

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Crossroad Tours ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Crossroad Tours ("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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

Fair Credit Reporting Act Disclosure Statement

Carrier Name: _____

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that the reports verifying your previous employment, previous drug and alcohol test results, and your driving record for the past 3 years may be obtained on you for your employment purposes. These reports are required by 49 CFR 382 (413), 391 (23) and 391 (25) of the Federal Motor Carrier Safety Administration regulations.

(Applicant's Signature)

(Date)

(Applicant's Name – Printed)

(Social Security Number)

(Driver's License Number)

(State Issued)

(Date of Birth, Month/Date/Year)



Crossroad Tours, Inc
 1070 N 675 W
 Shipshewana, IN 46565
 Phone# 260-768-7549

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary:\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Driver Certification for Other Compensated Work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraph (8) and (9) of the Federal Motor Carrier Safety Regulations include time performing any other work in the capacity of, or in the employ or service of, a common contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

(Check One)

Are you currently working for another employer?

Yes

No

At this time do you intend to work for another employer while
still employed by this company?

Yes

No

I hereby certify that the information given above is true and I understand that once I become employed with thi company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

PROSPECTIVE EMPLOYEE

Driver's Signature: _____ Date: _____

WITNESS

Company Representative Signature: _____ Date: _____

Certification of Compliance with Driver License Requirements

The requirements in Part 383 apply to every driver who operates intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 or more pounds, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1st, 1987. There are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it: you must notify the state. If multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking) you must report it within 30 days to: 1.) your employing carrier, and 2.) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence an to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver License No. _____ State _____ Exp. Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (PRINT) _____

Driver's Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Carrier Official (PRINTED)

Carrier Signature Date: _____

Carrier Name

Drug and Alcohol Test Statement New Employee

Department of Transportation Regulation 49 CFR Part 40.25 (j) requires the employer to ask a new employee about previous drug and alcohol tests the employee may have taken.

Company _____

Address _____

City _____ State _____ Zip _____

New Employee Name _____

Answer the Following Questions by Checking the Box Below:

1. I have tested positive, or refused to test, on any drug test and/or alcohol test administered by previous employer covered by Department of Transportation (DOT) agency regulations during the past two years.

Yes No

2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation return-to-duty requirements?

Yes No

New Employee Signature _____ Date _____

Company Representative _____ Date _____

ALCOHOL AND DRUG TESTING POLICY

CROSSROAD TOURS is committed to maintaining a safe, healthy and efficient working environment for all of its employees. The presence of alcohol and drugs in the work place, and the influence of those substances on employees pose serious safety and health risks to both the user and to all those who work with him or her. Impairments from drugs or alcohol threaten everyone's safety and the success of our operation.

We need not and will not accept any risk to safety, quality or productivity that may be caused by alcohol abuse and/or drug use by employees. Compliance with CROSSROAD TOURS alcohol and drug program is a term and condition of employment.

CROSSROAD TOURS has implemented a pre-employment, random, post accident and for cause drug testing policy for all employees. All final applicants for positions with the Company will be tested for drug and or alcohol use. It is also a term and condition of employment that employees submit to a drug or alcohol test if the Company has reasonable cause to believe the employee is impaired while on the premises. Refusal to submit to a reasonable cause test is ground for discipline, up to and including termination.

TESTING PROCEDURES

A. All employees and applicants referred to the testing facility for drug and or alcohol screening will identify themselves to the test administrator by use of a valid picture state drivers license or other acceptable picture identification. The source of identification must be noted on the custody and control form accompanying the test sample.

B. All employees and applicants must sign a written consent form before any test may be administered. Refusal to sign a lawful consent shall be deemed a refusal to test.

C. Breath Alcohol testing will be done with an Evidential Breath Alcohol device and conducted by a Certified Breath Alcohol Technician.

D. The collection of the urine sample will take place at the collection site; the restroom will be a controlled area. These samples are immediately given to the test administrator and will then be temperature tested. Failed temperature samples will require a second direct observed specimen be collected.

E. All urine samples will be handled and sealed in the presence of the donor, who will be requested to sign and date the security tape/label on the specimen. The donor will then be requested to sign the custody and control form indicating that this is their specimen and they witnessed the labeling of the specimen.

F. A sufficient amount of urine shall be retained by the testing facility or it agent in a manner which will preserve it susceptibility to accurate future testing.

G. A custody and control form must accompany each sample container and must be completed by the test administrator and by each person subsequently taking possession of the sample.

H. Urine samples which test positive for the presence of drugs will be subject to a confirmation test by gas chromatography. Initial and confirmation report results must indicate the test method used. Samples which test positive will be retained by one year by the laboratory.

Sample testing levels:	Initial	Confirmation
Amphetamines	500 ng/ml	250 ng/ml
Cocaine Metabolites	150 ng/ml	100 ng/ml
Marijuana Metabolites	50 ng/ml	15 ng/ml
Opiates		
Codeine/Morphine	2000 ng/ml	2000 ng/ml
6-Acetylmorphine	10 ng/ml	10 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
MDMA	500 ng/ml	250 ng/ml

I. All positive results will be reviewed by a MRO (Medical Review Officer). The MRO will contact the donor regarding his/her drug screen results and report final results to the employer.

J. Reasonable cause testing means testing because of a reasonable belief that the employee is on the premises while impaired by drugs or alcohol. Based on specific observations that a company representative can describe concerning the appearance, cause must be documented at or near the time of the observation and the observation must be witnessed by two (2) individuals, one of whom must be a supervisor, that have actually observed the employee's behavior.

K. Any employee who is asked to be tested based upon reasonable cause will be transported to the testing facility by the Company and, after the test is complete, taken to their place of residence by the Company. It is not fair to you, the employee, or to the public for the Company to allow you to drive it believes you are impaired by drugs or alcohol.

L. In every case where an employee is asked to take a test based upon reasonable cause, a supervisor will read the form to the employee before obtaining the employee's signature authorizing a test. No changes are to be made on the consent form. Both the observing witnesses shall complete the Impaired Behavior Form. In completing the Impaired Behavior Form, the witness shall be as accurate and detailed as possible, recording their observations of the employee's behavior which led to their decision to require the test. The witnesses shall state what they actually observed but shall make no statements about possible causes of the behavior or make judgmental conclusions.

M. If the employee refuses to promptly take the test or sign a consent form, the supervisor will make it clear to the employee that the request to sign the form and take the test is a direct order, explain to the employee that failure to comply with the order constitutes insubordination which will result in termination, issue a second direct order to sign the form and take the test and if the employee refuses, inform the employee that he or she has been terminated. The Company will provide transportation home to any employee who has been asked to be tested because the Company believes the employee is impaired.

N. Post Accident drug and alcohol testing shall be completed by any employee upon the event of all job related accidents. Post Accidents test should be completed within a reasonable time after the accident, keeping in mind any medical treatment that is needed should not be detained by testing.

O. Employees needing help or rehabilitation in dealing with an alcohol and or drug problem are encouraged to contact, on a confidential basis, our Employee Assistance Program. Efforts to seek assistance on a first time basis, at the employee's expense, will not result in disciplinary action against the employee solely because the employee seeks dependency counseling or treatment. This provision does not affect the Company's right to take disciplinary action against an employee where appropriate for violation of the Company policies, safety rules or failure to meet job performance requirements.

P. The use, possession, sale, transfer, offer to sell or distribution of alcohol and or drugs in or on Company premises will result in immediate termination.

Q. Random Testing will be conducted by the rules and regulations set forth by the Federal requirements for a Drug Free Workplace. All employees will be subject to both random drug and alcohol testing. Two pools of employees will be established, one for Federal Employees and one for Non-Federal Employees. Testing percentages of each pool will be at 50% per year for drug testing and 10% per year for alcohol testing.

DEFINITIONS

A. "Legal Drugs" for the purpose of this policy are those drugs which have been prescribed by a doctor and over the counter drugs which have been legally obtained under all Federal and State Laws and are being used for the purpose and in the manner for which they were prescribed or manufactured.

B. "Illegal drugs" for the purpose of this policy means any drug (1) which is not legally obtainable or (2) which is legally obtainable but has not been legally obtained, including prescription drugs not being used for prescribed purposes or in the prescribed manner.

C. The Presence of Drugs means, for the purpose of this policy, have the presence within the body amounts of alcohol or drugs detectable by scientific test from a licensed laboratory above the cut of levels indicated. The prohibited amounts of alcohol will be the limitations set forth by Federal and State law. If the donor has an alcohol concentration between .02 and .04, he/she shall not perform or continue to perform safety-sensitive functions until 24 hours following the administration of the test. No action shall be taken against the donor based solely on test results showing an alcohol concentration of less than .02. Alcohol concentration results of less than .02 are considered negative for the purposes of this employer testing program. No employer may penalize a driver based on a test result of less than .02 alcohol concentration conducted under Federal requirements.

D. Drug testing for Amphetamines, THC, PCP, Cocaine, Marijuana, Heroin and Ecstasy will be done on all pre-employment, post accident, for cause and random screenings. Alcohol testing will be required with all testing except pre-employment tests.

E. Dilute Specimens - specimens reported by the laboratory as dilute. A specimen is considered dilute if both its Specific Gravity and Creatinine concentration are below prescribed limits, <1.003 and <20mg/l, respectively. Employees with dilute specimens reported by the laboratory will be required to retest. These employees should be counseled to restrict their fluid intake for eight (8) hours prior to testing. If the second specimen is also reported as dilute, the employee shall furnish medical documentation to the MRO indicating the reason they can not produce a non-dilute specimen. If the donor is unable to obtain a medical explanation for his dilute specimen, the results will be processed as a Refusal to Test.

F. "Right of Refusal" means, for the purpose of this policy, that any applicant has the right to refuse to submit to a drug or alcohol test. The "Consequences" of refusal and use of controlled substances are as follows:

- (1) If an employee refused to submit to a test as required under this policy, the employee will be immediately removed from his/her safety sensitive function and subject to immediate termination.
- (2) If an applicant refuses to submit to a test, the applicant will no longer be considered for employment.
- (3) If an employee has a verified positive controlled substances test result, has an alcohol Concentration of .04 or greater, or refuses to submit to a test, he/she must also be evaluated by a substance abuse professional, even if terminated.

When requesting an Impaired Behavior/Post Accident Exam, the company representative must complete this form and attach it to the Consent Form. Please describe the behavior or reported behavior that causes you to suspect _____ is impaired or that caused you to believe _____ caused or contributed to a serious industrial accident.

Speech _____

Actions _____

Dexterity _____

Standing _____

Walking _____

Judgment _____

Decision _____

Making _____

Appearance _____

(eyes, _____
clothing, _____
etc.) _____

Other behavior _____

Date: _____

Supervisor

Witness

Witness

Use reverse side if additional space is required to record behaviors in areas outlined above.

APPLICANT ACCEPTANCE

I have read and understand CROSSROAD TOUR'S Alcohol and Drug Policy. I understand that if I am a finalist for a position at CROSSROAD TOURS, I must agree to undergo drug testing and to cooperate with the testing. I also understand that if I become employed at CROSSROAD TOURS I am subject to it drug and alcohol policy. I understand and accept that consent to drug and or alcohol testing is a term and condition of employment at CROSSROAD TOURS. I hereby and voluntarily agree to submit to the pre-employment drug test as required by CROSSROAD TOUR'S policy.

Signature

Date

Please submit with your application form.

EMPLOYEE ACKNOWLEDGMENT

READ CAREFULLY

Please complete this acknowledge and return it to your Manager.

I have read and understand the requirements as contained in the Alcohol and Drug Policy statements. I fully understand my responsibility as an employee to comply with these policies and that it is a term and condition of my employment. Failure to follow these policies is cause for disciplinary action, up to and including termination.

I hereby consent to participate in random, reasonable cause and post accident drug testing during my employment. I hereby release CROSSROAD TOURS, it directors, officers, employees, agents and contractors from any liability whatsoever arising from the request to take a drug and or alcohol test and any decision concerning my employment based upon the results of the tests.

(PLEASE PRINT)

NAME: _____
 First Middle Last

Date: _____

Signature: _____

New CDL Holder Statement

Date: _____

To: _____
(Company Name)

I, _____ have not worked in a position for an Employer that was covered by a DOT Drug & Alcohol Test Program. I have not taken any DOT Drug or Alcohol Tests, nor have I refused to take any DOT Drug or Alcohol Tests in the last two (2) years.

(Print Name)

(Signature)

Witness:

(Print Name)

(Signature)

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

To _____ From _____

I, _____, hereby authorize the release of the following information to the above named Company for the purposes of investigation as required 49 CFR Part 391.23 and 49 CFR Part 383.35 of the Department of Transportation Regulations. You are released from any and all liability which may result from furnishing the information to the above named company.

 (Signature of Former Employee) Date _____

Thank you for taking time to complete the information requested below. Enclosed is a self-addressed business reply envelope for your convenience.

1. The individual named above states he/she was employed by you from _____ to _____. Are these employment dates correct? Yes No If no, please explain.

2. What type of work did the individual perform? _____
3. What type of Commercial Motor Vehicles did the individual operate for you? _____
4. Was the individual a safe and efficient operator? Yes No If no, please explain.

5. Was the individual involved in any vehicle accidents? Yes No If yes, please explain.

6. Reason for leaving employment? Resigned Reduction Discharged
7. Was the individual's general conduct satisfactory? Yes No

Please check the appropriate rating for each item listed

	Excellent	Good	Fair	Poor	Unsatisfactory
Quality of Work					
Initiative					
Safety Habits					
Driving Habits					
Attitude					

Within the last two (2) years, did this individual have any test results that had the following:

- | | Yes | No |
|---|-----|-----|
| a. Alcohol test with a result of 0.04 or high concentration? | [] | [] |
| b. Verified positive drug test result? | [] | [] |
| c. Refusal to be tested (including verified adulterated or substituted results) | [] | [] |
| d. Documentation of a successful completion of a Return-To-Duty Program. | [] | [] |
| e. Any other violation of DOT agency drug & alcohol testing regulations. | [] | [] |

 (Signature) (Title) (Date)

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

To _____ From _____

I, _____, hereby authorize the release of the following information to the above named Company for the purposes of investigation as required 49 CFR Part 391.23 and 49 CFR Part 383.35 of the Department of Transportation Regulations. You are released from any and all liability which may result from furnishing the information to the above named company.

 (Signature of Former Employee) Date _____

Thank you for taking time to complete the information requested below. Enclosed is a self-addressed business reply envelope for your convenience.

1. The individual named above states he/she was employed by you from _____ to _____. Are these employment dates correct? Yes No If no, please explain.

2. What type of work did the individual perform? _____
3. What type of Commercial Motor Vehicles did the individual operate for you? _____
4. Was the individual a safe and efficient operator? Yes No If no, please explain.

5. Was the individual involved in any vehicle accidents? Yes No If yes, please explain.

6. Reason for leaving employment? Resigned Reduction Discharged
7. Was the individual's general conduct satisfactory? Yes No

Please check the appropriate rating for each item listed

	Excellent	Good	Fair	Poor	Unsatisfactory
Quality of Work					
Initiative					
Safety Habits					
Driving Habits					
Attitude					

Within the last two (2) years, did this individual have any test results that had the following:

- | | Yes | No |
|---|-----|-----|
| a. Alcohol test with a result of 0.04 or high concentration? | [] | [] |
| b. Verified positive drug test result? | [] | [] |
| c. Refusal to be tested (including verified adulterated or substituted results) | [] | [] |
| d. Documentation of a successful completion of a Return-To-Duty Program. | [] | [] |
| e. Any other violation of DOT agency drug & alcohol testing regulations. | [] | [] |

 (Signature) (Title) (Date)

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

To _____

From _____

I, _____, hereby authorize the release of the following information to the above named Company for the purposes of investigation as required 49 CFR Part 391.23 and 49 CFR Part 383.35 of the Department of Transportation Regulations. You are released from any and all liability which may result from furnishing the information to the above named company.

Date _____

(Signature of Former Employee)

Thank you for taking time to complete the information requested below. Enclosed is a self-addressed business reply envelope for your convenience.

1. The individual named above states he/she was employed by you from _____ to _____. Are these employment dates correct? Yes No If no, please explain.

2. What type of work did the individual perform? _____
3. What type of Commercial Motor Vehicles did the individual operate for you? _____
4. Was the individual a safe and efficient operator? Yes No If no, please explain.

5. Was the individual involved in any vehicle accidents? Yes No If yes, please explain.

6. Reason for leaving employment? Resigned Reduction Discharged
7. Was the individual's general conduct satisfactory? Yes No

Please check the appropriate rating for each item listed

	Excellent	Good	Fair	Poor	Unsatisfactory
Quality of Work					
Initiative					
Safety Habits					
Driving Habits					
Attitude					

Within the last two (2) years, did this individual have any test results that had the following:

- | | Yes | No |
|---|-----|-----|
| a. Alcohol test with a result of 0.04 or high concentration? | [] | [] |
| b. Verified positive drug test result? | [] | [] |
| c. Refusal to be tested (including verified adulterated or substituted results) | [] | [] |
| d. Documentation of a successful completion of a Return-To-Duty Program. | [] | [] |
| e. Any other violation of DOT agency drug & alcohol testing regulations. | [] | [] |

 (Signature)

 (Title)

 (Date)

Certification of Road Test

Operator/Chauffeur License

The road test must be of sufficient duration to enable the person giving the test to evaluate the skill of the driver in the following operations.

Evaluation $\sqrt{=}$ Satisfactory

1. Pretrip inspection (49 CFR Part 392.7) _____
2. Coupling and uncoupling of combinations units
(If applicable to the driver of combination units) _____
3. Placing the commercial motor vehicle in operation _____
4. Use of commercial motor vehicle controls and
emergency equipment _____
5. Operating the commercial motor vehicle in traffic
and while passing other motor vehicles _____
6. Turning the commercial motor vehicle _____
7. Braking and slowing the commercial motor vehicle
by means other than braking _____
8. Backing and parking the commercial motor vehicle _____

Driver's Name _____ Social Security No. _____

Operator/Chauffeur's License No. _____ State _____

Type of Power Unit _____ Type of Trailer _____

If Passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization's Name & Address)

(Date)

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)