

CRIMINAL BACKGROUND INVESTIGATION DISCLOSURE AND RELEASE

I hereby authorize Owner-Operator Independent Drivers Association, Inc. (“OOIDA”) to conduct a criminal background investigation on myself. I authorize OOIDA to use the information it obtains to evaluate my application for employment. I understand and agree that the background investigation will be limited to an investigation on my criminal history available through a consumer reporting agency as defined by 15 U.S.C. §1618(a). I understand that the information obtained will be kept confidential. In order to verify my identity for purposes of the background investigation, I am voluntarily releasing my month, day and year of birth and my social security number for my own benefit.

Month / Day / Year of Birth

Social Security Number

Signature

Printed Name

Date