



# DRIVER EMPLOYMENT APPLICATION

## Coastal Transportation LLC

152 B Godley Rd  
Port Wentworth, GA 31407

(Answer **all** questions. Fill in **all** fields)

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 non-job related disability.

Application Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Last

First

MI

Date of Birth (Required for Truck/Bus Drivers): \_\_\_\_\_

**Must list all addresses for the past 3 years:**

Current Address: \_\_\_\_\_  
Street City

State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City

State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City

State Zip Code Phone: \_\_\_\_\_ How Long? \_\_\_\_\_

# EMPLOYMENT HISTORY

**ALL DRIVER APPLICANTS:** To drive in interstate commerce, you must provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

**ALL DRIVER APPLICANTS:** To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years information on those employers for whom you worked as a driver operating a commercial motor vehicle.

**In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)**

CURRENT OR LAST EMPLOYER		DATES
Name: _____		From: _____ To: _____
Address: _____		Position Held: _____
City: _____	State: _____	Zip: _____
Salary/Wage:		
Contact Person: _____	Phone No. _____	Reason for leaving: _____
Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No	

CURRENT OR LAST EMPLOYER		DATES
Name: _____		From: _____ To: _____
Address: _____		Position Held: _____
City: _____	State: _____	Zip: _____
Salary/Wage:		
Contact Person: _____	Phone No. _____	Reason for leaving: _____
Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No	

CURRENT OR LAST EMPLOYER	DATES
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Name:	_____	From:	_____	To:	_____
Address:	_____	Position Held:	_____		
City:	_____	State:	_____	Zip:	_____
Contact Person:	_____	Phone No.	_____	Reason for leaving:	

Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No
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CURRENT OR LAST EMPLOYER	DATES
--------------------------	-------

Name:	_____	From:	_____	To:	_____
Address:	_____	Position Held:	_____		
City:	_____	State:	_____	Zip:	_____
Contact Person:	_____	Phone No.	_____	Reason for leaving:	

Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No
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Please continue employment record on next page

## EMPLOYMENT HISTORY

**Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.**

**ALL DRIVER APPLICANTS:** To drive in interstate commerce, you must provide the following information on all former/current employers (driving *positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

**ALL DRIVER APPLICANTS:** To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide *an additional* 7 years information on those employers for whom you worked as a driver operating a commercial motor vehicle.

**In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)**

CURRENT OR LAST EMPLOYER		DATES
Name: _____		From: _____ To: _____
Address: _____		Position Held: _____
City: _____	State: _____	Zip: _____
Salary/Wage: _____		
Contact Person: _____	Phone No. _____	Reason for leaving: _____
Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No	

CURRENT OR LAST EMPLOYER		DATES
Name: _____		From: _____ To: _____
Address: _____		Position Held: _____
City: _____	State: _____	Zip: _____
Salary/Wage: _____		
Contact Person: _____	Phone No. _____	Reason for leaving: _____
Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No	

CURRENT OR	DATES
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LAST EMPLOYER		
Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	
City: _____	State: _____	Zip: _____ Salary/Wage: _____
Contact Person: _____	Phone No. _____	Reason for leaving: _____
Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No	
CURRENT OR LAST EMPLOYER		
DATES		
Name: _____	From: _____	To: _____
Address: _____	Position Held: _____	
City: _____	State: _____	Zip: _____ Salary/Wage: _____
Contact Person: _____	Phone No. _____	Reason for leaving: _____
Were you subject to DOT rules while employed with this company?  Yes / No	While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?  Yes / No	

# EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

**ACCIDENT RECORD FOR THE PAST 7 YEARS:**

DATES	NATURE OF ACCIDENT (HEAD-ON; REAR-END; UPSET, JACK-KNIFE, ETC.)	FATALITIES		INJURIES		CHARGEABLE	
		YES	NO	YES	NO	YES	NO
Last Accident							
Next Previous							
Next Previous							
Next Previous							

**TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE LAST 7 YEARS, (OTHER THAN PARKING VIOLATIONS).  
If none, write "none", (attach additional sheets if more space is required).**

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE No.	TYPE	EXPIRATION DATE	

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES    NO

Have you ever had any license, permit or privilege suspended or revoked? YES    NO

IF THE ANSWER TO EITHER OF THE ABOVE TWO QUESTIONS IS "YES", GIVE THE DETAILS.

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**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
<b>STRAIGHT TRUCK</b>	<b>CONTRACTOR'S DUMP</b>	
	<b>REGULAR DUMP TRUCK</b>	
	<b>TANKER</b>	
	<b>WRECKER</b>	
	<b>FLAT BED</b>	
	<b>VAN</b>	
	<b>REEFER</b>	
	<b>CEMENT TRUCK</b>	
	<b>BOOM TRUCK</b>	
	<b>SERVICE TRUCK</b>	
	<b>STRAIGHT TRUCK PULLING TRAILER</b>	
	<b>VAC TRUCK</b>	
<b>TRACTOR TRAILER</b>	<b>NON-HEATED, NON-REFRIGERATED, LIQUID TANKER</b>	
	<b>REFRIGERATED TANKER</b>	
	<b>HEATED TANKER</b>	
	<b>DRY BULK TANKER</b>	
	<b>OPEN DUMP TRAILER</b>	
	<b>FLAT BED</b>	
	<b>REEFER</b>	
	<b>VAN</b>	

	<b>CAR CARRIER</b>	
	<b>DOUBLES</b>	
	<b>TRIPLES</b>	
<b>BUSES</b>	<b>STRAIGHT BUS</b> (SCHOOL BUS, CHURCH BUS)	
	<b>STRAIGHT COMMERCIAL BUS</b>	
	<b>DOUBLE</b>	
	<b>TRIPLE</b>	
<b>OTHER NOT LISTED</b>		



**Coastal Transportation LLC**  
 152 B Godley Rd  
 Port Wentworth, GA 31407

**TO BE READ AND SIGNED BY APPLICANT**

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

I authorize **Coastal Transportation LLC** to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former 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 further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by **Coastal Transportation LLC** to abide by all the rules and regulations of the company and any Federal/state agency. This includes all mandatory safety meetings/training meetings.

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Applicant's Signature

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Date

**Coastal Transportation LLC**  
**Driver Safety Performance History**  
**Records/Information Request Authorization** (Page 1 of 3)

The Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391.23 require that information regarding my Safety Performance History be provided to prospective employers for the preceding three (3) years. This record is my official request for the documentation to be released on behalf of my prospective employer:

To: Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

From: Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

I request this information be requested in the manner identified below: (check one)

Send the Information to the address below within five (5) business days via **MAIL** \_\_\_\_\_

I, the driver applicant, will arrange to **PICK UP** the information within 30 days \_\_\_\_\_

Please **FAX** the information to the number provided below within five (5) business days \_\_\_\_\_

Information should be sent to the following:

Transportation Safety Services  
27540 World Court, Suite A  
Daphne, AL 36526  
Phone: (251) 661-9700  
Fax: (251) 661-9667

\_\_\_\_\_  
Signature of Applicant Date

# Coastal Transportation LLC

## Driver Safety Performance History

### Information Request (Page 2 of 3)

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In accordance with the requirements of the Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391, 382, and 40, please provide the following information regarding my Safety Performance History.

Driver Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ (MO/YR) To \_\_\_\_\_ (MO/YR)

Did applicant drive a commercial vehicle while employed by you? Yes or No *(choose one)*

Type of vehicle driven: Straight Truck / Tractor-Semi-trailer / Other \_\_\_\_\_

Type of trailer pulled: Vans / Reefer / Flatbed / Tanker/ Not applicable \_\_\_\_\_

Length of Trailer pulled (if applicable) \_\_\_\_\_ (FT)

How many states did the applicant drive in? \_\_\_\_\_ *(estimate)*

Reason for leaving your employment: *(Check one or more, as appropriate)*

Resignation

Lay Off

Military Duty

Voluntarily Quit

Violation of Company Policy

Discharge

Reason for discharge: \_\_\_\_\_

Is applicant eligible for rehire? Yes or No *(choose one)*

Please list all DOT Recordable Accidents (as defined in 49 CFR Part 390.15 (b) in a vehicle over 10,001 lbs in which the applicant was involved for a period of three (3) years back:

Date	Location	Type Of Accident	Injuries?	Fatalities?	Towed?

#### Drug and Alcohol History for Prior Three (3) Years

Please provide any information for the applicant while in your employ or that you have obtained from previous employers under the requirements of 49 CFR Part 391.

1. Has applicant refused alcohol or drug testing required by DOT rules? Yes or No

2. Has applicant tested positive, adulterated, or substituted a drug testing specimen while employed by your Company? Yes or No

**Coastal Transportation LLC**  
**Driver Safety Performance History**  
**Information Request** (Page 3 of 3)

- 3 . Has applicant had an alcohol test result of >.04 during your employ? Yes or No (choose one)
- 4 . If yes to #2 or #3 above, was the applicant referred for SAP evaluation? Yes or No (choose one)
- Do you know if SAP program has been successfully completed? Yes No Not Sure (choose one)
- 5 . Has applicant committed other violations of DOT drug or alcohol testing rules of which you are aware? Yes or No (choose one)

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the release of this information under the requirements of 49 CFR Part 391 that became effective 10/30/2004.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Driver Name*

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Previous Employer Safety Performance History provided by:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Information provided by \_\_\_\_\_

*(Please print name legibly)*

I provided the above information was in the following manner: (check one)

I sent the information within five (5) business days of receipt via **MAIL** \_\_\_\_\_

I provided a copy of this information to the driver applicant who **PICKED UP** the information personally at our office \_\_\_\_\_

I **FAXED** the information within five (5) business days of receipt \_\_\_\_\_

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**Coastal Transportation LLC**  
**Driver Safety Performance History**  
**Applicant Rights**

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements **Coastal Transportation LLC** is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that **Coastal Transportation LLC** receives from your previous employer. These rights include:

1. The right to review the information provided to **Coastal Transportation LLC** by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to **Coastal Transportation LLC** corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to **Coastal Transportation LLC** by a previous employer.
4. The right to review the information within provided to **Coastal Transportation LLC** within 30 days of employment (or within 30 days from the date that employment is denied based on information received) **Coastal Transportation LLC** will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and understand my rights as prescribed by 49 CFR Part 391.

\_\_\_\_\_  
SignatureDate

	<b>MVR Only – For annual review or other</b>
	<b>MVR - For New Hire – includes:</b>
	<b>SSN Check</b>
	<b>CDLIS Check</b>
	<b>Transportation Employment History w/ Drug Screen</b>
	<b>HAZMAT Package</b>



**TRANSPORTATION SAFETY SERVICES**

27540 World Court  
Daphne, Alabama 36526  
Phone: 251-661-9700

## Employee MVR Request Consent

**Employee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*City*
*Street*
*State*
*Zip*

**Phone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Driver's License State:** \_\_\_\_\_

**Driver's Signature:** \_\_\_\_\_

I certify that the above named employee is either a current employee or is a current applicant being considered for employment. In accordance with DOT's security requirements, I am requesting that the appropriate checks be run to ensure the above named individual is in compliance with the applicable requirements.

I certify that we have obtained the required permission from the above named employee to obtain this record.

Requesting Employer: **Coastal Transportation LLC**

Person Requesting: \_\_\_\_\_  
*Company Representative Signature*

***Fax this request to (251) 661-9667***  
*(This is a secure fax line.)*

# CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirement in Part 383 applies to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placards.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state or residence and return the additional licenses to the states that issued them. **DESTROYING** a license does not close the record in the state that issued it; you must notify the state. If multiple licenses have been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33, of the Federal Motor Carrier Safety Regulations require that you notify your EMPLOYER the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: (1) your employing motor carrier, and (2) the state that issued your license (if the violation occurs in 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 \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Driver's Name (Print): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



# PRECEDING 7 DAYS DRIVER DUTY STATUS

**INSTRUCTIONS:** 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) \_\_\_\_\_

Type of License \_\_\_\_\_ Restriction(s) \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								<b>TOTAL HOURS</b>

I hereby certify that the information given above is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Driver's Signature Date

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## 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 non-motor carrier entity.

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 Signature Date

# EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 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 Section 40.25(b) (5) and (e))

Coastal Transportation LLC  
152 B Godley Rd  
Port Wentworth, GA 31407

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The employee is required by Section 40.25 to respond to the following question:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past three years?

Circle One:           **YES**            **NO**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Drug and Alcohol Testing Policy**  
**Coastal Transportation LLC**  
**152 B Godley Rd**  
**Port Wentworth, GA 31407**

This is the company's official statement of drug and alcohol policy for its driving employees. Knowing how the use of these substances can affect the ability to operate a motor vehicle safely, we are implementing this policy to ensure that we are in compliance with the drug and alcohol testing requirements enacted by the DOT and listed in 49 CFR Parts 382 and 40. We are committed to provide a safe environment for each of our drivers and the motoring public.

To outline the DOT mandated situations under which you are required to be tested, we have listed the type of drug and alcohol tests that will be required of our drivers. These tests will be administered when the driver is performing a safety sensitive function, generally defined as all time required to be logged as "on duty or driving" time on a driver daily log. The tests will either be administered while such duties are being performed, just before they are to be performed, or just after these duties have been completed. "Just before" or "just after" is defined as no longer than one hour. The tests will be administered and processed in accordance with the requirements of 49 CFR Part 40.

**PRE-EMPLOYMENT (Drug only)** – All drivers will be expected to submit to a pre-hire/pre-use drug test, the results of which must be obtained before the driver can be utilized the first time. Drivers failing this type of drug test are not qualified to be hired by the company.

**RANDOM (Drug and Alcohol)** – Drivers will continually be subject to DOT random testing after hire and throughout employment with the company. Testing administered will be spread throughout the year and unannounced, selected by a scientifically valid method from a pool of all employed drivers. The company (or its designee) will administer enough tests to the driver pool to ensure compliance with the minimum DOT requirements.

**POST-ACCIDENT (Drug and Alcohol)** – After drivers are involved in an accident, the company reserves the right to administer a drug test to each involved employee, without regard to fault, within 32 hours of the time the crash occurred. An alcohol test will also be obtained within eight hours of an accident, preferably in the first two hours.

**REASONABLE SUSPICION (Drug and Alcohol)** – At any time the company management notices indications of the use of drugs or abuse of alcohol by one of its drivers, which are contemporaneous and able to be articulated, the employee will be required to submit for testing.

**WHAT IS A SAFETY-SENSITIVE FUNCTION?** Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he or she is relieved from work and all responsibilities for performing work.

**SAFETY-SENSITIVE FUNCTIONS INCLUDE:** All time at an employer or shipper plant, terminal, facility, or other property, or on a public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer; All time inspecting equipment as required by Sec. 392.7 and Sec. 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time; All time spent at the driving controls of a commercial motor vehicle in operation; All time other than the driving time, in or upon any commercial motor vehicle except time resting in a sleeper berth; All time loading or unloading a commercial motor vehicle; supervising or assisting in the loading or unloading; attending a commercial motor vehicle being loaded or unloaded; remaining in readiness to operate the commercial motor vehicle; or in giving or receiving receipts for shipments loaded or unloaded; and All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle.

All drivers who are required to possess a commercial Driver's License, or CDL, under the requirement of 49 CFR Part 383, are required to be tested for the presence of drug and alcohol. Upon notification of a required test, the driver **shall proceed immediately to the testing facility**. Failure to do so will be considered a refusal to submit to testing, which DOT treats the same as a POSITIVE test result.

There are significant consequences for submitting a test reported back as "POSITIVE" for drugs or alcohol, or refusing to be tested when required. Consequences for this type result are termination of employment, referral to a substance use evaluation facility, and release of the testing information to subsequent employers requesting such. Though DOT does not require termination of employment violations of Part 382, most employers choose to sever ties with the violating employee. DOT does require that employees be evaluated and receive treatment (as suggested by a substance professional) for substance problems. We are also required to release this information to your subsequent employers that request it of us.

Record keeping for drug and alcohol testing issues is typically maintained for a period of five (5) years, as required by the USDOT. If we are requested by another employer, to provide drug or alcohol testing information for a current or former employee of the company, records for the two (2) years previous to application for employment with the other employer will be provided, upon presentation of driver release for such information. This is in compliance with the requirements of 49 CFR parts 382.

**(Continued on next page)**

