

CONDITIONAL OFFER OF EMPLOYMENT

Congratulations, you have been given this conditional offer of employment!

>>> This is **not** an employment Contract. This Job Offer is for "at-will" employment only. <<<<

This offer is contingent upon your successful completion of all the following conditions of employment.

APPLICANT'S NAME:

CELL Phone:

OK REJECT N/A

Item 1 – Employment Application & Resume 100% accurate.

This item is intended to gather and verify all applicant qualifications and help the Company evaluate your fitness for the advertised job. Incorrect, misleading or omitted job history, as well as any other misstatement discovered on the Employment Application and/or Resume will be grounds for immediate disqualification.

Item 2 - Criminal Background Check & ID Confirmation:

This item is intended to evaluate employment risk, honesty, integrity and overall fitness for duty. Criminal activity discovered during this process will be grounds for immediate disqualification.

Item 3 - Past Employer Input:

This item is intended to evaluate employment risk, honesty, integrity and overall fitness for duty. Criminal or insubordinate activity discovered during this process will be grounds for immediate disqualification.

Item 4 - Pre-Employment Drug Testing with FORENSIC DTS, Inc.

This item is intended to evaluate employment risk, honesty, integrity and overall fitness for duty. Sample tampering, substitution, adulteration or other Donor action(s) intended to interfere, obstruct or delay the sample collection, screening or testing process will be grounds for immediate disqualification.

Item 5 - Pre-Employment Medical Exam and Physical:

This item is intended to evaluate employment risk, honesty, integrity and the applicant's overall physical ability to perform the job functions required of the job's daily duties.

Item 6 - Completion of all required authorizations and/or Consent forms:

This item is intended to evaluate employment risk, honesty, integrity and overall fitness for duty. Criminal activity, Insubordination, incomplete SAP evaluations, incomplete Last Change Agreement documents or any other incomplete or missing items discovered during this process

CONDITIONAL OFFER DETAILS:

Start Date:

Start Time:

Starting Pay:

Starting Schedule:

Pay Day:

Shoes:

Work Attire:

Health Benefits?

CONDITIONAL OFFER WITHDRAWN:

Offer Date:

Offer Time:

Item(s):

Disqualification Event:

Item(s):

Disqualification Event:

Cancel Date:

Applicant Notified:

Manager/Supervisor Name:

Manager/Supervisor's Signature:

REPORT OF POST ACCIDENT DETERMINATION
Supervisor's Written Report

This form is used by Company Supervisors to document their determination to test, following a Post-Accident situation. The suspected employee(s) should be transported to FDTS, Inc., Inc. by a Company supervisor for Post-Accident Drug & Breath Alcohol testing as soon as possible following your observation(s). If ON-SITE/AFTER HOUR services are needed, contact Mr. Antonio Vicente, CPC-T at **760-272-8787** for on-site service. Response time is generally within 60 minutes or less. *Please keep in mind that injuries deemed to be basic "first aid" or "equipment malfunction" are NOT tested.*

STEP 1: OBSERVED EMPLOYEE INFORMATION

EMPLOYEE NAME: SSN/ID#:

POSITION: DOT Regulated? YES No

STEP 2: SUPERVISOR'S INFORMATION

OBSERVING SUPERVISOR'S NAME:

DATE OF INCIDENT: Approx. Time:

EXACT LOCATION OF INCIDENT/ACCIDENT:

STEP 3: SUPERVISOR'S DETERMINATION TO TEST

D.O.T. TESTING TRIGGERS

Was the Driver Operating a CMV **AND** resulted in any:

- Fatality ?
- Any vehicle being towed away from the scene?
- Medical treatment of any person away from the scene?

If you checked any one of the above boxes, then Drug & Breath Alcohol testing is required within the next two hours!
CALL F.D.T.S. at 760-770-6068 or 24/7 at 760-272-8787.

NON-REGULATED TESTING TRIGGERS

Was the employee on-duty **AND** resulted in any:

- Fatality ?
- Any vehicle being towed away from the scene?
- Medical treatment of any person away from the scene?

If you checked any one of the above boxes, then Drug & Breath Alcohol testing is required within the next two hours!
CALL F.D.T.S. at 760-770-6068 or 24/7 at 760-272-8787.

STEP 4: SUPERVISOR'S WRITTEN REPORT (*Who, what, when, why & how*):

SUPERVISOR'S CERTIFICATION

I certify, based on my personal training and/or experience, I suspect the above employee may have been a contributing factor to the cause of this critical incident. I have arranged for proper medical treatment for this employee, then, I arranged for safe transportation for the above employee to FDTS, Inc. Inc. for prompt Post Accident drug & breath alcohol testing, in accordance with our current policies and procedures. At no time was this employee's prompt medical treatment delayed or denied, simply to obtain a drug test.

OBSERVING SUPERVISOR'S SIGNATURE: _____ Date & Time: _____

Employee's Signature: _____ Date & Time: _____