

LESCO LOGISTICS

EMPLOYEE SAFETY PERFORMANCE AND WORK HISTORY RELEASE FORM

Applicant must read and sign the following BEFORE submitting an application.

I, _____, understand that the information I am providing will be used to investigate my safety performance and work history and that my previous employer(s) will be contacted for the purpose of retrieving the needed information.

I also understand that I have the right to due process rights under FMCSA regulation 391.23(i) as follows:

1. The right to review the information provided by the previous employer.
2. The right to have errors corrected by the previous employers and to have the corrected information forwarded to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer cannot agree on the accuracy of the information.

Driver Signature: _____ Date: _____

LESCO LOGISTICS

QUALIFICATIONS FOR APPLICATION OF EMPLOYMENT

Name:

Address:

City:

State:

Zip:

Date
of Birth:

SS #:

Home
Phone:

Cell
Phone:

Drivers
License:

State:

Expiration
Date:

Number of years with a CDL License:

Number of jobs in the past 3 years:

Number of moving violations in the past 3 years:

What driver endorsements do you have?

Have you EVER been convicted of a felony?

List all states in which you have lived within the last 10 years.

Do you have any physical limitations that would prevent you from performing the essential functions of this job?

What is your expected rate of pay?

Comments:

Driver
Signature: _____ Date: _____

Location: _____

Date: _____

LESCO LOGISTICS, LLC.

APPLICATION FOR EMPLOYMENT

www.LescoLogistics.com PO Box 72813 2407 8th Ave. Chattanooga, TN 37407 (423) 622-8777 Fax: (423) 493-4830

We are an Equal Opportunity/Reasonable Accommodation Employer

Read all information on this application.
Print neatly in ink.
Answer all questions completely and accurately.

Complete and include all supplemental forms.
Sign this application all other forms.
If you need any assistance, please ask for help.

POSITION DESIRED

Please check the shifts you are interested in: Full Time Part Time First Shift Second Shift

Position Applied For:

Salary Requirements:

PERSONAL DATA

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Phone:

E-mail:

Date of Birth: / /

Are you legally eligible for employment in the United States? Yes No

Social Security Number -- --

Are you 18 years of age or older? Yes No

If no, please give age:

Do you have any relatives that work for the Company? Yes No Name/Relationship

EDUCATIONAL INFORMATION

High School: Yes No

If no, grade completed:

G.E.D. : Yes No

Colleges/University

Major

Number
Years Attended

Diploma

Special Training Skills / Certifications / Business Training / Languages fluent in other than English:

Dates

List Licenses, Professional Registrations, Certificates and Professional Memberships:

List computer software with which you are proficient:

LESCO LOGISTICS, LLC. APPLICATION FOR EMPLOYMENT

BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses and does not mean minor traffic offenses. "Convicted" means that you have been found guilty of a crime by a court or jury, or have pled guilty or no contest to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined, or received a suspended sentence.

NOTE: A criminal conviction(s) does not constitute an automatic disqualification to employment. Factors considered in this regard, include, but are not limited to, age at the time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the job for which you have applied. All offers of employment and continued employment will be subject to a complete review of any convictions you may have. Your failure to make a full and accurate disclosure of any prior convictions(s), or to answer the questions fully and accurately will result in immediate termination from employment or the rejection of any pending application or offer of employment.

Have you ever been convicted of a crime in any domestic or military court, regardless of whether the conviction was later set aside or expunged? Answer by writing "Yes" or "No"

Do you presently have any criminal charges pending in any court? Answer by writing "Yes" or "No"

Have you ever been dishonorably discharged from any branch of the military? Answer by writing "Yes" or "No"

Have you been dishonorably discharged from any branch of the military? Answer by writing "Yes" or "No"

Have you ever been discharged for cause or asked to resign from a position? Answer by writing "Yes" or "No"

If you answered yes to any of the above questions, please give details of the offense(s).

EMPLOYMENT HISTORY FOR THE PAST THREE YEARS

AND ALL COMMERCIAL MOTOR VEHICLE JOBS FOR THE PAST 10 YEARS

All time must be accounted for including military service, schooling and self **employment** (attach additional sheet if necessary)

Current or most recent employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven:	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven:	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

LESCO LOGISTICS, LLC. APPLICATION FOR EMPLOYMENT

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven:	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven?	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven?	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven?	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

MILITARY HISTORY

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch:	ID No.:	Rank:	Duties:

LESCO LOGISTICS, LLC. APPLICATION FOR EMPLOYMENT

THREE YEAR ADDRESS HISTORY

(Attach additional sheets if necessary)

Current	Address:	State:	Zip:	How Long?
Previous	Address:	State:	Zip:	How Long?
Previous	Address:	State:	Zip:	How Long?
Previous	Address:	State:	Zip:	How Long?

MOTOR VEHICLE LICENSE INFORMATION

Motor Vehicle Licenses Held (List all driver licenses held in the past five years, include multiple licenses if you have them)

State	License Number	Expiration Date	Current License?	Class A or B	Endorsements
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B	

Motor Vehicle Record

Has any license, permit or privilege ever been suspended or revoked for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you ever been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license or are any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you ever been convicted for any alcohol or controlled substance related while operating a motor vehicle, or are any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

If you answered YES to any of the above, please explain:

FIVE YEAR ACCIDENT / INCIDENT RECORD

Were you involved in any accidents/incidents with any vehicle in the last five years (even if not at fault)? Yes No

Date	In a CMV?	Type of Accident or Incident	Any Fatalities or Personal Injuries?	Were you Ticketed?	State
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAFFIC CONVICTIONS IN THE LAST FIVE YEARS

Were you involved in any traffic convictions/forfeitures for the past five years in any motor with any vehicle? Yes No

Date	In a CMV?	Location: State	Violation (if speeding, show rate of speed over posted limit)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LESCO LOGISTICS, LLC.
APPLICATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The Company will conduct background checks including but not limited to, work references, driving records, criminal conviction records and educational attainment. New hires for some company positions may be required to pass a physical examination at the Company's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the Company. I further understand that any condition which may preclude my ability to perform essential functions of the job - and such conditions can not be reasonably accommodated - will disqualify me from consideration for employment in the job for which I applied.

I understand that employment at the Company, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including, but not limited to, hours, benefits, and salary are subject to change by the Company at any time.

If employed, I agree to provide evidence of an acceptable driving record.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by the Company at any time, at the Company's sole discretion and without prior notice to me.

I acknowledge that I understand that when advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (American with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatement, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Company and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Company service. I give the Company the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting the Company in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

All applicants will be considered for employment without regard to race, religion, sex (including pregnancy), age, mental or physical disability, or any other classification specifically protected by applicable law.

The Company is a drug and alcohol free workplace.

The Company is a smoke-free workplace.

Applicant Name (Print)

Applicant Signature

Date

LESCO LOGISTICS, LLC.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

www.LescoLogistics.com PO Box 72813 2407 8th Ave Chattanooga, TN 37405 (423) 622-8777

PLEASE FAX BACK TO (423) 493-4830

Applicant:

Social Security No.: - - -

You are hereby authorized to release to Lesco Logistics, LLC of Tennessee all information regarding my services, character, and conduct while in your employ, in order to enable them to comply with the requirements of 49 CFR Parts 391.23, 40.25 and 382.413, and you are released from any liability which may result from giving such information. I further agree that a reproduced copy of this Request for Information from Previous Employers form shall have the same force and effect as the original.

Applicant Signature:

Date:

PREVIOUS EMPLOYER INFORMATION (Completed by Employer)

Previous Employer:

Phone:

Address:

City:

State:

Zip:

Dates of Employment: From: _____ To: _____ List any additional dates if employee worked multiple times for employer

SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.

Driver did not operate a Commercial Motor Vehicle.

Driver operated a: Straight Truck Tractor Semitrailor Bus Cargo tank Doubles Triples Other (specify)

Reason for leaving employ? Discharged Resignation Lay Off Military Duty Eligible for Re-hire? Yes No

Did the Driver have any workers compensation claims while your employee? Yes No

Accident History

Did the applicant have any accidents while in your employ: Yes No

Date	Location	Injuries	Fatalities	Description
		<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	
		<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	

Drug and Alcohol Testing History for the Past Three Years

This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.25 (if No, skip this section). Yes No

This person had an alcohol test with a result of 0.04 or higher alcohol concentration. Yes No

This person tested positive or adulterated or substituted a test specimen for controlled substances. Yes No

This person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test. Yes No

This person committed other violations of Subpart B of Part 382, or Part 40. Yes No

This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed. Yes No

This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had a alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. Yes No

Other Comments:

Person completing this form: _____ Title: _____ Date: _____

1st Request _____/_____/_____ 2nd Request _____/_____/_____ 3rd Request _____/_____/_____

LESCO LOGISTICS, LLC.

REQUEST FOR CHECK OF DRIVING RECORD

www.LescoLogistics.com PO Box 72813 2407 8th Ave. Chattanooga, TN 37407 (423) 622-8777

I hereby authorize you to release the following information to Lesco Logistics, LLC. for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature:

Date:

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be use for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Requestor Signature:

Date:

To Whom it May Concern:

The following named person has made an application with our company for the position of DRIVER. In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the undersigned with the applicant's driving records for the past three years.

Name of Applicant

Date of Birth:

Drivers License No.:

Social Security No:

Address:

City:

State:

Zip:

Previous Address:

Requested by: _____

Title: _____

Date: _____

LESCO LOGISTICS, LLC.

DRUG/ALCOHOL TEST CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis, breath analyzer and/or other tests as determined by Lesco Logistics, LLC. in the selection process of applicants for employment or as a condition of employment for the purpose of determining the absence or presence of drugs and/or alcohol content therein.

I hereby give my consent to and authorize the company designated by Lesco Logistics, LLC. to perform the collection of specimens for these tests and to either test them or forward them to a testing laboratory to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine or breath.

I hereby give my consent to release the results of the said test(s) to appropriate individuals within Lesco Logistics, LLC. who have a need to know of the alcohol and drug testing results and to the use of all such reports in its assessment of my employment application and/or employment status.

I understand that a positive test for illegal drugs (including non-prescribed prescription drugs) and and/or of alcohol or a refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, will prohibit me from being employed by or continuing my employment at Lesco Logistics, LLC..

I agree to hold harmless Lesco Logistics, LLC. and it's owners, employees, managers and/or it's agents from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with the consideration of my employment application or my continued employment with the said company.

I further agree that a reproduced copy of this Drug/Alcohol Test Consent and Release Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Applicant/Employee Name

Social Security Number

Applicant/Employee Signature

Date

Witness Signature

Date

LESCO LOGISTICS, LLC.

ADDENDUM TO EMPLOYMENT APPLICATION

As a prospective employer, we must ask pursuant to 49 CFR Part 40.25 (j) any applicant for a driving position with our company whether they have tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for , but did not obtain, "safety-sensitive transportation work" (driving a Commercial Motor Vehicle) during the last two years.

Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the past two years preceding the date of this application.

No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the past two years preceding the date of this application.

Department of Transportation (DOT) regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you admit that you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes No

This certifies that I completed this addendum to the employment application, and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in rejection of my application and or dismissal from employment.

Applicant Signature

Date

LESCO LOGISTICS, LLC.

STATEMENT OF DRUG TESTING PROCEDURES

In accordance with the Federal Motor Carrier Safety Regulations (FMCSR) Part 382.103, all Lesco Logistics, LLC. drivers are required to be in a drug testing program that consists of pre-employment, post-accident, reasonable suspicion and random testing.

PLEASE NOTE: This program applies to all drivers with a Commercial Drivers License (CDL) regardless of the type of truck driven. It is our position that any Lesco Logistics driver may be asked to drive a vehicle over 26,000 pounds at any time in response the the needs of our clients. Therefore, even if your normal job requires the driving of a vehicle with a gross vehicle weight of less than 26,000 pounds, the DOT drug testing program will apply to your job.

Driver Name (Print)

Driver Signature

Date

LESCO LOGISTICS, LLC.

OVERTIME STATUS / EMPLOYEE ACKNOWLEDGEMENT

Lesco Logistics, LLC. is exempt from paying overtime to drivers under the Motor Carrier Exemption Act (FLSA, 29 U.S.C. 213 (b)(1)). This exemption means that drivers working over forty (40) hours per week will receive straight pay for those hours worked, not overtime.

I, _____, acknowledge that I have been informed and understand that Lesco Logistics is exempt from paying drivers overtime under the Motor Carrier Exemption Act (FLSA, 29 U.S.C. 213 (b)(1)). I accept the offer of employment with a clear understanding that, although I may/will work more than forty (40) hours per week, I will not receive overtime pay for any hours over forty (40) worked during a week.

Employee's Signature

Print Name

Date

AUTHORIZATION TO MAKE DEDUCTIONS FROM WAGES

I, _____, understand that, in the event I am hired by Lesco Logistics, LLC. (the "Company"), that the first 90 days of my employment are a probationary period of employment during which I am not eligible for Company sponsored benefits, including but not limited to health and dental insurance, life insurance, disability insurance, or any other payroll deducted benefits. During this probationary period, if I voluntarily leave employment at the Company or am terminated from my employment for cause, the actual costs by the Company for the following items directly related to my hiring, but not to exceed \$500.00 will be deducted from my wages and reflected on my last paycheck:

Physical examination

Drug screening and other lab fees

Administrative costs

Training costs

Mandatory background check and screening

Uniform fees

I agree that the Company may deduct money from my pay under the above circumstances.

Signature

Date

LESCO LOGISTICS, LLC.

FAIR CREDIT REPORTING ACT

DISCLOSURE

In connection with your application for employment with Lesco Logistics, LLC. , Lesco Logistics may obtain a consumer report and/or investigative consumer report regarding your character, general reputation and mode of living, your motor vehicle record, criminal background record and/or other appropriate public record information from a consumer reporting agency, as those terms are identified in the Fair Credit Reporting Act and amendments ("FCRA"). These reports may also include the names and dates of your previous employer, reasons for the termination of your prior employment, work experience and any other type of information authorized under the FCRA or other applicable laws. Such reports may come from federal, state, local and/or any other agencies which contain and/or maintain such records. You may request in writing a complete disclosure of the the nature and scope of the investigation to be performed.

Name (print)

Social Security Number

Signature

Date

AUTHORIZATION

I hereby authorize Lesco Logistics, LLC. ("Company") to obtain consumer reports and/or investigative consumer records, ("Consumer Reports") from any appropriate consumer reporting agency and understand that such Consumer Reports may be used by the Company in the determination of whether or not to offer me employment. I understand that I have the right to make a request of such consumer reporting agencies, upon proper identification, of the nature and substance of all information in such files on me, including the source of information and recipients of any reports on me which have been previously furnished by the consumer reporting agencies within the two year period preceding my request. I hereby consent to allowing the Company to obtain such Consumer Reports from any and all appropriate consumer reporting agencies and agree that such information maintained by such consumer reporting agencies will be supplied to the Company. I therefore authorize the procurement of said Consumer Reports by the Company and, if hired, understand that this authorization shall remain in my file and shall serve as on-going authorization for the Company to procure additional consumer reports on at least at least an annual basis, or at any other time during my employment with the Company.

Name (print)

Social Security Number

Signature

Date

LESCO LOGISTICS, LLC.

NOTICE REGARDING BACKGROUND REPORTS

In connection with your application for employment with **Lesco Logistics, LLC** ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from the 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Lesco Logistics, LLC** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Name (print)

Date

Signature