**M&M Transport Inc.**

Specializing in Wood Products

P.O. Box 1446 \* 170 State Hwy 508.

 Chehalis, WA 98532

Office: (360) 262-9383 Fax: (360) 262-9385

**APPLICANTS**

Thank you for your interest in working for M&M Transport, Inc. Please fill out the application as thoroughly as possible. Please have complete addresses, fax numbers and phone numbers for former employers. The employers will be contacted prior to you being considered for employment. Your application will not be processed until you provide this information.

You will also need to provide a copy of the following:

1. Current CDL Class A
2. Current DOT Physical
3. Social Security Card
4. Driver Record for the previous 3 years

Prior to being hired, you will be required to take a NIDA Drug Test. The cost of the test if $60 and will be deducted from your first paycheck. After 3 months of full-time employment with us, the cost of the test will be reimbursed to you.

Before you drive on your own, you will need to train with one of our drivers. This will allow you to become familiar with our routes, mills, policies, equipment, paperwork, and general operations.

New drivers generally **start out working nights,** this is not based off experience but seniority.

The following benefits are available to employees and will be explained in more detail at your final orientation:

Medical & Prescription Insurance Simple IRA Dental Insurance Holiday Pay

 Vision Insurance PTO Pay

If you have any questions or need help with your application, let us know. Thank you,

Josh Pritchard Safety Director

M&M Transport, Inc.

BENEFITS

Training Pay: Minimum wage (depending on experience) until you are placed in your own truck by yourself.

**3 tier Pay System.** There are 3 levels based off experience, length of employment and other criteria.

## Level 3

Beginning driver

$27 per hour up to 40 hours

$40.50 per hour after 40 hours

## Level 2

Intermediate Driver

$28 per hour up to 40 hours

$42 per hour after 40 hours

## Level 1

Top Tier Driver

$29 per hour up to 40 hours

$43.50 per hour after 40 hours

 **There is a $1 per hour shift differential for night shift**

Eligible for Medical, Dental, and Prescription Insurance beginning the first of the following month after initial 60 days of full-time employment.

**HOLIDAY PAY :** Eligible for Holiday Pay after 3 months of full time employment. New Years, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas day. In order to receive the pay, you must work the scheduled working day before and after the holiday or take a Pre-approved PTO Day.

**PTO Policy:** Paid time off accrued based on hours worked and length of employment.

**Retirement Plan:** M&M Transport offers a Simple IRA retirement plan with up to 3% company matching.

Employee’s Signature. Date

M&M Transport, Inc. 170 State Hwy. 508

Chehalis, WA 98532

360-262-9383

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 or the presence of a non-job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

An

ANSWER ALL QUESTIONS. PLEASE PRINT LEGIBLY.

|  |
| --- |
| Position applied for: Driver Date of application: |
| **Name: DOB:** |
| Addresses for past three years (write on back if there’s not enough room) SS#: |
| Street Address How long? Home Phone: |
| City: State Zip Cell Phone: |
| Street Address How long? |
| City: State Zip |
| Are you a US Citizen? Are you a Veteran? Email Address: |
| In Case Of Emergency, Notify: Phone: |
| Address: |
| Have you worked for this company before? If yes, when? Position: |
| Reason for leaving? |
| Are you now employed? |
| If not, how long since leaving last employment? |
| Who referred you? |

**PHYSICAL HISTORY**

|  |
| --- |
| List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers. |
| **Are you physically capable of heavy manual work?** |
| **Are you able and capable to work safely at night?** |
| **Would you be willing to take an examination?** |
| **Do you have any fears of heights and climbing ladders and/or bunkers?** |

# ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED

M&M Transport, Inc.

**EMPLOYMENT HISTORY**

 CFR 391.21

 Applicants for positions that require the driving of commercial motor vehicles must provide **an additional 7 years’ information on those employers for whom**

 **the applicant operated such vehicles, or up to 10 years employment history. ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION**

 **CAN BE CONSIDERED.** Use the back of this page if more room is needed.

 Date: Applicant: \_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER |  |  |  | Did you | operate | motor vehicle | weighing 26,001 pounds or | more? Yes No |  |  |
| NAME |  |  |  |  |  | From: | To: |
| Address |  |  |  |  |  | Position: |  |
| City |  |  | State | Zip |  |  |  |
| Fax # : |  |  | Phone # : |  |  | Reason for leaving: |  |
| Were you subject to the FMCSR’s while employed here? Yes  |  | No |  |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing |
| requirements of 49 CFR Part 40? | Yes | No |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER |  |  |  |  | Did you | operate | motor vehicle | weighing 26,001 pounds or | more? Yes |  | No |  |  |
| NAME |  |  |  |  |  |  | From: | To: |
| Address |  |  |  |  |  |  | Position: |  |
| City |  |  |  | State | Zip |  |  |  |
| Fax # : |  |  |  | Phone # : |  |  | Reason for leaving: |  |
| Were you subject to the FMCSR’s while employed here? Yes |  | No |  |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing |
| requirements of 49 CFR Part 40? | Yes |  | No |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER |  |  |  | Did you | operate | motor vehicle | weighing 26,001 pounds or | more? Yes |  | No |  |  |
| NAME |  |  |  |  |  | From: | To: |
| Address |  |  |  |  |  | Position: |  |
| City |  |  | State | Zip |  |  |  |
| Fax # : |  |  | Phone # : |  |  | Reason for leaving: |  |
| Were you subject to the FMCSR’s while employed here? Yes |  | No |  |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing |
| requirements of 49 CFR Part 40? | Yes | No |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER |  |  | Did you | operate | motor vehicle | weighing 26,001 pounds or | more? Yes |  | No |  |  |
| NAME |  |  |  |  | From: | To: |
| Address |  |  |  |  | Position: |  |
| City |  | State | Zip |  |  |  |
| Fax # : |  | Phone # : |  |  | Reason for leaving: |  |
| Were you subject to the FMCSR’s while employed here?Yes |  | No |  |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing |
| requirements of 49 CFR Part 40? Yes |  | No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER |  |  |  | Did you | operate | motor vehicle | weighing 26,001 pounds or | more? Yes |  | No |  |  |
| NAME |  |  |  |  |  | From: | To: |
| Address |  |  |  |  |  | Position: |  |
| City |  |  | State | Zip |  |  |  |
| Fax # : |  |  | Phone # : |  |  | Reason for leaving: |  |
| Were you subject to the FMCSR’s while employed here? Yes |  | No |  |  |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug & alcohol testing |
| requirements of 49 CFR Part 40? | Yes | No |  |  |

 **Please initial here to indicate that all required driving history where you drove a vehicle weighing more than**

 **26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported**

 **hazardous materials in placard able quanities for the period described above has been included in this application.**

 The Federal Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport is of

 passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more

 passengers, or (3) any size, used to transport hazardous material in a quantity requiring placarding.

M&M Transport, Inc.

ACCIDENT RECORD FOR PAST 3 YEARS

If none, write “None.”

|  |
| --- |
| Last Accident |
| Next Previous |
| Next Previous |
|  DATES NATURE OF ACCIDENT FATALITIES INJURY |

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS

|  |
| --- |
| LOCATION DATE CHARGE PENALTY |
|  |
|  |
|  |

EXPERIENCE & QUALIFICATIONS – VALIDED LICENSES

|  |
| --- |
| STATE LICENSE NUMBER TYPE EXPIRATION DATE |
|  |
|  |
|  |

DRIVING EXPERIENCE – TYPE OF EQUIPMENT & APPROXIMATE MILES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLASS | TYPE (Van, Tank, Flat, etc.) | FROM | TO | MILES |
|  |
|  |
|  |

 Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes Has any license, permit or privilege ever been suspended or revoked? Yes

\_\_

No \_\_

No

\_\_\_

\_\_\_

If yes to any above questions, explain:

\_\_

 LIST STATE LICENSED IN FOR PAST 5 YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **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. I**

 authorize **M&M Transport, Inc. and its assignees** to contact my former employers for the purpose of fulfilling the requirements of the Code of Federal

 Regulations (CFR) Parts 391.23 and 382.413. I further authorize **M&M Transport, Inc. and its assignees** to make any such additional inquiries beyond

 the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release **M&M Transport, Inc. its assignees and any of my**

 **former employers** from any and all liability which may result from obtaining and/or furnishing such information.

 Applicants Signature Date

### **ALL** INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED

M&M Transport, Inc.

 1st request 2nd request 3rd request

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

I hereby authorize you to release the following information to **M&M Transport, Inc. and its Assignees** for the purpose of investigations as required by **Part 391.23, 382.413 and 40.25 of the Title 40** Code of Federal Regulations. You are also released from any and all liability, which may result from furnishing such information. Code of Federal Regulations **Title 49 Part 382.413, 382.405 (f) and 40.25** requires employers to make inquiry for alcohol and controlled substances information from previous employers, and previous employers to provide such information upon receipt of a written request from the driver.

Thank you for your cooperation.

X Applicant’s Signature

 Date

###  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*REST OF THIS PAGE FILLED OUT BY M&M TRANSPORT, INC.\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 Previous Employer: \_ Name of Applicant: \_

 \_ Applicant’s SSN:

 \_ Phone Fax \_

 The above named individual has made application to this company as a CDL DRIVER and states he/she was employed by

 our company as a \_ \_. Yes No

 Dates of employment: to \_ Yes No\_

 What type of motor vehicle driven? Tractor/Trailer

Straight Truck

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What type of trailer(s)? 48’ – 53’

Double Trlr’s \_ Live Bottom

Dumps \_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Was he/she a safe driver? Yes / No Was conduct & attitude satisfactory? Yes / No Rehire? Yes / No / Upon Review

 Reason(s) for leaving employment? Discharged \_ Resignation \_ \_ Lay Off

 DOT Reportable Accident Last 3 years: \_ \_Preventable Non-Preventable

 Did the person named above: (In the past three (3) years)

|  |  |  |
| --- | --- | --- |
| * Have an alcohol test with a result of 0.04 alcohol concentration or greater?
 | Yes \_ | No  |
| * Have a verified positive controlled substances test while employed?
 | Yes \_ | No  |
| * Refuse to complete a drug or alcohol test under Part 382 while employed?
 | Yes \_ | No  |
| * Violate drug and alcohol regulations of any other DOT agency?
 | Yes \_ | No  |
| * Did a previous employer report a drug and alcohol rule violation to you?
 | Yes \_ | No  |
| * If the answer to any of the above questions is ‘Yes’, can you provide documentation
 |  |  |
| of the applicant’s successful completion of ‘Return To Duty’ process? | Yes \_ | No  |

 Representative Releasing Info: X Date: / /

We appreciate your time in completing the information requested here.

Please feel free to contact me with any questions. Thank you.

Requested by Josh Pritchard – Safety Director – M&M Transport, Inc.

Office 360-262-9383 / FAX 360-262-9385

Supplied by: FAX Phone Mail Unable to obtain response after successive attempts

M&M Transport, Inc.

# EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

 That I, , am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record for employment purposes as defined in (C) below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date WA License #

# EMPLOYER ATTESTATION

1. That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
2. That American Driving Records is acting as agent on behalf of M&M Transport, Inc. who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
3. That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving by an individual as a condition of that individual’s employment upon the public highways or otherwise at the direction of the employer or organization, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire and commercial vehicles as defined in Chapter 46.25 RCW.
4. That the information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

M&M Transport,Inc.

170 State Hwy. 508

Chehalis, WA 98532

Josh Pritchard, Safety Manager

Safety Mgr. Signature Date

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

M&M Transport, Inc.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test on any pre- employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name:

The prospective employee is required by Sec. 40.25(j) to respond to the following:

 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by

 an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol test rules during the past two years?

Check one: Yes No

1. If you answered yes, can you provide/obtain proof that you’ve successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: Date:

Witnessed By: 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 M&M Transport, Inc. (“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 the proper identification, the Prospective Employer must send or provide 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.](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 the 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 M&M Transport, Inc. (“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.](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)

**DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES**

**NOTICE TO DRIVER:** The Commercial Driver’s License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration’s (FMCSA’s) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a “limited” report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a “limited query” to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

# AUTHORIZATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize M&M Transport, Inc.

 (Driver’s printed name)

to conduct limited annual queries of the FMCSA’s Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety sensitive duties.

Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_