

Driver Name: _____



SPADY TRANSPORT LTD.

#159-17735 1ST Ave
Surrey, BC V3Z 9S1
Tel. 604-535-1825
Fax. 604-535-1337

Pre-Employment Requirements [Office Use Only]

- | | |
|--|--------------------------|
| Full 10 yrs Work History No Gaps | <input type="checkbox"/> |
| Current Driver Abstract (within 30 days must be original) | <input type="checkbox"/> |
| Claims History | <input type="checkbox"/> |
| Copy of Criminal Record Check or FAST Card | <input type="checkbox"/> |
| PSP Report | <input type="checkbox"/> |
| Copy of Driver's License | <input type="checkbox"/> |
| Copy of provincial medical | <input type="checkbox"/> |
| Copy of out of country medical | <input type="checkbox"/> |
| Clearing house inquiry and results | <input type="checkbox"/> |
| Copy of SIN | <input type="checkbox"/> |
| Copy of Passport and/or Birth Certificate | <input type="checkbox"/> |
| Drug Test Results | <input type="checkbox"/> |
| Reference Check | <input type="checkbox"/> |
| Road Test | <input type="checkbox"/> |
| BC and Provincial Tax forms | <input type="checkbox"/> |

Bolt
Peplenet ELD ID# _____ **password** _____
Border connect _____ **Transflo** _____ **CAT** _____

Application package completed _____ date: _____ initial ____

SPADY TRANSPORT LTD.

Unit# 159, 17735 1st Ave
 Surrey, BC V3S 9S1
 Tel. 604-535-1825 / 877-535-1825
 Fax. 604-542-4605 / 866-367-6212

DRIVER'S APPLICATION FOR EMPLOYMENT

Date: _____

Name:	FIRST:	LAST:
Date of Birth:	Month :	Day: year:
Cell phone:		
Home phone:		
Email address:		
SIN:	EXPIREY IF APPLICABLE:	
Drivers license	Number:	Province:
Emergency Contact	Name:	Phone :
LMIA needed	If yes, Country of origin:	

RESIDENCE (provide addresses for the last three years, starting with the most current)

Current Address (Month/Year)		Street Address:		
As of: __ / ____				
City:	Province/State:	Postal / Zip Code:	Country:	
Previous Addresses if current residence is less than three years (attach a separate sheet if necessary)				
From: __ / ____		Street Address:		
To: __ / ____				
City:	Province/State:	Postal / Zip Code:	Country:	
From: __ / ____		Street Address:		
To: __ / ____				
City:	Province/State:	Postal / Zip Code:	Country:	

EDUCATION

Highest level of education obtained:	
School/College/University last attended:	
Credential received:	
Driving training school:	

MEDICAL HISTORY

Do you have any physical limitations that would impair your ability to perform the work you have applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		
Are you physically capable of heavy lifting and manual work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three years, have you lost any time from work due to sickness or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much time was lost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to take a physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been tested for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you ever tested positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you permit us to contact your previous employer about your results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DRIVING EXPERIENCE

Please check which of the following you have operated and for how long

	How long		How long
<input type="checkbox"/> Straight Truck		<input type="checkbox"/> Bus	
<input type="checkbox"/> Super B		<input type="checkbox"/> Reefer	
<input type="checkbox"/> Dry Van		<input type="checkbox"/> Flat Deck	
<input type="checkbox"/> Tanker		<input type="checkbox"/> Car	
<input type="checkbox"/> Container		<input type="checkbox"/> Other	

Have you ever driven a semi-truck or passenger bus in the mountains?	
If yes, where:	
Have you ever driven the mountains in a semi-truck or passenger bus in the snow :	
Have you ever put chains on a semi-truck?:	
Have you ever driven commercially in the winter	
If yes, where:	
In the event that your truck started to jack knife, what would you do? :	
Have you ever driven team?	
If yes, for how long?	
If yes, where did you mainly drive:	
If yes, have you ever been in an accident as a team? :	
If you have been in an accident as a team, who was driving?	
Did you have any injuries?	

AREAS OF OPERATION:

Are you willing to operate anywhere in North America:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what are your restrictions and why?	

Applicants Name

Applicants Signature

Date

ACCIDENT / TRAFFIC VIOLATION RECORD

Please provide accident and traffic violation history for the previous **5 years**.

Date	Type of accident/violation	At fault		Fine
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in interstate or intrastate commerce **MUST** also provide an additional 7 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.)

Please provide a full 10 years of employment history with no gaps.

Employer Name:		Position:	
From: ___ / _____	Street Address:		
To: ___ / _____			
City:	Province/State:	Postal / Zip Code:	Country:
Reason for leaving:			
Were you subject to the FMCSRs while employed? [Did you drive in the United States?]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name:		Position:	
From: ___ / _____ To: ___ / _____		Street Address:	
City:	Province/State:	Postal / Zip Code:	Country:
Reason for leaving:			
Were you subject to the FMCSRs while employed? [Did you drive in the United States?]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name:		Position:	
From: ___ / _____ To: ___ / _____		Street Address:	
City:	Province/State:	Postal / Zip Code:	Country:
Reason for leaving:			
Were you subject to the FMCSRs while employed? [Did you drive in the United States?]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name:		Position:	
From: ___ / _____ To: ___ / _____		Street Address:	
City:	Province/State:	Postal / Zip Code:	Country:

Reason for leaving:		
Were you subject to the FMCSRs while employed? [Did you drive in the United States?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer Name:		Position:	
From: -- / -----	Street Address:		
To: -- / -----			
City:	Province/State:	Postal / Zip Code:	Country:
Reason for leaving:			
Were you subject to the FMCSRs while employed? [Did you drive in the United States?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TO BE READ AND SIGNED BY THE APPLICANT

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

By means of this document, I authorize Spady Transport Ltd to make any and all inquiries in reference to my personal, employment, financial or medical history as necessary to come to an employment decision. With this, I release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

I understand that false or misleading information reported in my application and or interview may result in termination of employment if received.

Date: _____ Signature of Applicant: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, 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 1, 1987. They 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 licenses 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 a 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 that state.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 motor 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.

The following license is the only one I will possess:

Driver's License #: _____

State/Province: _____ Expiry: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name: _____

Drivers: Signature: _____ Date: _____

Please list any prior driver's license

DL#: _____ State/Province: _____

MOTOR VEHICLE DRIVER'S: CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS															
Name of driver: (Print)		SIN													
DL#:	State/Province:	Expiry:													
<p>I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.</p> <p style="text-align: center;">(If you had no violations, check the following box - <input type="checkbox"/> None.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">DATE</th> <th style="text-align: left; width: 35%;">OFFENSE</th> <th style="text-align: left; width: 30%;">LOCATION</th> <th style="text-align: left; width: 20%;">TYPE OF VEHICLE OPERATED</th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table> <p>If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.</p> <p>Drivers Signature: _____ Date: _____</p>				DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED	_____	_____	_____	_____	_____	_____	_____	_____
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED												
_____	_____	_____	_____												
_____	_____	_____	_____												
COMPLETED BY MOTOR CARRIER-ANNUAL REVIEW OF DRIVING RECORD															
<p>MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below. I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):</p> <p><input type="checkbox"/> Meets minimum requirements for safe driving <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15 <input type="checkbox"/> Does not adequately meet satisfactory safe driving performance</p> <p>Action taken with driver: _____</p> <p>Signature: _____ Date: _____</p> <p>Printed Name: _____ Title: _____</p>															

DRIVER STATEMENT OF ON-DUTY HOURS [To be filled out after training is complete]

Federal Motor Carrier Safety Regulations – § 395.8 (j) (2) – Motor Carriers, when using a driver for the first time, shall obtain from the driver a signed statement giving the total time on duty immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers. Note: Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

Name of driver: (Print)		SIN	
DL#:	State/Province:	Expiry:	
Class:	Endorsement(s):	Restriction(s):	

Day	1 (Yesterday)	2	3	4	5	6	7	
Date								
Hours Worked								Total

Drivers Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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 includes time performing any other work in the capacity of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Check one)
 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 this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Drivers Signature: _____ Date: _____

Company Representative: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Name: _____

Signature: _____

Driver's License: _____

SIN: _____

I, hereby authorize the below listed employer to release and forward the information requested on this document to Spady Transport Ltd. This information is being requested in compliance with FMCSR 40.25 and 391.23.

Previous employer:	
Address:	
Phone:	Fax:

[For use by previous employer]

Start date:		End date:	
Position:	<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Co-driver	
Applicant ran:	<input type="checkbox"/> Team	<input type="checkbox"/> Single	
Service Area:	<input type="checkbox"/> Long Haul	<input type="checkbox"/> Short Haul	
Country:			
Equipment Operated:			

Performance Rating:

Please give a rating of Good, Satisfactory or Unsatisfactory for the below listed items

Timeliness:		Customer Courtesy:	
Behaviour:		Compliance:	
Follows instructions:		Communication:	
Dependability:		Paperwork:	
Logbook mgmt:		Equipment handling:	

Please answer the following sections with a yes or no response.

Abandon/Held Equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Conflicts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trustworthy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mountain Experience:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Tested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Damages/ Accidents/ Violations:

Please list any damages, accidents, violations that involved the applicant or check

Date:	At fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Details:		
Date:	At fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Details:		
Date:	At fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Details:		

Departure Information

Reason for Leaving: Quit Laid Off Fired

Notice: Yes No

Rehire Yes No Upon Review

Additional remarks:	
Completed by:	Signature:
Title:	Date:



FORM 413 / 301

Request for drug and alcohol testing information from previous employers in accordance with 49 CFR 382.413 and 49 CFR 40.25 and for pre-employment test exemption in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (II) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

The employee listed below has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. Consent for the release of this information follows.

APPLICANT/DRIVER CONSENT

TO: [Previous Employer]
 Company: _____ Phone: _____ Fax: _____
 Address: _____

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

FROM: Spady Transport Ltd. 17735 1st Ave Surrey, BC V3Z9S1

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

Applicant Name: _____ SIN: _____
 Applicant Signature: _____ Date: _____

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.301. Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25.

Please check off if section (2) for the pre-employment exemption is not required.

(1) Was applicant subject to drug and alcohol testing under DOT regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

(2) For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program: _____

Employee's ending date of participation to program: _____

Program complies with DOT requirements? Yes No

Date of last drug test: _____

DRUG & ALCOHOL TEST RESULTS (last 6 months).

Date:	Type of Test:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date:	Type of Test:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date:	Type of Test:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

(3) For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

Testing History

Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have knowledge of any other violation by this driver, under 49 CFR(B) or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I confirm that the above information is accurate.

Name of Company Rep (Print)

Company

Signature

Date



New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or 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 testing rules during the past three years.

Company Name: **Spady Transport Ltd.**

Address: **#159-17735 1st Avenue
Surrey, BC V3Z 9S1**

Prospective Employee Name: _____

To be answered by the employee:

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 three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulation, section 391.103 – pre-employment testing requirements, applies to driver-applicants of this company.

391.103 Pre-Employment Testing Requirements

- 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.
- A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- Prior to collection of a urine sample under 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 or controlled substance result based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.
I understand a positive result will immediately reject my application therefore making me ineligible to be hired by Spady Transport Ltd.

The medical review officer will maintain the results for 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 parties.

I have read and understand the above condition for the pre-employment urinalysis notification.

Applicants Name	Applicants Signature	Date
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Company Representative	Company Signature	Date
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SCHEDULE "D"

ACKNOWLEDEMENT OF RECEIPT OF DRUG & ALCOHOL POLICY

My signature below confirms that i have received a copy of the zero tolerance drug and alcohol policy (the policy) effective July 1st 1997

- 1.1 I understand that I must abide by the terms of the Policy to ensure my safety, the safety of my fellow workers and the safety of the public. I further recognize the adherence to the policy is critical to the maintenance of the Company's reputation.
- 2.1 I understand that as an employee of the Company, I may be required to take an alcohol and /or controlled substance test. I also understand that if I refuse to submit to such a test, or tests, that (the Company) is obliged to remove me from service and that I will be terminated subject only to my execution of any compliance with the Last Chance Agreement
- 3.1. I understand that this policy may be changes from time to time with the only notification being the posting of changes on the employee bulletin board.
- 4.1. I acknowledge receipts of the materials contained in the Policy including information concerning the effects of alcohol and drugs on an individual's health, work, and personal life, including signs and symptoms and where to get help for myself or a co-worker.
- 5.1. I acknowledge and agree that if I engage in Prohibited Conduct that I will, as a condition of employment, and if I am requested to do so, execute a Last Chance Agreement and I will abide by all of the terms and conditions set out therein. I understand and agree that I may refuse to execute the Last Chance Agreement but that doing so will have the same effect as tendering my immediate resignation.

Applicants Name

Applicants Signature

Date