



DISPATCH: (559) 864-1000
OFFICE: (559) 257-3900
MRSONINC@GMAIL.COM

YARD ADDRESS:
2301 SIMPSON
KINGSBURG, CA 93631
MAILING ADDRESS:
968 SIERRA ST. #220
KINGSBURG, CA 93631

RULES AND REGULATIONS

For further reference, Marsons Inc will be identified as "Company". The individual signing this document, will be referenced as "Driver" or "Drivers".

1. Drivers are responsible for any damage, repairs, towing, impounds, storage, tickets etc, from improper parking.
2. Company vehicles are not allowed to be taken home unless authorized by management. If taken without authorization and there are issues (ex. damages, fuel stolen, truck doesn't start, etc.), the driver will be responsible for ALL costs associated with improper transport to unauthorized locations.
3. Company does NOT allow passengers. If there is an exception to this rule; you must have written authorization from management (prior to transporting passengers).
4. Company does NOT allow pets. If there is an exception to this rule; you must have written authorization from management (prior to transporting pets).
5. Company is not responsible for injury or death of passengers or pets that occurs while riding in company vehicles.
6. If the Driver is late delivering load due to passenger or pet illness; fines will be imposed on the Driver.
7. Any and all physical damage (ex. Cleaning, repairs, replacement of parts, etc.) caused to the Company truck are the sole responsibility of the Driver. Costs associated with the damages will be deducted from paycheck.
8. It is the drivers responsibility to make sure all tags, insurance, registrations, and permits are in the truck binder; BEFORE leaving for trips.
9. Driver is responsible to verify all documents are currently in the truck binder. If updated documentation is needed, contact the office immediately. Driver will be responsible for ALL fines and / or tickets caused and associated with lack of proper paperwork in the truck binder.
10. Driver is responsible to provide the Company with all current medical cards, change of address, driver license renewal, etc.

By signing below, I acknowledge that I have read and understood the "Rules and Regulations" as presented on this page.

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- 11. Drivers are responsible for “weighing” loads (truck and trailer) after picking up loads. All scale tickets (receipts) need to be indicated and included in the “trip envelope”. Reimbursements will be included in your weekly paycheck.
- 12. If a truck is “red tagged” due to “overweight” and the Driver neglects to properly weigh truck after load, to ensure truck is loaded to the proper weight. Driver will be responsible for ALL the fees incurred to adjust the load to the legal weight limit.
- 13. Drivers are responsible to turn in completed trip envelopes at the end of each trip. Trip envelopes need to include all fuel receipts, logs, BOL, scale receipts, lumper receipts and any additional expenses associated with that trip. Pre-trip inspections must be completed (prior to trip) and included in the trip envelope. Incomplete “trip envelopes” will cause a delay in processing payroll.
- 14. Driver is responsible for basic inspection of the truck, prior to starting the trip. Basic inspection includes checking the following: tire air pressure, oil and coolant level. Failure to complete a basic inspection and repairs are required due to driver negligence; the driver will be liable for costs.
- 15. All Driver “advances” will be deducted from the following paycheck.
- 16. Drivers are responsible for ALL fuel costs associated with “out of route” miles.
- 17. Driver is financially responsible for all “tickets” or “violations” received that are not equipment related.

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Driver Class "A" Employment Application

Please provide: Current MVR, copy of CDL and Medical Certificate

NOTICE TO DRIVER :Thank you for your interest in MARSONS INC., a clear understanding of your background and work history will assist us with your possible placement or future placement in our organization. MARSONS INC. is an equal opportunity employer, your consideration for employment is without regard to race, color, religion, sex, national origin, age, marital status or non-job related disabilities. Please complete this application accurately, print legibly and answer ALL questions. If the answer to any question is "No" or "None", do not leave blank, write "No" or "None".

<u>POSITION APPLYING FOR:</u> CDL DRIVER OWNER OPERATOR	<u>TYPE OF EMPLOYMENT</u> FULL TIME PART TIME <u>DATE CLASS "A" LICENSE OBTAINED</u> MONTH: _____ YEAR: _____	<u>DATE OF APPLICATION:</u> _____ / _____ / _____ <u>DATE AVAILABLE TO START:</u> _____ / _____ / _____
---------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

NAME: _____ FIRST LAST	DATE OF BIRTH: (REQUIRED FOR COMMERCIAL DRIVERS) _____ / _____ / _____
PRIMARY CONTACT PHONE #: _____ / _____ / _____	SSN#: _____ - _____ - _____

ADDRESS (PROVIDE CURRENT AND PAST 3 YEARS)	CITY	STATE	ZIP
PREVIOUS ADDRESS:	CITY, STATE, ZIP	FROM: _____ / _____ / _____	TO: _____ / _____ / _____
PREVIOUS ADDRESS:	CITY, STATE, ZIP	FROM: _____ / _____ / _____	TO: _____ / _____ / _____
PREVIOUS ADDRESS:	CITY, STATE, ZIP	FROM: _____ / _____ / _____	TO: _____ / _____ / _____



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Do you have any condition(s) that would affect your performance in this position?	NO
If "YES", please explain: _____ _____	
Conditional employment with Marsons Inc., is dependent on a "negative" drug and alcohol testing, as described in Marsons Inc. Drug and Alcohol policy. Are you willing to take a Drug and Alcohol test prior to employment and while employed with Marsons Inc.? YES NO	
Do you have reliable transportation to and from work? YES NO	
Are you legally eligible to be employed in the USA? (PROOF IS REQUIRED) YES NO	

Employment History: Give a complete record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years. List reasons for any gaps in employment over 3 months. Use a separate sheet if necessary.

COMPANY	POSITION	START DATE: ____/____/____
ADDRESS	SALARY	END DATE: ____/____/____
CONTACT PERSON	PHONE	FAX
DESCRIBE JOB DUTIES:	REASON FOR LEAVING:	
Were you subject to FMCSR's while employed there? YES NO		
Was your job designated as a safety-sensitive and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO		

COMPANY	POSITION	START DATE: ____/____/____
ADDRESS	SALARY	END DATE: ____/____/____
CONTACT PERSON	PHONE	FAX
DESCRIBE JOB DUTIES:	REASON FOR LEAVING:	
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ADDRESS	SALARY	END DATE: ____/____/____
CONTACT PERSON	PHONE	FAX
DESCRIBE JOB DUTIES:	REASON FOR LEAVING:	
Were you subject to FMCSR's while employed there? YES NO		
Was your job designated as a safety-sensitive and DOT- Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO		

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Notice: MARSONS, INC. reserves the right to contact previous employers to gather employment related information only. Present employers may also be contacted unless a notation of DO NOT CONTACT is made in the end date section of the present employer. Information collected will be used for screening, selection and employment purposes only.

Education and Training

NAME AND LOCATION OF HIGH SCHOOL	DID YOU GRADUATE?	YES	NO
	GED?	YES	NO
TECHNICAL SCHOOL	AREA OF STUDY	CERTIFICATE RECEIVED? YES NO	
COLLEGE OR UNIVERSITY	AREA OF STUDY	DIPLOMA RECEIVED? YES NO	
What certificates / endorsements do you currently have? Check all that apply.			
WHMIS HAZMAT		H2S	
FIRST AID GODI		OTHER	
PDIC OHC		OTHER _____	



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DRIVER LICENSE #	STATE / CLASS	EXP. DATE
PREVIOUS LICENSE AND STATE	FROM:	TO:
PREVIOUS LICENSE AND STATE	FROM:	TO:
PREVIOUS LICENSE AND STATE	FROM:	TO:

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO 2. Has any license, permit or privilege ever been suspended or revoked? YES NO

3. Is there any reason you might be unable to perform the functions of the job for which you applied? YES NO

If answered "YES" to any of the above 3 questions, please provide a detailed explanation:

Driving Experience:

List states operated in for the last five years: _____

Accident Record: List all vehicle accidents you have had for the last three years, use a separate page if necessary. Write "None" if you have not had any.

DATE OF ACCIDENT	NATURE OF ACCIDENT	LOCATION	#OF FATALITIES	#OF PEOPLE INJURED

Traffic Convictions and Forfeitures:for the last three years (other than parking violations).

Write "None" if you have not had any.

DATE OF ACCIDENT	NATURE OF CONVICTION	LOCATION	#OF FATALITIES	#OF PEOPLE INJURED



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Personal References (DO NOT list relatives):for the last three years (other than parking violations).

NAME	HOW ARE YOU ACQUAINTED	PHONE

Notice: For driving positions, arecent copy of your MVR (Motor Vehicle Record) must accompany this application. Employment is conditional upon having and maintaining an acceptable driving record and license.

Iherby certify that to the best of my knowledge and belief that all of the answers given by me to the foregoing questions and that all statements made by me in this application are true and correct. Ifurther certify that Ihave read and that Ido understand all of the Notice to the Applicants contained in this application. Iherby authorize MARSONS, INC to investigate me, as deemed necessary, so far as such investigations are conducted within the legal limits established by the law. If employed, Iagree to comply with the policies, rules and regulations of MARSONS, INC.

SIGNATURE

DATE

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25 (j) requires the employer to ask any applicant whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he/she had apositive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. See section 40.25 (b)(5) and (e)

APPLICANT NAME

SIGNATURE

DATE

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES NO
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements? YES NO

My signature below certifies that the information provided is true and correct.

APPLICANT NAME

SIGNATURE

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CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with MARSONS, INC Commercial Motor Vehicle Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative results for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to the following:

POST ACCIDENT SECTION 382.303	RANDOM SECTION 382.305	REASONABLE SUSPICION SECTION 382.307	RETURN TO DUTY SECTION 382.309

Adriver who tests positive for acontrolled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits adriver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and education/treatment process, as described in FMCSR Part 40, Subpart O.

For a referral to the nearest Abuse Professional nearest you contact:
National Substance Abuse Professionals: 800-879-6428
1615 Orange Tree Lane, Ste. 101, Redlands, CA 92374

All controlled substances and alcohol testing will be conducted in accordance with parts 40 and 382 of the FMCSR.

I, (PRINT NAME) _____ have read the above document, Controlled Substances and Alcohol testing requirements and understand them. Additionally, I acknowledge receipt of the referral contact information for Substance Abuse Professionals.

SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE



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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

By this document, Marsons Inc., discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

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FCRA Authorization to Obtain a Consumer Report
(background/credit check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize MARSONS INC., and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish MARSONS INC., or its designated agents with any and all information in their possession regarding me in connection with an application for employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

APPLICANT NAME

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DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. • This went into effect after October 29, 2004.
- (d) Prospective motor carriers must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carriers must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. Prospective motor carriers must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. 1.
2. 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 the prospective employer. The right to review information provided by previous employers.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employment or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

APPLICANT NAME

SIGNATURE

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PRESCRIPTION DRUG USAGE FORM

DATE: _____

EMPLOYEE NAME: _____

POSITION: _____

I AM CURRENTLY TAKING THE FOLLOWING PRESCRIPTION MEDICATION(S):
(IF NONE, WRITE "NONE")

PRESCRIPTION NAME: _____ FREQUENCY: _____

PRESCRIPTION DOSAGE: _____ MEDICAL REASON: _____

PRESCRIPTION NAME: _____ FREQUENCY: _____

PRESCRIPTION DOSAGE: _____ MEDICAL REASON: _____

PRESCRIPTION NAME: _____ FREQUENCY: _____

PRESCRIPTION DOSAGE: _____ MEDICAL REASON: _____

Please be advised that MARSONS INC., understands you have a medical condition that requires you to take prescribed medication in order to perform your job in a safe manner. Therefore, as a condition of your employment, we need you to inform us if you do not take your prescribed medication for any reason. This is to insure your safety and the safety of those around you and working with you.

EMPLOYEE PRINTED NAME

EMPLOYEE SIGNATURE

DATE

WITNESS PRINTED NAME

WITNESS SIGNATURE

DATE



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VIOLATIONS NOTICE

Drivers will be given notices of violations. These notices are to be signed and dated by the driver. The driver will receive a "COPY" of the notice and the "ORIGINAL" will be placed in the driver file. A continuance of violations will result in the following actions:

- 1ST: VERBAL WARNING NOTICE
- 2ND: VERBAL WARNING NOTICE
- 3RD: WRITTEN WARNING NOTICE
- 4TH: TERMINATION OF EMPLOYMENT

I have read and I understand the penalties for these violations.

EMPLOYEE PRINTED NAME

EMPLOYEE SIGNATURE

DATE

SUPERVISOR PRINTED NAME

SUPERVISOR SIGNATURE

DATE



Controlled Substances

The regulations require 5-panel testing for the following classes of substances:

- Marijuana
- Cocaine
- Opiates — opium and codeine derivatives
- Amphetamines and methamphetamines
- Phencyclidine — PCP

For more information, visit:

<https://www.transportation.gov/odapc/part-40-dot-5-panel-notice/>



Consequences

- ✓ A positive drug test result, an alcohol concentration of .04 or more or a refusal requires the driver to be immediately removed from operating any CMV on public roadways. The employer must provide the driver with a list of acceptable SAPs from which to choose to begin the “return-to-duty” process. This process must be completed before a driver who has tested positive, or refused a drug test, can legally return to driving CMVs for any employer, including an owner operator.
- ✓ The impact of testing positive or refusing to test can be devastating for the driver’s family. It often results in extended periods of unemployment, due to the time necessary to complete the “return-to-duty” process with a qualified SAP and the tendency of employers not to hire drivers with drug or alcohol histories.
- ✓ Even after completing the “return-to-duty” process and finding employment, the additional return-to-duty and follow-up testing often adds increased stress and financial strain on the driver.

For additional research and reading on the Federal Motor Carrier Safety Administration’s Drug and Alcohol Testing Regulations, please visit:

www.fmcsa.dot.gov/regulations/drug-alcohol-testing/overview-drug-and-alcohol-rules

FMCSA-E-06-003

Revised: September 2016

FEDERAL
Drug & Alcohol Testing
REGULATIONS

Be a Driver in the Know...


U.S. Department of Transportation
Federal Motor Carrier Safety Administration

The U.S. Department of Transportation (DOT) drug and alcohol testing regulations for Commercial Driver Licensed (CDL) employees are contained in 49 CFR Part 382, and 49 CFR Part 40. These regulations can be found at:

www.fmcsa.dot.gov

This brochure summarizes the regulations as they apply to CDL drivers, and is intended to better educate drivers about their rights and obligations as participants in a DOT drug and alcohol testing program.

Who Must Be Tested?

All CDL drivers operating commercial motor vehicles (CMVs) (greater than 26,000 GVWR, or transporting more than 16 passengers, including the driver, or placarded hazardous materials) on public roadways must be DOT drug and alcohol tested. This applies to any driver required to possess a CDL, including those employed by Federal, State, and local government agencies, "owner operators," and equivalently licensed drivers from foreign countries. Part-time drivers must also be included in an employer's drug and alcohol testing program. Drivers who only operate CMVs on private property not open to the public do not require testing.

Required Tests

CDL drivers are subject to each of the following types of tests:

Pre-Employment – New drivers must be drug

tested with a negative result before an employer can permit them to operate a CMV on a public road. Alcohol testing is permitted only if it applies to all CDL drivers. If a driver is removed from a random testing pool for more than 30 days, the driver must again be pre-employment tested.

Post-Accident

– CDL drivers must be

drug and alcohol tested whenever they are involved in a fatal accident, or receive a traffic citation resulting from

vehicle-disabling accident. The alcohol test must occur within 8 hours, and the drug test must occur within 32 hours.

Random Testing – CDL drivers are subject to

unannounced random testing. A driver may be directed to take a drug test even when at home in an off-duty status. Random alcohol testing may only occur when the driver is on-duty or immediately before or after. Once notified to report for random testing, the driver must immediately report to the testing location. A delayed arrival may be considered a refusal (see 49 CFR 40.191), which is equivalent to testing positive.

Reasonable Suspicion – DOT-trained

supervisors can direct a driver to be drug or alcohol tested whenever he or she exhibit signs of drug or alcohol abuse. The decision must be based on observations concerning the appearance, behavior, speech, or body odors of the driver.

Return-to-Duty – Return-to-duty tests require

"direct observation" as prescribed in 49 CFR 40.67. They are only required after an employee has completed the "return-to-duty" process, before returning to perform a safety sensitive function (i.e., driving CMVs). They may replace the pre-employment test for "positive" tested and "refusal" drivers.

Follow-Up – Follow-up drug and alcohol tests

are required as prescribed by the substance abuse professional (SAP) who signs the return-to-duty report. They consist of a minimum of at least

six unannounced directly observed tests conducted during the first 12 months following the return-to-duty test. The SAP can prescribe follow-up testing for a maximum of 5 years for drivers who have tested "positive" or "refused to test." Follow-up testing is in addition to any selections for random testing.



Testing Procedures

- Once notified to report for testing, a CDL driver must report to the collection site immediately (For additional information on the collection, please refer to: www.transportation.gov/odapc).
- DOT drug testing only recognizes urinalysis as a valid means for drug testing. If problems are identified, a driver may be required to retest under direct observation. A driver is only permitted three hours to produce a urine specimen. Leaving the collection site before the process has been completed may be declared a "refusal." In addition, if unable to provide a specimen as required, a driver is subject to the "shy bladder" evaluation that can result as a refusal due to the absence of a medical condition as deemed by the medical review officer (MRO).
- Once tested, the laboratory will report the analysis to a MRO. If the analysis indicates a positive result, the MRO will contact the driver to determine whether there are circumstances that would explain the positive result. If there are none, the MRO will report a positive result to the employer.





A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

~~I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.~~
EXECUTED AT: CITY COUNTY STATE
DATE SIGNATURE OF EMPLOYEE
X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.
DO NOT RETURN THIS FORM TO DMV.**

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Go to www.irs.gov/FormW9

for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Individual/sole proprietor or C Corporation
 S Corporation
 Partnership
 Trust/estate
 single-member LLC
 Exempt payee code (if any) _____
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check Exemption from FATCA reporting if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that code (if any) is disregarded from the owner should check the appropriate box for the tax classification of its owner. _____
 Other (see instructions) ▶ (Applies to accounts maintained outside the U.S.) _____

4 Address (number, street, and apt. or suite no.) See instructions. Requestor's name and address (optional)

5 City, state, and ZIP code

6 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
OR									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See later.