PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.
(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
(b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
(c) Prior to collection of a urine sample under Section 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant’s Name (PLEASE PRINT)

Applicant’s Signature
Witnessed By: ______________________

Company Representative’s Signature

Month Day Year
TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature ___________________________ Date _________________________

FOR COMPANY USE

PROCESS RECORD

Applicant Hired ______________________ Rejected ______________________

Date Employed _______________________ Point Employed ______________________

Department __________________________ Classification ______________________

(If Rejected, Summary of Reasons Should Be Placed in File)

Signature of Interviewing Officer ________________________________

TERMINATION OF EMPLOYMENT

Date Terminated _______________ Department Released From _______________

Dismissed □ Voluntarily Quit □ Other __________________________

Termination Report Placed in File □ Supervisor ______________________________
APPLICANT TO COMPLETE
(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied For

Name

Last                First                Middle

SSN

List your addresses of residency for the past three years

Current Address

Street

City

Phone

How Long?

yr./mo.

State

Zip Code

Previous Addresses

Street

City

State/Zip

How Long?

yr./mo.

Street

City

State/Zip

How Long?

yr./mo.

Street

City

State/Zip

How Long?

yr./mo.

Date of Birth       /       /       Can you provide proof of age? _____________________________

Do you have the legal right to work in the United States? _____________________________

Have you worked for this company before? _____________________________

When? _____________________________

Rate of Pay _____________________________

Position _____________________________

Reason for leaving _____________________________

Are you now employed?       Yes    No

If not, how long since leaving last employment? _____________________________

Who referred you? _____________________________

Rate of pay expected _____________________________

Have you ever been bonded?       Yes    No

Name of bonding company _____________________________

Have you ever been convicted of a felony?       Yes    No

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____________________________

If yes, please explain _____________________________

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven years’ information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>FROM</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>TO</td>
</tr>
<tr>
<td>CITY</td>
<td>MO</td>
</tr>
<tr>
<td>STATE</td>
<td>YR</td>
</tr>
<tr>
<td>ZIP</td>
<td>MO</td>
</tr>
<tr>
<td>POSITION HELD</td>
<td>YR</td>
</tr>
<tr>
<td>SALARY/WAGE</td>
<td></td>
</tr>
<tr>
<td>PHONE #</td>
<td>REASON FOR LEAVING</td>
</tr>
</tbody>
</table>

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?       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

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>FROM</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>TO</td>
</tr>
<tr>
<td>CITY</td>
<td>MO</td>
</tr>
<tr>
<td>STATE</td>
<td>YR</td>
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<tr>
<td>ZIP</td>
<td>MO</td>
</tr>
<tr>
<td>POSITION HELD</td>
<td>YR</td>
</tr>
<tr>
<td>SALARY/WAGE</td>
<td></td>
</tr>
<tr>
<td>PHONE #</td>
<td>REASON FOR LEAVING</td>
</tr>
</tbody>
</table>

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED?       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
<table>
<thead>
<tr>
<th>Employer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>From</td>
</tr>
<tr>
<td>Address</td>
<td>Position held</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Salary/wage</td>
<td>Reason for leaving</td>
</tr>
</tbody>
</table>

Were you subject to the FMCSRs while employed? [ ] 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 DATA SHEET
For Casuals, New Hires & Temporary Employees

Name (PLEASE PRINT) ____________________________________________
Social Security # _______________________________________________
Motor Vehicle Operator’s License # _________________________________
Type of License ______________________ Issuing State ________________

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding seven days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

<table>
<thead>
<tr>
<th>DAY (yesterday)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOURS WORKED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL HOURS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

a.m.  p.m.  On

_________________________ ________________
Time                   Day         Month         Year
_________________________ ________________
Signature               Date

EMPLOYMENT CHECKLIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER
The qualification file for an intermittent, casual or occasional driver employed under the rules in Section 391.63 must include the following forms as per Section 391.51(d) Federal Motor Carrier Safety Regulations.

- Medical Examiner’s Certificate – The medical examiner’s certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Section 391.43

- Certificate of Driver’s Road Test – The certificate of driver’s road test issued To the driver pursuant to Section 391.31(e), or a copy of the license or Certificate which the motor carrier accepted as equivalent to the driver’s road Test pursuant to Section 391.31

ALCOHOL AND CONTROLLED SUBSTANCE TESTING
A motor carrier must ensure that a multiple-employer driver is currently participating in drug and alcohol testing programs as required by Part 382 of the Federal Motor Carrier Safety Regulations

Verify participation in current drug and alcohol testing program for driver’s regular motor carrier’s employment program.

Information regarding individual results of alcohol and controlled substance testing shall be maintained in a secure location with controlled access.

Processed by: ________________________ Date: ________________________
(Carrier Agent)
**ACIDENT RECORD** FOR PAST THREE YEARS OR MORE (ATTACH SHEET IS MORE SPACE IS NEEDED) IF NONE, WRITE, **NONE**.

<table>
<thead>
<tr>
<th>DATES</th>
<th>NATURE OF ACCIDENT (HEAD-ON, READ-END, ETC)</th>
<th>FATALITIES</th>
<th>INJURIES</th>
<th>HAZMAT SPILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST ACCIDENT:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXT PREVIOUS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXT PREVIOUS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRAFFIC CONVICTIONS** AND **FORFEITURES FOR THE PAST THREE YEARS** (OTHER THAN PARING VIOLATIONS) IF NONE, WRITE **NONE**.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>CHARGE</th>
<th>PENALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

(ATTACH SHEET IS MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past three years.

<table>
<thead>
<tr>
<th>DRIVER LICENSES</th>
<th>STATE</th>
<th>LICENSE NO.</th>
<th>TYPE</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? □ Yes □ No
B. Has any license, permit or privilege ever been suspended or revoked? □ Yes □ No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS ____________________________________________________________

**DRIVING EXPERIENCE** CHECK YES OR NO

<table>
<thead>
<tr>
<th>CLASS OF EQUIP.</th>
<th>CIRCLE TYPE</th>
<th>DATES FROM</th>
<th>TO</th>
<th>APPROX. # OF MILES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIGHT TRUCK</td>
<td>□ Yes □ No</td>
<td>VAN, TANK, FLAT, DUMP, REFER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACTOR &amp; SEMI-TRAILER</td>
<td>□ Yes □ No</td>
<td>VAN, TANK, FLAT, DUMP, REFER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACTOR- TWO TRAILERS</td>
<td>□ Yes □ No</td>
<td>VAN, TANK, FLAT, DUMP, REFER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRACTOR-THREE TRAILERS</td>
<td>□ Yes □ No</td>
<td>VAN, TANK, FLAT, DUMP, REFER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTORCOACH-SCHOOL BUS</td>
<td>□ Yes □ No</td>
<td>More than 8 passengers</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>MOTORCOACH-SCHOOL BUS</td>
<td>□ Yes □ No</td>
<td>More than 15 passengers</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: ____________________________________________________

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _________________________________________________________

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY ____________________________________________________________

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED (NAME) (CITY,STATE) __________________________ __________________________

**TO BE READ AND SIGNED BY APPLICANT**

This certifies 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.

Signature: __________________________ Date: __________________________
**RELEASE OF INFORMATION FORM**

**Section 1.** To be completed by applicant

Applicants printed name __________________________________________________________

Applicants SS# or ID# ____________________________________________________________

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in section 1A, to the employer listed in 1B. This release is in accordance with DOT regulation 49 CFR part 40, section 40.25. I understand that information to be released in section 2-A by my previous employer, is limited to the following items for the past two years:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Documentation, if any, of completion of the return-to-duty process following a rule violation
6. Information obtained from previous employers of a drug and alcohol rule violation

APPLICANTS SIGNATURE ___________________________ DATE ____________

**Section 1A:**
Applicants previous employer

Company name ________________________________________________________________

Address ________________________________________________________________

Phone # _______ Fax# _______

**Section 1B:**
Company requesting information:
Name: Blow & Cote, Inc.
Address: 815 VT RTE 15 E Morrisville, VT 05661
Phone# 802-888-2067 Fax: 802-888-7138
Designated Company Representative: Hannah Speer
Driver Pre-Employment Verification of Testing Results

Blow & Cote, Inc.
815 VT RTE 15E
Morrisville, VT 05661

In the past 2 years have you:

Tested positive for any controlled substances pre-employment test for any other company?
Yes_____No_____  

Refused to be tested for any Controlled Substances pre-employment test for any other company?
Yes_____No_____  

Tested above .04 on any Alcohol pre-employment test for any other company?
Yes_____No_____  

If you answered yes to any of the above questions, can you document which Substance Abuse Professional (SAP) you consulted?

Name of SAP: __________________________________________
Address: ____________________________________________
City, State, & Zip  ______________________________________
Telephone #: ________________________________

__________________________  _________________  
Signature                          Date