

Commercial Driver Application for Employment

Date _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Applicant Name _____ Home Phone: () _____
Last First Middle Cell Phone: () _____

* Current Address _____
Street City State Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who Referred You? _____ Rate of Pay Expected? _____

Have you ever worked for this company before? _____ Dates: From _____ to _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ___ yes ___ no If yes, which branch of service: _____

Describe any military training received relevant to the position for which you are applying.

Are you currently serving in Military Reserves? ___ yes ___ no Are you currently serving in National Guard? ___ yes ___ no

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth _____
month/day/year

Social Security Number _____ - _____ - _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever 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? _____ yes _____ no
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? _____ yes _____ no
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? _____ yes _____ no

Applicants Signature: _____ Date: _____

Witnessed By: Don Dan _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver	State	License Number	Type	Expiration Date
Licenses held	_____	_____	_____	_____
in past 3	_____	_____	_____	_____
years must	_____	_____	_____	_____
be shown	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From To	Approximate Total Miles
Straight Truck	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____
Twin	_____	_____	_____
Other	_____	_____	_____

List states operated in during the last five years:

List special courses or training that will help you as a driver:

List safe driving awards held and who awards were presented by:

DRIVER EXPERIENCE AND QUALIFICATION (continued)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **last** or **current** position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: () _____
 Position Held: _____ From _____ To _____ Salary _____
 Mo. /Yr. Mo. /Yr.
 Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (_____) _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (____) _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.
Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.
Reason for Leaving: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: _____ Phone () _____

Address _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* driver applicants only

Signature of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION



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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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 reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for the purposes of employment. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Regulations.

Please be advised that any or all documents obtained are private and can only be accessed by a company official or by legal subpoena. All applicants can request in writing copies of information obtained.

Reporting companies to be utilized for reporting are: HireRight, FMCSA PSP, FMCSA Clearinghouse, and Explore (Supervision, a Solara Company). or (Elevated Background Checks)

The purpose of this release is to obtain your historical information. We do not run your credit.

Applicants: Signature: _____

Printed Name: _____

Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Date: _____



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DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

Picard Corporation dba Step Saver Companies and its subsidiaries (the "Company") may request from a consumer reporting agency and for employment related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include but are not limited to criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Step Saver Companies to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____ Date _____

PLEASE PROCEED TO THE NEXT DOCUMENT ENTITLED:

**"OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES"**



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OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosures Investigative Consumer Report:

Picard Corporation dba Step Saver Companies and its subsidiaries (the "Company") may request an investigative consumer report about you from HireRight, Inc. ("HireRight"), a consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes.

I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period. I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated. I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

☐ **California, Minnesota or Oklahoma consumers:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

Additional State Law Notices

Please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, Inc. ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____



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General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ {Driver Name}, hereby provide consent to Picard Corporation and its subsidiaries (further referred to "Step Saver Companies") to conduct a limited or full queries as needed of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse, (further referred to as "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I acknowledge that my consent shall be given to a single query for the purposes of new employment with Step Saver Companies and give Step Saver Companies authorization to conduct annual queries as required by the FMCSA.

I understand that if the queries conducted by Step Saver Companies indicate that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Step Saver Companies without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Step Saver Companies to conduct a query of the Clearinghouse, Step Saver Companies must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

**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 Step Saver Companies ("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 Step Saver Companies ("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

EXHIBIT B

FORM OF CONSENT OF COMMERCIAL DRIVER

A Commercial Driver/CONSUMER may provide consent to the submission of a CDLIS Inquiry either by the following *Instrument of Written Consent for CDLIS Inquiry* or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize EXPLORE INFORMATION SERVICES, LLC/SuperVision to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver record to Picard Corporation dba Step Saver Companies.

I hereby give this consent this _____ day of _____, 20____.

COMMERCIAL DRIVER/CONSUMER

Signature of Commercial Driver

(Print First Name)

(Print Last Name)

MOTOR VEHICLE DRIVER'S

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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 if the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with including the following:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
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, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing. A motor carrier can impose stronger requirements as long as it does not conflict with Federal Motor Carrier Regulations.
3. **CDL DOMICILE REQUIREMENTS:** 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 and to which you have 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:

Drivers License No. _____ State: _____ Exp. Date: _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Dated: _____

Notes: _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

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

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Commercial Drivers License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED	0	0	0	0	0	0	0	TOTAL HOURS 0

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

A.M.
P.M. On _____ Day _____ Month _____ Year

Driver's 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 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor 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 this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Company Representative Date

Witness:



1917 W. 2425 S. Woods Cross, Ut.84087 | 888-478-6697 | www.Step-Saver.com

Drug and Alcohol Substance Abuse Policy Picard Corporation and its Subsidiaries

I. Purpose and Scope

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at Picard Corporation and its subsidiaries.

Furthermore, our company follows the Federal Motor Carrier Safety Regulations as prescribed by the U.S. Department of Transportation (DOT) Federal Highway Administration, Part 382 (Controlled Substance and Alcohol Use and Testing).

In accordance with these regulations, Picard Corporation and its subsidiaries employees performing designated safety-sensitive functions, as well as applicants selected for hire for designated safety-sensitive positions, shall be subject to specified alcohol and drug testing as a condition of employment. The following summarizes applicable law and company policy and procedure.

II. Definitions

Covered employee - any person who is required to hold a commercial driver's license as a function of Picard Corporation and its subsidiaries employment; who operates a company vehicle; or who works for the company in a safety-sensitive capacity. Limited appointment, intermittent, and occasional instructors / examiners / mechanics, as well as applicants selected for hire for positions meeting these criteria, are also included.

Safety-sensitive function - all on-duty time a covered employee spends instructing, waiting to instruct, or performing work in or near a company vehicle.

III. Policy

Picard Corporation and its subsidiaries is committed to providing a safe work environment, to establishing programs designed to help prevent accidents and injuries, and to fostering the well-being and health of its employees. That commitment is jeopardized when any Picard Corporation and its subsidiaries employee illegally uses drugs on or off the job, comes to work under the influence, possesses, distributes, or sells drugs in the workplace, or abuses alcohol on the job. Therefore, Picard Corporation and its subsidiaries has established, and all covered employees must adhere to, the following policy:

- It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale or offer to buy illegal drugs, or otherwise engage in the illegal use of drugs on or off the job.
- It is a violation of company policy for any employee to report to work or remain on duty to perform a safety-sensitive function under the influence of or while possessing in his or her body, blood, or urine, illegal drugs in any detectable amount.
- It is a violation of company policy to be in possession of alcohol while on duty.
- It is a violation of company policy to use alcohol while, or within four (4) hours prior to, performing a safety-sensitive function.
- It is a violation of company policy to use alcohol within eight (8) hours after a fatal accident or an accident for which the employee receives a citation for a moving violation, or before undergoing a post-accident test, whichever occurs first.
- It is a violation of company policy for any employee to report to work or remain on duty to perform a safety-sensitive function under the influence of or impaired by alcohol, or with an alcohol level of 0.04 or greater (see also XI - A below).
- It is a violation of company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained, or in a manner or purpose other than as prescribed. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.)

- It is a violation of company policy to refuse to submit to any test required by this policy.
- As a condition of employment, employees must abide by the terms of this policy and must notify our company, in writing, of any conviction of a violation of a criminal drug statute occurring in the workplace, no later than five (5) calendar days after such conviction.

IV. Violations of Policy

A covered employee, other than an applicant, who is found to have violated any of the items in III above:

- Is subject to disciplinary action, up to and including termination of employment.
- Will be advised by Picard Corporation and its subsidiaries of the resources available in evaluating and resolving his/her substance abuse problem.
- This will include the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs.
- No supervisor having actual knowledge of a violation of III above shall allow an employee he/she supervises to perform a safety-sensitive function while in violation.

V. Employee Assistance

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and should advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and coworkers should encourage anyone who has a drug problem to seek help.

The company offers resource information on various means of employee assistance in our company, including, but not limited to, drug and alcohol abuse programs. Employees are encouraged to use this resource file, which can be obtained from the HR or Safety Departments. In addition, we will periodically distribute this information to employees for their confidential use.

VI. Drug Testing - General Procedures

An employee reporting to work visibly impaired will be deemed unable to perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status.

Next, the supervisor will consult privately with the employee to determine the cause of the observation, including whether or not substance abuse has actually occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative (depending on the determination of the observed impairment) and will be accompanied by the supervisor or another employee, if necessary.

A drug test may be in order. An impaired employee will not be allowed to drive.

VII. Opportunity to Contest or Explain Test Results

Employees and job applicants who have a positive confirmed test result may explain or contest the results to Picard Corporation and its subsidiaries within five (5) working days after Picard Corporation and its subsidiaries contacts the employee or job applicant and shows him or her the positive test result (as it was received in writing from the laboratory).

VIII. Confidentiality

Testing procedures conform to requirements by relevant federal and state legislature and regulations. A DOT-qualified Medical Review Officer (MRO) will receive and verify all test results and maintain confidentiality of all records as required by law. Additionally, the confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

IX. Types of Testing

Picard Corporation and its subsidiaries has adopted testing practices to identify employees who use illegal drugs on or off the job, or who abuse alcohol on the job. It shall be a condition of employment for all covered employees to submit to drug (marijuana, cocaine, amphetamines, opiates, and phencyclidine) and alcohol testing under the following circumstances:

A. Pre-Employment Testing

As a condition of employment, all job applicants for covered positions at Picard Corporation and its subsidiaries will undergo testing for the presence of illegal drugs. Applicants must be notified of this testing requirement and tested before the first time a safety sensitive function is performed.

Applicants will be required to submit voluntarily to a urinalysis test at a test site chosen by Picard Corporation and its subsidiaries, and by signing a consent agreement, will release Picard Corporation and its subsidiaries from liability.

If the physician, official, or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen the applicant will not be considered for employment.

Any applicant with a confirmed positive test will be denied employment.

Picard Corporation and its subsidiaries will not discriminate against applicants for employment because of a past history of drug abuse. It is the current or recent abuse of drugs, preventing employees from performing their jobs properly, that Picard Corporation and its subsidiaries will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months, but they must present themselves drug free, as demonstrated by urinalysis or other test selected by Picard Corporation and its subsidiaries.

B. Post-Accident Testing

A covered employee who was performing a safety-sensitive function at the time of a fatal accident, or who received a citation for a moving violation arising from an accident, must be tested as soon as practicable, but in all cases, within two (2) hours for alcohol, and within 32 hours for drugs. The employee must remain available for testing during this period or be deemed to have refused testing.

C. Random Testing

At least 10% of covered employees will be selected each year for unannounced alcohol testing, and at least 50% for unannounced drug testing. An employee may be selected more than once per year. An employee who is notified of selection must report immediately to the test site.

No covered employee may perform a safety-sensitive function unless he/she has been placed on the random testing pool list.

D. Reasonable Suspicion Testing

When a supervisor who has received the training required by federal law has a reasonable suspicion (based on direct observation of behavior) that a covered employee has violated any of the provisions of III above, the employee must be tested immediately. The supervisor will arrange transportation to the test site. Random and reasonable suspicion tests for alcohol shall only be conducted just before, just after, or while the employee is performing safety-sensitive functions.

X. Procedures

Pre-employment testing will be arranged by the designated Site supervisor, and random testing will be arranged by Human Resources. The Site supervisor should notify Human Resources if he/she determines that testing is required under post-accident or reasonable suspicion provisions.

Human Resources will add the names of all covered employees to the random selection list. The testing agency will randomly select the employees to be tested and notify the Human Resources office of the employees selected. Human Resources will notify the Site supervisor of the employees selected, as well as the location and time of testing.

For all types of testing, supervisors need to be sure that the Urinalysis Notification form is complete, and that the employee has signed it. A copy should be sent to Human Resources for filing.

In the case of reasonable suspicion testing, the supervisor must give the employee notice to submit to testing and arrange transportation for the employee to the testing site. Testing should be conducted within two (2) hours of the determination of reasonable suspicion, and no later than four (4) hours. Within 24 hours of notice to the employee to submit to reasonable suspicion testing, the supervisor must complete and sign the Reasonable Suspicion Record.

Employees must go immediately to the testing site and report back to the supervisor as soon as testing is complete. Any covered employee who refuses to submit to a required alcohol or controlled substance test will be immediately removed from duty, and such refusal shall be treated as a positive test.

Alcohol tests will be conducted at one or more designated testing sites under the guidance of a Breath Alcohol Technician selected by Picard Corporation and its subsidiaries, in accordance with DOT regulations. If the result of an initial test is an alcohol concentration of less than 0.02, no further testing is required, and the results are transmitted to Human Resources in a confidential manner. If the result of an initial test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed within 20 minutes.

Testing for controlled substances will be performed by urinalysis. If a lab test is positive, a Medical Review Officer (MRO) will notify the employee of the test result and provide an opportunity for the employee to discuss the result.

The employee may request a retest of the sample if the request is made within 72 hours of initial contact with the MRO. The MRO will review and interpret each positive test result, including the employee's medical history and medical records. The MRO will notify Human Resources of negative and verified positive drug test results, and all alcohol test results.

XI. "Stand Down"

A covered employee whose alcohol test indicates an alcohol concentration of 0.02 or greater, but less than 0.04, may not return to a safety-sensitive function until the start of the next regularly-scheduled duty period, no less than 24 hours following the test.

A covered employee who is tested under reasonable suspicion provisions will be suspended from duty, with pay, until all test results are in. If a verified positive result is shown, the employee will be terminated immediately. (The employee will still be given the opportunity to contest or explain the test results, in accordance with VII above.)

XII. Training

To assist them in determining whether reasonable suspicion exists to require an employee to undergo testing, all supervisors of covered employees will receive at least 60 minutes of training on alcohol misuse and an additional 60 minutes of training on controlled substance use. The training will cover the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances. It will also cover available methods of intervening when an alcohol or a controlled substances problem is suspected, including confirmation, referral to a higher management authority, and/or referral to employee assistance resources.

XIII. Records Retention

Human Resources and/or the testing laboratory will maintain the following records in a secure location with controlled access:

- Five-year record retention: Records of any employee alcohol test results indicating an alcohol concentration of 0.02 or greater; documentation of refusals to take required alcohol or controlled substance tests; verified positive controlled substance test results; equipment calibration documentation, documentation of covered employee evaluations and referrals by substance abuse professionals, and; a copy of the annual summary of results required by DOT regulations.
- Two-year record retention: Records related to the collection process and supervisory training.
- One-year record retention: Records of any negative and canceled controlled substance test results and alcohol test results with a concentration of less than 0.02.
- Except as required by law, no information about specific alcohol and controlled substance testing will be released by Picard Corporation and its subsidiaries to outside parties.
- A covered employee is entitled, upon written request, to obtain copies of any records pertaining to his/her alcohol or controlled substance tests.

XIV. Further Information

Questions should be directed to Corporate Human Resources at 801.294.7977

Substance Abuse Policy Cover Letter/Acknowledgement Illegal Use of Drugs and Alcohol - Picard Corporation and its subsidiaries

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. Picard Corporation and its subsidiaries is committed to creating and maintaining a workplace free of substance abuse, without jeopardizing valued employees' job security.

To address this problem, Picard Corporation and its subsidiaries has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. Our policy formally and clearly states that the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active employee drug testing. This policy was designed with two basic objectives in mind:

Employees deserve a workplace that is free from the effects of illegal drug use or alcohol abuse and the problems associated with such.

Picard Corporation and its subsidiaries has a responsibility to maintain a healthy and safe workplace.

To assist us in providing a safe and healthy workplace, we maintain a resource file of information on various means of employee assistance in our community, including, but not limited to, drug and alcohol abuse programs.

Employees are encouraged to use this resource file which is located in the Corporate Human Resources office. In addition, we will distribute this information to employees for their confidential use.

An employee whose conduct violates Picard Corporation and its subsidiaries Substance Abuse Policy will be disciplined, up to and including termination.

I acknowledge receipt of this notification of Picard Corporation and its subsidiaries Drug and Alcohol Program.

I agree to abide by said policy and understand that I can contact Corporate Human Resources at 801.294.7977, with questions or concerns.

Printed Name

Date

Signature

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____</p> <p style="text-align: center;">First M.I. Last Social Security Number</p> <p>Hereby authorize: _____ Date of Birth _____</p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)</p> <p>To: Prospective Employer: <u>Picard Corporation dba Step Saver Transportation</u></p> <p style="padding-left: 100px;">Attention: <u>Dan Donner</u> Telephone: <u>801-294-7977 x108</u></p> <p style="padding-left: 100px;">Street: <u>1917 W 2425 S</u></p> <p style="padding-left: 100px;">City, State, Zip: <u>Woods Cross, Utah 84087</u></p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: <u>801-444-9821</u></p> <p>Prospective employer's email address: <u>dan.donner@step-saver.com</u></p> <p style="text-align: center;">_____ Applicant's Signature Date</p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/></p> <p>If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Date</th> <th style="width: 25%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 20%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>Any other remarks: _____</p> <p>_____</p> <p style="text-align: center;">Signature: _____</p> <p style="text-align: center;">Title: _____ Date: _____</p>			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form
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