



Employment Application

Applicant Name: _____
(Print)

Date: _____

**5724 HWY 43 North
Carriere, MS 39426
(601) 799-1335**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ **Date** _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED: _____

DEPARTMENT _____

CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

SOCIAL SECURITY # _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall 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.)

| EMPLOYER | | | DATE | |
|---|-----------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | ST | ZIP | SALARY / WAGE | |
| CONTACT | PHONE No. | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS | | | | |
| OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-----------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | ST | ZIP | SALARY / WAGE | |
| CONTACT | PHONE No. | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS | | | | |
| OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-----------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | ST | ZIP | SALARY / WAGE | |
| CONTACT | PHONE No. | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS | | | | |
| OF 49 CFR PART 40? | | | YES | NO |

| EMPLOYER | | | DATE | |
|---|-----------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | ST | ZIP | SALARY / WAGE | |
| CONTACT | PHONE No. | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? | | | YES | NO |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS | | | | |
| OF 49 CFR PART 40? | | | YES | NO |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LIST LAST SCHOOL ATTENDED: (NAME) _____

City

State

TO BE READ AND SIGNED BY APPLICANT

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

SIGNATURE: _____ **DATE:** _____

CELL PHONE: _____

DRIVER REQUIREMENTS

Part 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. MUST POSSES ONLY ONE LICENSE:

You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operators license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If 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:

Section 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 violation), you must report it within 30 days to: 1. Your employing motor carrier, and 2. The state that issued you 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 No. _____ **State:** _____ **Expiration:** _____

I hereby certify that I have read and agree to the above stated requirements.

Driver's Name: (printed) _____

Driver's Signature: _____

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO THE MOTOR CARRIER AS LISTED BELOW FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY 49 CFR PART 391.23 AND 40.321(B) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE HEREBY RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

MOTOR CARRIER

PREVIOUS EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILED, DATE: _____ REPLY DATE: _____

FAXED, DATE: _____ REPLY DATE: _____

RECEIVED BY PHONE: _____ REPLY DATE: _____

NAME OF CONTACT PERSON: _____

APPLICANT: _____ **SOCIAL SECURITY NO.** _____

HAS SUBMITTED AN APPLICATION TO THIS COMPANY FOR THE POSITION OF _____

AND STATES THAT HE/SHE WAS EMPLOYED WITH YOUR COMPANY AS A _____

FROM _____ **TO** _____

PREVIOUS EMPLOYER

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN AS SOON AS POSSIBLE TO:

HRL Contracting
C/O MS DOT Consulting
311 Acorn Lane
Picayune, MS 39466
Phone: 228.206.8007
Fax: 228.284.1875
msdotconsulting@yahoo.com

PLEASE CIRCLE THE CORRECT ANSWER

1. ARE THE DATES OF EMPLOYMENT CORRECT AS STATED ABOVE? **YES OR NO**
IF NO, PLEASE PROVIDE CORRECT DATE OF EMPLOYMENT: _____
2. DID THE APPLICANT DRIVE A COMMERCIAL MOTOR VEHICLE FOR YOUR COMPANY? **YES OR NO**
3. WAS THE APPLICANT A SAFE AND EFFICIENT DRIVER? **YES OR NO**
4. WAS THE APPLICANT INVOLVED IN ANY VEHICLE ACCIDENTS WHILE EMPLOYED WITH YOUR COMPANY?
YES OR NO
5. REASON FOR LEAVING OUR EMPLOYMENT: **RESIGNATION** **DISCHARGE** **LAY OFF**
6. HAS THE APPLICANT TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO (2) YEARS?
YES OR NO
7. HAS THE APPLICANT HAD AN ALCOHOL TEST WITH B.A.C. OF 0.04 OR GREATER IN THE LAST TWO (2) YEARS?
YES OR NO
8. HAS THE APPLICANT REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO (2) YEARS?
YES OR NO
9. DID THE APPLICANT COMPLETE A SUBSTANCE ABUSE REHABILITATION PROGRAM, IF REQUIRED? **YES OR NO**
10. HAS THIS PERSON EVER VIOLATED ANY OTHER D.O.T. AGENCY DRUG AND ALCOHOL TESTING REGULATIONS?
YES OR NO

SIGNATURE: _____ TITLE: _____ DATE: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to the Motor Carrier listed below for the purposes of investigation as required by 49 CFR 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. If hired, I authorize an annual check of my motor vehicle record as required by 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ **Date:** _____

MOTOR CARRIER

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 51-908, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, Public Law 104-208), I hereby certify the following:

1. The Consumer (applicant) has authorized in writing the procurement of this report.
2. The Consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicants release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002 (a)).

Requester's Signature: _____ Date: _____

Printed Name: _____

HRL Contracting
C/O MS DOT Consulting
311 Acorn Lane
Picayune, MS 39466
Phone: 228.206.8007
Fax: 228.284.1875

- The following named person has made application with our company for the position of _____. In accordance with 49 CFR 91.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with applicant's driving record for the past three (3) years.
- The following named person is employed with our company in the position of _____. In accordance with 49 CFR 391.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with applicant's driving record for the past year.

Name of Applicant/Employee: _____

Address: _____

Former Address: _____

Date of Birth: _____ Social Security No: _____

Driver's License No. _____ Driver's License State: _____

**DRIVER STATEMENT OF ON-DUTY HOURS
(FOR NEWLY HIRED DRIVERS)**

Motor Carriers using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for this motor carrier. This regulation is located in 49 CFR Part 395 (j) (2) of the Federal Motor Carrier Safety Regulations.

Note: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier, must be recorded on this form.

DRIVER APPLICANT

Driver's Name (print): _____ SSN: _____

Driver's License No. _____ State: _____ Class: _____

Endorsement(s): _____ Restriction(s): _____

| DAY | 1 (Yesterday) | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------|------------------|---|---|---|---|---|---|--------------------|
| DATE | | | | | | | | Total Hours |
| HOURS WORKED | | | | | | | | |

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved for work on:

Time: _____ : _____ AM / PM On Month: _____ Day: _____ Year _____

Driver's Signature: _____ **Date:** _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

MOTOR CARRIER REQUIREMENTS

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 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing and other work in the capacity of, or in the employment or service of, a common, contract or private motor carrier, also performing and compensated work for any non-motor carrier entity.

DRIVER APPLICANT

Are you currently working for another employer? (Please Circle One) Yes or No

At this time do you intend to work for another employer while still employed by this company? (Please Circle One) Yes or No

I hereby certify that the information given above is accurate 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:** _____

The following question is made necessary for employment with HRL Contracting by the Federal Motor Carrier Regulations, Section 40.25.

| | |
|--|---|
| <p>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 covered by DOT agency drug and alcohol testing rules during the past two (2) years?</p> | <p>CIRCLE THE ANSWER:</p> <p>Yes or No</p> |
| <p>If YES, have you successfully completed the return to duty process?</p> | <p>Yes or No</p> |
| <p>If YES, you must provide documentation from Substance Abuse Professional before any safety sensitive transportation function work. PLEASE LIST INFORMATION.</p> | <p>Substance Abuse Professional: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Return to Duty Test: _____</p> |

DRUG AND ALCOHOL PROGRAM CONSENT FORM

I hereby release the company, it's officers, agents, employees and attorneys from any and all liability that may arise from, or be connected with the company's Drug and Alcohol Testing Program, Disciplinary Program, or allowing me to continue employment with the company. I specifically waive any rights of action under any theory of law and the like including specifically but not limited to theories of negligent and/or intentional infliction of emotional distress, negligence, invasion of privacy, wrongful discharge, defamation, slander, or any like similar theory.

By my signature, I acknowledge that I have read, understand, and agree to comply with the Drug and Alcohol Testing Program of **HRL Contracting** as well as the U.S. Department of Transportation as contained in 49 CFR Part 382.

I also understand and agree that I may not be under any degree of influence of alcohol or controlled substance/mind altering drugs at any time during my employment. Should any level of alcohol or controlled substance/mind altering drugs be detected in any of my breath or urine at any time during my employment, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random or event triggered testing as be required by the U.S. Department of Transportation Regulations or company policy.

ANY POSITIVE TEST RESULT OR REFUSAL TO SUBMIT TO ANY TYPE OF TEST SHALL CONSTITUTE MY AUTOMATIC RESIGNATION FROM THIS COMPANY.

I have received a copy of HRL Contracting controlled substance and alcohol policies and procedures.

Applicant Name (Please Print): _____ **LICENSE NUMBER:** _____

Applicant Signature: _____ **DATE:** _____

**DISCIPLINARY POLICY OF NON-COMPLIANCE WITH
FMCSR PART 395 (HOUR OF SERVICE)**

It is the policy of **HRL Contracting (Motor Carrier)** to ensure that all of its drivers comply with all parts of the Federal Motor Carrier Safety Regulations. **HRL Contracting** does not permit or require any driver to operate a commercial motor vehicle in excess of hours of service regulations, Part 395 FMCSR.

The following table summarizes the HOS regulations for property-carrying and passenger-carrying drivers.

| HOURS-OF-SERVICE RULES | |
|--|---|
| PROPERTY-CARRYING DRIVERS | PASSENGER-CARRYING DRIVERS |
| <p>11-Hour Driving Limit May drive a maximum of 11 hours after 10 consecutive hours off duty.</p> | <p>10-Hour Driving Limit May drive a maximum of 10 hours after 8 consecutive hours off duty.</p> |
| <p>14-Hour Limit May not drive beyond the 14th consecutive hour after coming on duty, following 10 consecutive hours off duty. Off-duty time does not extend the 14-hour period.</p> | <p>15-Hour Limit May not drive after having been on duty for 15 hours, following 8 consecutive hours off duty. Off-duty time is not included in the 15-hour period.</p> |
| <p>Rest Breaks May drive only if 8 hours or less have passed since end of driver’s last off-duty or sleeper berth period of at least 30 minutes. Does not apply to drivers using either of the short-haul exceptions in 395.1(e). [49 CFR 397.5 mandatory “in attendance” time may be included in break if no other duties performed]</p> | <p>60/70-Hour Limit May not drive after 60/70 hours on duty in 7/8 consecutive days.</p> |
| <p>60/70-Hour Limit May not drive after 60/70 hours on duty in 7/8 consecutive days. A driver may restart a 7/8 consecutive day period after taking 34 or more consecutive hours off duty.</p> | <p>Sleeper Berth Provision Drivers using a sleeper berth must take at least 8 hours in the sleeper berth, and may split the sleeper berth time into two periods provided neither is less than 2 hours.</p> |

HOURS-OF-SERVICE RULES

Must include two periods from 1 a.m. to 5 a.m. home terminal time, and may only be used once per week, for 11.25 hours, measured from the beginning of the previous restart.

NOTICE: The Consolidated and Further Continuing Appropriations Act of 2015 was enacted on December 16, 2014, suspending enforcement of requirements for use of the 34-hour restart. For more information see FMCSA's Federal Register notice: www.fmcsa.dot.gov/regulations/hours-service/hours-service-drivers

Sleeper Berth Provision
Drivers using the sleeper berth provision must take at least 8 consecutive hours in the sleeper berth, plus a separate 2 consecutive hours either in the sleeper berth, off duty, or any combination of the two.

Updated: Thursday, December 18, 2014

e) Short-haul operations—

- (1) 100 air mile radius driver. A driver is exempt from the requirements of § [395.8](#) if:
- (i) The driver operates within a 100 air-mile radius of the normal work reporting location;
 - (ii) The driver, except a driver salesperson, returns to the work reporting location and is released from work within 12 consecutive hours;
 - (iii)—
 - (A) A property-carrying commercial motor vehicle driver has at least 10 consecutive hours off duty separating each 12 hours on duty;
 - (B) A passenger-carrying commercial motor vehicle driver has at least 8 consecutive hours off duty separating each 12 hours on duty;
 - (iv)(A) A property-carrying commercial motor vehicle driver does not exceed the maximum driving time specified in § [395.3\(a\)\(3\)](#) following 10 consecutive hours off duty; or
 - (B) A passenger-carrying commercial motor vehicle driver does not exceed 10 hours maximum driving time following 8 consecutive hours off duty; and
 - (v) The motor carrier that employs the driver maintains and retains for a period of 6 months accurate and true time records showing:
 - (A) The time the driver reports for duty each day;
 - (B) The total number of hours the driver is on duty each day;
 - (C) The time the driver is released from duty each day; and
 - (D) The total time for the preceding 7 days in accordance with § [395.8\(j\)\(2\)](#) for drivers used for the first time or intermittently.

It is the company policy to require every driver to submit records of duty status to the main office within 13 days. All records of duty status will be audited and noted violations recorded. Drivers will be required to supply and incomplete information and to complete any incomplete records. Multiply violations of the hours of service regulations could result in disciplinary action up to and including termination of employment.

Applicant (please print): _____ **Date:** _____

SIGNATURE: _____

**DISCIPLINARY POLICY FOR NON-COMPLIANCE WITH
FMCSR PART 396 DRIVER VEHICLE INSPECTION REPORT**

Before starting out, the driver must be satisfied that the motor vehicle is in safe operating condition. If the last driver vehicle inspection report notes any deficiencies, the driver must review and sign to acknowledge that necessary repairs have been made.

All drivers are required to prepare a post-trip inspection report (Driver's Vehicle Inspection Report) at the end of each driving day if their motor vehicle has a condition or defect that would affect the safety of operation or cause a breakdown.

The DRIVER IS RESPONSIBLE for preparing such a report for each vehicle driven. If no defect or deficiency is found, regulation does not require a post-trip inspection report (Driver's Vehicle Inspection Report) to be completed as of December 18, 2014.

I have read and understand the above disciplinary policy for Part 396 of the Federal Motor Carrier Safety Administration.

Initial: _____

**DISCIPLINARY POLICY FOR NON-COMPLIANCE WITH FMCSR PART
392.82 (a) (2) RESTRICTING THE USE OF CELLULAR PHONES & TEXTING**

The Motor Carrier does not permit or require any driver to operate a commercial motor vehicle while using a hand held cellular phone or any other type of hand held mobile telephone as per Part 932.2 (a) (2), 49 CFR Part 383, 384, 390, and 392 FMCSR.

The motor carrier restricts texting and the use of hand-held mobile phones by truck and bus drivers while operating a commercial motor vehicle (CMV).

Texting means manually entering text into, or reading text from, an electronic device. Texting includes (but is not limited to), short message services, e-mailing, instant messaging, a command or request to access a Web page, pressing more than a single button to initiate or terminate a call using a mobile telephone, or engaging in any other form of electronic text retrieval or entry, for present or future communication.

What does this rule mean to you?

Fines and Penalties - Texting while driving can result in driver disqualification. Penalties can be up to \$2,750 for drivers and up to \$11,000 for employers who allow or require drivers to use a hand-held communications device for texting while driving

Disqualification - Multiple convictions for texting while driving a CMV can result in a driver disqualification by FMCSA. Multiple violations of State law prohibiting texting while driving a CMV that requires a CDL is a serious traffic violation that could result in a CDL driver being disqualified for up to 120 days.

What are the risks? - Texting is risky because it causes the driver to take his/her eyes off the roadway. Dispatching devices that are part of a fleet management system can be used for other purposes, but texting on a dispatching device is indistinguishable from texting on another text-capable device, and is therefore prohibited.

Impact on Safety Measurement System (SMS) Results - Violations negatively impact SMS results, and they carry the maximum severity weight.

Any violation of using a hand held cellular phone or any other type of hand held mobile telephone or texting while operating a commercial motor vehicle will result in disciplinary action up to and including termination of employment.

I have read and understand the above policy. I will comply with all parts of the Federal Motor Carrier Safety Regulations.

Initial: _____

**DISCIPLINARY POLICY FOR NON-COMPLIANCE WITH FMCSR PART
392.16 USE OF SEAT BELTS**

The Motor Carrier requires all drivers that operates a commercial vehicle which has a seat belt assembly installed at the driver's seat to properly restrain himself/herself with the seat belt assembly as required by 392.16 of Federal Motor Carrier Rules and Regulations.

Any violation of the 392.16 (Use of Seat Belt Regulation) could result in disciplinary action up to and including termination of employment.

I have read and understand the above policy. I understand that in the event the seat belt assembly does not function properly, it is my responsibility to note the defects on the Driver's Daily Vehicle Report. I understand that I am responsible for all D.O.T. fines/traffic violations that I receive for failure to comply with this regulations.

Initial: _____

CERTIFICATION OF VIOLATIONS-ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER REQUIREMENTS

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 parking violations) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (391.27)

**CERTIFICATION OF VIOLATIONS
(COMPLETED BY DRIVER/APPLICANT)**

Driver Name: _____ Social Security No. _____

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

Driver's Signature: _____ Date of Certification: _____

I certify that the following is true and complete list violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

- Violations are listed below. I have had no violations.

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|------|---------|----------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Driver's Signature: _____ Date of Certification: _____

**ANNUAL REVIEW OF DRIVING RECORD
(COMPLETED BY MOTOR CARRIER)**

I have hereby reviewed the driving record of the above named driver in accordance with 391.25 and find that he/she:

- Meets minimum requirements for safe driving.
- Is disqualified to drive a motor vehicle pursuant to 391.15.
- Does not adequately meet satisfactory safe driving performance.

Action taken with driver: _____

Reviewed by: _____ Date: _____
 Signature

Printed Name: _____ Title: _____

Drug & Alcohol Policy For

HRL Contracting
5724 HWY 43 North
Carriere, MS 39426

In 1988, Congress enacted the Drug Free Workplace Act to require federal contractors to establish and maintain a work environment that is free from the effects of drug use and abuse. Federal Regulations 49 CFR Part 40 (§382) present the general terms of this program and its guidelines. We agree with that goal and believe that **HRL Contracting** has responsibility to its employees and those who use or come in contact with its products/services to ensure a safe and productive work environment. To satisfy these responsibilities, it is the policy **HRL Contracting** and a condition of employment that an employee be present and able to perform their job free from the effects of alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis or any other substances, which can impair job performance.

Our Commitment

We recognize that drug and alcohol abuse may be a sign of chemical dependency and that substance abuse can be successfully treated with professional help.

HRL Contracting provides an Employee Assistance Program (EAP) through SapList.Com for employees to deal with substance abuse and other personal problems that can affect work performance. Our commitment is to help employees remain productive members of our team. In certain circumstances, the company may insist upon a mandatory referral to our EAP as a condition of continued employment. No employee will be disciplined or discriminated against simply for seeking help.

Employee Responsibility

The employee is responsible for following all of our work and safety rules, and for observing the standards of behavior and employer, co-workers, and customers have the right to expect from you. In addition, if you believe you may have a problem with drugs or alcohol, you are responsible for seeking assistance, whether from or through the company or any other resource, before a drug or alcohol problem adversely affects your work performance or results in a violation of this policy. The time to seek help is BEFORE you are in “trouble”, NOT AFTER. If a professional assessment is made that you have a problem with Drugs or Alcohol, your continued employment may be conditioned upon:

- Entering into and completing a treatment program approved by the company.
- Signing and living up to a last chance performance agreement.
- Undergoing a Follow-up Testing Program at companies’ discretion.

Scope of Our Policy

This Policy and each of its rules apply whenever an employee is on or in Company Property, surrounding grounds and parking lots, leased or rented space. Company time (including breaks and meal periods), in any vehicle used on Company business, and in other circumstances (such as on customer premises or at business/sales functions) we believe may adversely affect our operations, safety, reputation or the administration of this policy.

Our Drug and Alcohol Rules

The following rules are extremely important and an employee who violates any one of them will be subject to disciplinary action, up to and including termination.

1. Alcohol: An employee may not possess, use, transfer, offer, or be under the influence of any intoxicating liquor while at work or on company business. This rule prohibits using any alcohol prior to reporting to work, during breaks or meal periods, or in conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.
2. An employee will be removed from a Safety Sensitive Position for 24 hours if your BA is more than .02 and less than .04. A Breath Test over .04 is a DOT Violation, and a referral will be required to a Substance Abuse Professional before being released back to a safety sensitive position.
3. Drugs: An Employee may not possess, use, transfer, offer, share, attempt to sell or obtain, manufacture, or be under the influence of any drug or similar substance and also may not have any drugs of similar substances present in the body. Thus, an employee who tests positive for any illegal-drug violates this rule. This rule also pertains to Prescription drugs being taken without doctors authorization.
4. Drug Paraphernalia and Alcohol Containers: An Employee may not possess any Drug Paraphernalia or Alcohol Containers.
5. Prescriptions/ Over-the-counter Medications: It is the employees responsibility to check the potential effects of Prescriptions/ Over-the-counter Medications: It is the employees responsibility to check the potential effects of

prescribed drugs and over-the counter Medications with your doctor or pharmacists before starting work, and to immediately let your supervisor know when such use makes it unsafe for you to report to work or do your job.

6. **Adulterants:** Any substance that is used for the purpose of manipulating a drug test by adding to the specimen or ingesting.

Pre-Employment Testing.

All safety sensitive employees are required to pass a DOT pre-employment urine drug test before being hired.

Random Testing Program.

The Random-testing program is implemented by a third party and/or a computerized Selection Process throughout the year. The Third Party Administrator (TPA) combines the drivers from our company with drivers from other companies. The TPA selects 4 times per year and notifies the DER, Designated Employee Representative. The DER can notify the Driver within the selection period. When the driver is notified, they must test ASAP. The Federal Motor Carrier Safety Administration does not allow testing delays due to convenience or movement of freight. (FMCSA).

Mandatory Post Accident Testing.

Post accident drug and/or alcohol testing will be at supervisor or company request, or as Defined in 49 CFR Part 40. *See Chart*

| Type of accident involved | Citation issued to the CMV driver? (Class A or B) | Test must be Performed. |
|--|---|-------------------------|
| i. Human Fatality | Yes | Yes |
| | No | Yes |
| ii. Bodily injury with immediate medical treatment away from scene.. | Yes | Yes |
| | No | No |
| iii. Disabling damage to any motor vehicle requiring tow away. | Yes | Yes |
| | No | No |

Reasonable Suspicion Testing or Reasonable Cause

At least one Supervisor will be trained in accordance to 49 CFR 382.603 of the Federal Register to make these observations of Work Performance, Behavior, and Physical Indicators.

- Observable Symptoms or Unusual Behavior.
- The Odor or Smell of Alcohol or Drugs on the employee’s breath or clothes or in an area (such as in a vehicle, office, work area, or restroom) immediately controlled or occupied by the employee.
- Alcohol, alcohol containers, illegal drugs or drug paraphernalia in the employee’s possession or in an area controlled or occupied by the employee (vehicle, office, desk restroom.) ;
- Unexplained or Significant deterioration in job performance.
- Unexplained significant changes in behavior (e.g., abusive behavior, repeated disregard of safety rules or procedures, insubordination, etc.);
- Evidence that the employee may have tampered with a previous drug test.
- Criminal citations, arrests or convictions involving drugs and alcohol.
- Unexplained absenteeism or tardiness
- Employee admissions regarding drug or alcohol use;
- Any involvement in any work-related accident or near misses.
- Any type of Paraphernalia discover on your person or Company Property

Fit for Duty

The company could require a fit for duty exam by a certified Medical Practitioner; this exam can be administered along with Drug and Alcohol Screen to determine if employee is fit for Duty. This could be requested in addition to the DOT Medical card Certificate.

Duty to Cooperate

An employee who fails to cooperate in the administration of this policy generally will be terminated and is in violation of §49 CFR Part 40. This includes such things as:

- Refusing to consent to testing, to submit a sample, or to sign required forms.
- Refusing to cooperate in any way (for example, refusing to courteously and candidly cooperate in any interview or investigation, including any form of truthfulness, misrepresentation or misleading statements or omissions.);
- Any form of dishonesty in the investigation or testing process.
- Refusing to test again at a time of the Company’s choosing whenever any test results in a finding of a dilute sample or reasonable suspicion.
- Failure to accept the referral, to enter into and complete an approved treatment program, or to sign or adhere to the commitments in the Last Chance Performance Agreement.

EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING

1. I, _____ acknowledge receiving a copy of the Company’s Drug and Alcohol Policy. Date _____
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to the Company for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company’s standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.

If you have questions about the CONTROLLED SUBSTANCE AND ALCOHOL TESTING contact JJ LEE designated employer representative (DER) to answer questions.

List of Substance Abuse Professionals:

John Mehlhorn #A042
2955 Ridge Lake Dr. Ste 209
Metairie, LA 70002
1-504-832-0025

I have read this entire policy and each of the above statements Yes No

Signature & Date
