

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: _____

Month Day Year

Company Representative's Signature

Month Day Year

**DRIVER'S APPLICATION
FOR EMPLOYMENT**

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

Applicant's Name (PLEASE PRINT)

Date

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 _____

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <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			

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE #	REASON FOR LEAVING	
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NAME		FROM MO YR	TO MO YR
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CITY	STATE ZIP	SALARY/WAGE	
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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.

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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)

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IS MORE SPACE IS NEEDED) IF NONE, WRITE, NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, READ-END, ETC)	FATALITIES	INJURIES	HAZMAT SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IS MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

CLASS OF EQUIP.	CIRCLE TYPE	DATES		APPROX. # OF MILES
		FROM	TO	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR- TWO TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR-THREE TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No More than 8 passengers	--			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No More than 15 passengers	--			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

WHICH SAFE SRIVING 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 _

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH _____

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