulations for this employer? ___ YES ___ NO
were you employed in a Safety Sensitive function requiring Drug and Alcohol testing in compliance with Parts 40 and 382? ___ YES ___ NO

Previous Employer: _____ Supervisors Name: _____
Address: _____ Phone: _____
Position: _____ from _____ to _____ Salary: _____
month/year month/year

Reason for leaving:

Were you subject to the Federal Motor Carrier Regulations for this employer? ___ YES ___ NO
were you employed in a Safety Sensitive function requiring Drug and Alcohol testing in compliance with Parts 40 and 382? ___ YES ___ NO

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agent's may investigate my background to ascertain any and all information of concern to my employment history, whether the same is on record or not. I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and a drug test.

It is also agreed and understood that under the Fair Reporting Act, Public Law 91-*508 I have been told that this investigation may include an investigative Consumer Report. Including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

DATE

APPLICANT SIGNATURE

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Notification of Driver Rights

In accordance with Part 391.21 of the Federal Motor Carrier Safety Regulations, the purpose of this form is to inform you that the information provided in the Application for Employment may be used to contact your previous employers for investigation your safety performance history as required by the Federal Motor Carrier Safety Regulations.

You have the following rights regarding the investigative information provided by your previous employers:

1. You have the right to review the information provided.
2. You have the right to have errors in the information provided by the previous employer corrected by the previous employer.
3. You have the right to rebuttal statement attached to the alleged erroneous information if agreement cannot be reached regarding the alleged erroneous information.

DATE

APPLICANT SIGNATURE

Truck Game



13900 Tech City Circle, Suite 400, Alachua, FL 32615

PREVIOUS EMPLOYMENT REQUEST & SAFETY PERFORMANCE HISTORY REPORT

Dear Sir or Madam;
The below named individual has completed an employment application to us for the position of Truck Driver. Please complete this form and return via email. We appreciate your time in completing the information requested below. Your cooperation is completely confidential.

Please return to Human Resources
Truck Game
Email truckgame2020@gmail.com

****CONFIDENTIAL REPORT OF PERSONAL REFERENCE ****

APPLICANT NAME	APPLICANT SOCIAL SECURITY NUMBER
DATE	APPLICANT SIGNATURE

- | | |
|---|--|
| 1. Employment from: _____ to _____ | 2. Position held: _____ |
| 3. Did he/she drive a motor vehicle for you? _____ | 4. Type of vehicle: _____ |
| 5. Was he/she a safe driver? _____ YES _____ NO | 6. Reason for leaving?: _____ |
| 7. Was his/her general conduct satisfactory? _____ YES _____ NO | 8. There is no safety history to report. _____ |
| 9. Person did not operate a motor vehicle for the company _____ | 10. No accident register data. _____ |
| 11. Would driver be eligible for rehire? _____ YES _____ NO | Additional Remarks: _____ |

ACCIDENTS

Location	Date of Accident	No. of Injuries	No. of Fatalities	Hazmat Spill

CONTROLLED SUBSTANCE & ALCOHOL INQUIRY

If the above applicant was employed as a driver with your company, The Department of Transportation regulations 382.405 (f) and (h) require that you provide the following information:

This person was employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 (if NO, skip this section)	YES	NO
This person had a blood alcohol test result with a breath alcohol concentration of 0.04 or greater?	YES	NO
This person tested positive, adulterated, or substituted a test specimen for a controlled substance test?	YES	NO
This person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol?	YES	NO
This person committed other violations of Subpart B of Part 382, or Part 40	YES	NO
This person violated DOT drug and alcohol regulation and completed an SAP-prescribed rehabilitation program in our employ, including return to duty and follow-up testing. If yes, enclose documentation.	YES	NO
In providing this information, any drug or alcohol information obtained from previous employers under Part 40.25 other applicable DOT regulations is included.		

APPLICANT CONSENT AND RELEASE:

I _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (if employed as a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment. I hereby release my employer from any and all liability of any type as a result of providing the above information.

DATE	APPLICANT SIGNATURE
DATE	PERSON PROVIDING REPORT SIGNATURE

Truck Game

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CERTIFICATION OF VIOLATION & ANNUAL REVIEW

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least one every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted, or which he has forfeited bond or collateral during the preceding 12 months.

DRIVER REQUIREMENTS: Each driver shall furnish a list of violations as required by the motor carrier, if the driver has not been convicted of, or for any violations, which must be listed, he/she shall certify.

I certify that the following is a true and complete list of traffic violations required to be listed (other than parking violations) for which I have been convicted, forfeited bond or collateral during the **last 12 months**.

COMPLETED BY DRIVER-CERTIFICATION OF VIOLATIONS			
NAME OF DRIVER		SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY & STATE)		DRIVERS LICENSE # STATE	EXPIRATION DATE
DATE	OFFENSE	LOCATION (STATE)	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on any violations (other than parking) as required to be listed during the last 12 months.

DRIVER'S COMPANY NAME OR TERMINAL LOCATION: _____

DATE OF CERTIFICATION

DRIVERS SIGNATURE

CARRIER NAME: Truck Game

MOTOR CARRIER ADDRESS: 13900 Tech City Circle, Suite 400, Alachua, FL 32615

REVIEW DATE

REVIEWERS SIGNATURE

Truck Game



13900 Tech City Circle, Suite 400, Alachua, FL 32615

DRIVER STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieve from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): _____
 Social Security No.: _____
 Driver's License State: _____ Number _____ Class _____ Endorsement: _____ Restriction: _____
 Type of License: _____ Issuing State: _____

DAY	1 YESTERDAY	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M. _____ P.M. On _____
Time Day Month Year

 DATE DRIVERS SIGNATURE

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of, a common, contact or private motor carrier, also performing compensated work for any non-motor carrier entity.

Are you currently working for another employer? _____ YES _____ NO

At this time do you intend to work for another employer while still employed with this company? _____ YES _____ NO

I hereby certify that the information given is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

 DATE DRIVER SIGNATURE

 DATE COMPANY REPRESENTATIVE