



JBS Souderton, Inc.  
dba

**MOPAC**  
P.O. BOX 64395  
741 Souder Road  
Souderton, PA 18964

**Truck Driver Employment Application**

Application Must Be Completed Fully

I understand that the information in this application will be used, and that prior employers will be contacted, for purpose of investigating my background as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Personal Data:

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List your address of residency for the past THREE (3) YEARS.

Home/Current Address (No P.O. Box number allowed): \_\_\_\_\_  
(Address)

How Long: \_\_\_\_ Yrs \_\_\_\_ Mo

\_\_\_\_\_  
(City) (State) (Zip)

Previous Address (No P.O. Box number allowed): \_\_\_\_\_  
(Address)

How Long: \_\_\_\_ Yrs \_\_\_\_ Mo

\_\_\_\_\_  
(City) (State) (Zip)

Are you legally permitted to work in the United States? Yes ( ) No ( )

If a relative is employed here, give name & relationship: \_\_\_\_\_

Have you ever been employed by JBS? Yes ( ) No ( ) When/Where? \_\_\_\_\_

Are you now employed? Yes ( ) No ( ) If not, how long since leaving last employer? \_\_\_\_\_

Have you ever been convicted of a felony? Yes ( ) No ( )  
(If yes, please explain on a separate sheet of paper- we cannot hire anyone with a felony conviction in the last five (5) years.)

Are you able to perform the function(s) of the job with or without reasonable accommodations? Yes ( ) No ( )

Where you referred? Yes ( ) No ( ) If so, by whom: \_\_\_\_\_

(1)

Application Rec'd: \_\_\_\_\_ (Consideration Period: \_\_\_\_\_) Interview Date: \_\_\_\_\_ Offer Date: \_\_\_\_\_  
Disposition : \_\_\_\_\_ Interviewer: \_\_\_\_\_



**Past Employment History:**

All commercial motor vehicle driver applicants to drive in interstate commerce must provide the following information on **ALL EMPLOYERS** during the preceding **10 years**. (391.21 FMCSR) MOPAC requires complete information without any time gaps. (Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

<b>EMPLOYER</b>		DATES: FROM MO/YR	TO MO/YR	
NAME:		Position:		Reason for leaving:
ADDRESS:		Salary/Wage:		
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )		
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )		
<b>EMPLOYER</b>		DATES: FROM MO/YR	TO MO/YR	
NAME:		Position:		Reason for leaving:
ADDRESS:		Salary/Wage:		
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )		
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )		
<b>EMPLOYER</b>		DATES: FROM MO/YR	TO MO/YR	
NAME:		Position:		Reason for leaving:
ADDRESS:		Salary/Wage:		
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )		
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )		
<b>EMPLOYER</b>		DATES: FROM MO/YR	TO MO/YR	
NAME:		Position:		Reason for leaving:
ADDRESS:		Salary/Wage:		
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )		
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )		
<b>EMPLOYER</b>		DATES: FROM MO/YR	TO MO/YR	
NAME:		Position:		Reason for leaving:
ADDRESS:		Salary/Wage:		
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )		
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )		

**JBS SOUDERTON, INC. dba MOPAC  
741 SOUDER ROAD, SOUDERTON, PA 18964**

**TO BE READ AND SIGNED BY APPLICANT**

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. I understand that this information in this application will be used, and that prior employers will be contacted, for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. I authorize JBS Souderton, Inc. (MOPAC) to make such investigations and inquiries of my personal, medical history and other related matters as necessary in arriving at an employment decision or for employment purposes in the event that I am employed by MOPAC. As part of such inquiries and investigations, I authorize MOPAC to obtain reports on me defined as "consumer reports" under the Fair Credit Reporting Act, Provisions of Section 604(b)(2)(A). I hereby authorize former employers, schools, health care providers, division of motor vehicles, and other persons to provide to MOPAC all information requested concerning my work history including, but not limited to, dates of employment, work performance, attendance, safety performance, discipline actions, etc. In addition, I release former employers, schools, health care providers, division of motor vehicles, and other persons from all liability in responding to inquiries and releasing information in connection with my application. I hereby authorize procurement of consumer report(s). If hired, this authorization shall remain on file and shall serve as ongoing authorization for MOPAC to procure consumer reports at any time during my employment period.

In accordance with 49 CFR 382.405(f) and 391.23(g), my former employers and/or lessees are authorized and required to furnish any and all information concerning my participation in a drug and alcohol testing program under 49 CFR Part 382. I specifically authorize the release of information on any alcohol tests with concentration results of 0.04 or greater, positive controlled substance results and/or refusals to be tested within three years preceding the date of this request. I further authorize and request the release of any information concerning my evaluation by a substance abuse professional, the identity of that professional, my participation in any treatment or rehab recommended by the substance abuse professional and the results of any return-to-duty drug or alcohol test within the three years preceding this request. I authorize this release and agree to hold harmless any past employer, lessee, or any person or company I applied with, as well as their employees, agents, or representatives, from all liability or damage that may arise from the release of information specifically authorized herein.

In the event of qualification, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. If rules and regulations are not abided by, I understand my employment and compensation with MOPAC can be terminated with or without cause, and with or without notice at any time.

I consent to take physical examinations and to provide samples of my blood and/or urine for analysis and consent to breath alcohol testing when requested during the course of my employment as required by Department of Transportation regulations or company policy.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating applicants' background as required by 391.23 FMCSR. I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by the previous employer and have that corrected information resent to the prospective employer;
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

I acknowledge, by my signature below, that I have read, understand and authorize my consent as stipulated above:

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

We are an Equal Employment Opportunity Employer



JBS SOUDERTON, INC.

741 SOUDER ROAD  
P.O. BOX 64395  
SOUDERTON, PA 18964-0395

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION  
FOR EMPLOYMENT PURPOSES**

**Disclosure**

JBS Souderton, (the "Company"), may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



# HireRight

## DAC Trucking

**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**  
 Send to Fax# (800) 257-8069

**HireRight Customer:**  
**Company Name: JBS Souderton, Inc.**  
**Company Contact Name: Brian Kaphaem**  
**Office: (215) 703-6076 Fax #: (970) 534-2777**  
**HireRight Account Code: JBSS**

**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: \_\_\_\_\_



JBS SOUDERTON, INC.

741 SOUDER ROAD  
P.O. BOX 64395  
SOUDERTON, PA 18964-0395

Contact: BRIAN KAPHAEM  
Office: 215-703-6076  
Fax: 970-534-2777

**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 JBS SOUDERTON. I understand that information/documents released pursuant to this authorization 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 JBS SOUDERTON with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to JBS SOUDERTON, 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.

Applicant: 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 disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights; (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: \_\_\_\_\_

## **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.

I acknowledge, by my signature below, that I have read and understand the FMSCA Notification of Driver Rights stated above.

Printed Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Past Employment History (Continuation Sheet)**

<b>EMPLOYER</b>		<b>DATES: FROM</b> MO/YR	<b>TO</b> MO/YR
NAME:		Position:	Reason for leaving:
ADDRESS:		Salary/Wage:	
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )	
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )	
<b>EMPLOYER</b>		<b>DATES: FROM</b> MO/YR	<b>TO</b> MO/YR
NAME:		Position:	Reason for leaving:
ADDRESS:		Salary/Wage:	
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )	
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )	
<b>EMPLOYER</b>		<b>DATES: FROM</b> MO/YR	<b>TO</b> MO/YR
NAME:		Position:	Reason for leaving:
ADDRESS:		Salary/Wage:	
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )	
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )	
<b>EMPLOYER</b>		<b>DATES: FROM</b> MO/YR	<b>TO</b> MO/YR
NAME:		Position:	Reason for leaving:
ADDRESS:		Salary/Wage:	
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )	
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )	
<b>EMPLOYER</b>		<b>DATES: FROM</b> MO/YR	<b>TO</b> MO/YR
NAME:		Position:	Reason for leaving:
ADDRESS:		Salary/Wage:	
CITY/STATE:		Subject to FMCSR? Yes ( ) No ( )	
CONTACT PERSON:	PHONE:	DOT Regulated Mode Subject to Alcohol/Drug Testing? Yes ( ) No ( )	

**VOLUNTARY SELF-IDENTIFICATION**

The information requested below is used by JBS only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH JBS.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with JBS, which is an equal employment opportunity employer.

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Job Applied For: \_\_\_\_\_

Referral Source: \_\_\_\_\_

**Race/Ethnicity:**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Two or More Races
- I do not wish to disclose this information**

**Gender:**

- Male
- Female
- I do not wish to disclose this information**

## Veteran Status:

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.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

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 AM NOT A VETERAN
- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I DO NOT WISH TO DISCLOSE THIS INFORMATION

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 VEVRAA.

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.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### 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.<sup>1</sup> 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 1/31/2020  
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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.

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<sup>1</sup> 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](http://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.

Effective 02/01/2017