



Corporate Office
 PO Box 3588
 Winchester, VA 22604-2586
 (540) 877-2590

Notice to Applicants: If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, including any pre-employment screening tests, please make that fact known to the individual processing your application or administering the tests.

Position Applied For:	Date of Application:	Who Referred You (if current employee, provide full name)?	
Name: (Last Name)	(First Name)	(MI)	
Address: (Street)	(City)	(State)	(Zip)
Telephone Numbers: (Home, Work, Cell)		How Long Have You Lived At The Above Address? (Indicate in months or years)	

Previous Residences: List addresses for last three (3) years in reverse chronological order.

(Street)	(City)	(State)	(Zip)	How Long?

Have you ever been employed with Valley Proteins, Inc (VP) or any of its affiliates before? [] Yes [] No
 If Yes, when, where and in what position? _____

To avoid conflicts of interest, please list any relative(s) employed at Valley Proteins and indicate their relationship.

If hired, can you offer proof that you are at least 18 years of age? [] Yes [] No

Are you legally eligible for employment in the United States? [] Yes [] No
(Proof of eligibility for employment in the U.S. will be required upon employment.)

On what date would you be available for work? _____

Indicate availability to work: [] Full-time, [] Part-time, [] Shift Work, [] Temporary

Are you willing to work any shift and overtime if asked? [] Yes [] No

Have you ever been dishonorably discharged from the armed services? [] Yes [] No
(A dishonorable discharge will not necessarily disqualify you from employment with VP.)

Have you ever been discharged or asked to resign from any previous jobs? [] Yes [] No

Please provide details below if the answer to either of the last **two** questions above is "Yes":

Have you been convicted of any crime other than minor traffic violations in the last 10 years?
(A conviction record will not necessarily disqualify you from employment with VP.)

[] Yes [] No

Provide the details of any criminal violation that occurred in the past 10 years. Do not include information concerning convictions that have been expunged, judicially sealed or statutorily eradicated. Attach an additional sheet if more room is necessary.

Date (mm/yyyy)	Criminal Violation	Penalty	Jurisdiction (County & State)

If the position for which you are applying requires the operation of a company vehicle, please provide information on all traffic violations you have incurred in the past three (3) years in the space below or attach an additional sheet with such information.
 (Note: this would include all driver, sales or procurement representative positions.)

Date (mm/yyyy)	Traffic Violation	Penalty	Jurisdiction (County & State)

Are you currently employed?

[] Yes [] No

If Yes, may we contact your present employer?

[] Yes [] No

Education:

	Elementary/Jr. High	High School	College/University	Grad / Prof / Tech
School Name and City, State				
Years Completed (circle one)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			GPA:	GPA:
Describe Course of Study				
Other Specialized Training and/or Skills or Special Honors that you believe are relevant for the position in which you are applying.				

Please provide any additional information that is relevant to the position in which you are applying: Qualifications or skills that you feel are important; Skill level and ability to operate any tools, equipment, office machinery or data processing equipment; Licenses that you hold (i.e., wastewater operator or welding).

Employment Experience: **Attention Driver Applicants!** DOT regulations require Driver Applicants to document the past 10 years of history. For all applicants, start with your present or most recent job and list previous employment, in reverse chronological order. Include periods of unemployment, schooling or military service. Please include any other name under which records of such employment may appear. Attach a supplement sheet if more space is needed.

1. Employer (Start with most current first)		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

3. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employment History Supplement

(All applicants complete as needed.)

4. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

5. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

6. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				
For Driver Applicants Only: Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employment History Supplement

(All applicants complete as needed.)

7. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				

For Driver Applicants Only:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? [] Yes [] No

8. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				

For Driver Applicants Only:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? [] Yes [] No

9. Employer		Dates Employed		Work Performed
		From (mo/yyyy)	To (mo/yyyy)	
Address: (Street, City, State, Zip)				
Phone Number (s)		Hourly Rate / Salary		
		Start	Finish	
Job Title	Supervisor Name			
Reason for Leaving				

For Driver Applicants Only:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? [] Yes [] No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR part 40? [] Yes [] No

Driver Application Supplement (Only complete this section if you are applying for a Driver position)

Driver Applicant Name: _____

Driver Experience and Qualifications

Social Security Number: _____ Date of Birth: _____

Driver licenses held in past three (3) years must be shown:

State	License Number	Type/Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? [] Yes [] No

Has any license, permit or privilege ever been suspended or revoked? [] Yes [] No

Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations? [] Yes [] No

If the answer to any of the above is yes for any situation occurring during the past three (3) years, please explain the situation in the space below:

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx Number of Miles Driven (Total)
		From (mo/yyyy)	To (mo/yyyy)	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List all states in which you operated a commercial motor vehicle:

Have you taken any special courses or training for driving?

List any safe driving awards you hold and from whom?

Accident Review for Past Three (3) years (Attach additional sheet if more space is needed)

Dates (mm/dd/yyyy)	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries	Hazmat Spill
Last Accident		[] Yes [] No	[] Yes [] No	[] Yes [] No
Next Previous		[] Yes [] No	[] Yes [] No	[] Yes [] No
Next Previous		[] Yes [] No	[] Yes [] No	[] Yes [] No



JOB APPLICANT’S AGREEMENT AND CERTIFICATION – PLEASE READ CAREFULLY

In the event of my employment, I agree that I will abide by all present and subsequently issued policies and rules of the Company, and I agree at the time of my hiring to complete Form I-9 of the Department of Homeland Security and U.S. Citizenship and Immigration Services as to my identity and employment status. I also agree that if hired I will advise the company if I am presently subject to any income withholding order for child support payments.

I hereby unconditionally authorize Valley Proteins, Inc, its employees and agents, to conduct an unrestricted background investigation of me to such extent as determined by the Company and in its sole discretion. This authorization includes, but is not limited to, any and all information concerning previous employment and educational records, credential verification, and personal and professional reference data. I understand that background investigations may include, as appropriate, criminal history, credit history, driving records and reference checks.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. The Company may use and distribute a copy of this authorization for any purpose deemed necessary, and a copy shall operate just as effectively as the original. I agree that this authorization is irrevocable.

I certify that the answers given by me to the foregoing questions and statements on this application and on the said Form I-9 are true and correct, and I understand that any misleading or incorrect statements may be cause for denial or termination of employment, and that the Company will not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers, or omissions made by me.

I understand that if an offer of employment is made, it will be a conditional offer of employment. All conditional offers of employment are conditioned on the satisfactory results of any background investigation, including a drug screen, and if appropriate, a placement physical and DMV record check. I understand further that any misleading, incorrect, or incomplete statements in response to such questions or in the course of a drug test or medical examination may result in denial or termination of employment.

I understand and agree that if hired, my employment will be “at will,” for no definite period, and may be terminated at any time for any reason by either me or the Company. I understand that no agent of the company has any authority to modify this “at will” status except in an express writing, specific to me, signed by an owner or officer of the company. I understand that the Company otherwise has the right to modify, amend or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

I certify 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.

Date

Signature of Applicant

Notice to applicants:

- For hourly driver positions: applications will be kept active for six months.
- For all other hourly and salaried positions, this application is specific to the job for which you applied and you must complete another application for any future opportunities which could become available.

AN EQUAL OPPORTUNITY EMPLOYER

Valley Proteins, Inc does not discriminate on the basis of race, color, national origin, age, religion, veteran status, disability or sex; and it will comply with all applicable federal, state, and local laws prohibiting employment discrimination. No person shall be denied employment solely because of any disability which is unrelated to the ability to perform the essential functions involved in the position for which application has been made either with or without reasonable accommodations.

VALLEY PROTEINS, INC.
151 VALPRO DRIVE
WINCHESTER, VA 22603

DATA COLLECTION FOR
EQUAL EMPLOYMENT OPPORTUNITY REPORTING SYSTEM

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity, gender, and veteran status (if applicable). Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Name: _____
(Please Print)

Address: _____

Position Applied For: _____ Date of Application: _____

Gender: Male Female

Please select only one of the choices below: (Explanations of these categories are listed on the 2nd page of this form)

Ethnicity/ Race: Hispanic or Latino White
 Black or African American (not Hispanic or Latino) Native Hawaiian or Other Pacific Islander
 Asian American Indian or Alaska Native
 Two or More Races Declines Self-Identification

INVITATION TO SELF-IDENTIFY

- This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:
 - A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
 - A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
 - An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
 - An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).
- If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.
 - I identify as one or more of the classifications of protected veteran listed above.
 - I am not a protected veteran.
 - I decline to answer.
- Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
- The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

AN EQUAL OPPORTUNITY EMPLOYER

Valley Proteins, Inc. does not discriminate on the basis of race, color, national origin, age, religion, veteran status, sexual orientation gender identity, or sex; and it will comply with all applicable state discrimination laws. No person shall be denied employment solely because of any disability which is unrelated to the ability to engage in the essential functions involved in the position for which application has been made either with or without reasonable accommodations

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.i To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ **First Name:** _____ **Middle:** _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

*Social Security Number: _____ Daytime Phone Number: _____

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

*Date of Birth: _____ *Gender _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (_____) _____ - _____	
HireRight Account Code:	_____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23. DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Valley Proteins, Inc. ("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 Valley Proteins, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) rcial 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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

Para información en español, 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 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.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:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks 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 c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357