MVR RELEASE CONSENT FORM:

In conjunction with my potential and employment at Equalizer, Inc. I, _____ consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use the records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying or doing. I also consent to the review, evaluation and other use of any MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act" and is intended to constitute "written consent" as required by this Act.

Signed_____

Date: _____

Driver License Number _____ State: _____

AUTHORIZATION FOR BACKGROUND CHECK:

I, _____, hereby authorize Equalizer, Inc. to investigate my background and qualifications for purpose of evaluating whether I am qualified for the position for which I am applying. I understand that Equalizer Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information service and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be carried out, and my application for employment will not be processed further.

_____ _____

Signature of Employee Date

_____

Employee's Name Printed

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

I, _____hereby provide consent to Equalizer, Inc. 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 that if the limited query conducted by Equalizer, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Equalizer, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Equalizer, Inc. to conduct a limited query of the Clearinghouse, Equalizer, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature:

_____

Last 4 SS

_____

Date:

_____

DOT PHYSICAL EXPENSE:

Any driver hired by Equalizer, Inc. that leaves employment before completing the 90 calendar days of employment, the driver agrees that Equalizer, Inc may seek reimbursement for the actual cost of the DOT Physical that was paid by Equalizer, Inc.

Any deduction from the driver's wages will be made only to the extent permitted by applicable law and pursuant to the drivers' written authorization. The amount deducted will not exceed the actual cost paid by Equalizer, Inc. for the DOT physical examination.

Driver Signature:

_____

Date:

_____

Equalizer Toll Policy:

I hereby acknowledge my understanding of the Equalizer, Inc. toll policy. Equalizer Inc. does NOT pay for tolls. If you incur a toll, it will be your responsibility to reimburse the company or to have the charge deducted from your paycheck. Traveling through Kansas is the only exception. Equalizer will be responsible for tolls incurred in Kansas.

Name Printed:

_____

Signature:

_____

Date:

_____