

Today's Date _____

Company Name **JC Transport**
Company Address 662 Caseys Lane
City, State ZIP Flowood, MS 39232
Company Phone 769-524-4297
Company Fax 769-257-6978
Company DER *Jeff Breland*

Driver Information

Last Name _____
First Name _____
Middle Initial _____
Social Security _____
Date of Birth _____
License Number _____
License State _____
License Expiration _____
License Class _____
Email Address _____

JC Transport
662 Caseys Lane
Flowood, MS 39232

Driver Application for Employment

Applicant Information

Print all information in blue or black ink only. All information must be filled out. If information is not applicable to you, please write none. Only completed applications will be accepted.

Position(s) applied for _____ Date of application _____

Full Name _____ Social Security No _____
Last First MI

Phone number(s) _____ Date of birth _____
Home Mobile Other(specify) (required for commercial drivers)

List your address(es) of residency for the past three years:

Current _____
Address Street Address (no po boxes) City State Zip Length of residency

Previous _____
Address Street Address (no po boxes) City State Zip Length of residency

Previous _____
Address Street Address (no po boxes) City State Zip Length of residency

Do you have the legal right to work in the United States? _____ (please be prepared to supply supporting documentation)

Are you currently employed? _____ May we contact your present employer? _____

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

Who referred you to our company? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? _____

If yes, please explain _____

Education

Please circle the highest grade completed: Elementary High School College

Last school attended: _____ Course of study _____
Name City State

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle* in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle. Print all information and complete all sections. Complete mailing addresses, street number, city, state, zip code and phone number are required.

List employers in reverse order starting with the most recent, or current, employer. Add additional sheets if necessary.

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

*includes vehicles having a GVWR of 10,001 pounds or more, vehicles designed to transport nine (9) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Employer _____
Company Name _____ Mailing Address _____ City _____ State _____ Zip _____

Position held _____ Supervisor Name _____ Phone Number _____

Dates of employment _____ Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while with this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substance requirements of 49 CFR Part 40? Yes No

Qualifications

Driver's License(s) – list each license held in the previous three (3) years

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

State of Licensure _____ License Number _____ Type of License _____ Expiration date _____

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

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

If yes, please explain _____

List any special courses, training or awards which may pertain to the job for which you are applying:

Description _____ Received by _____ Date _____

Driver Experience

List information regarding your driving experience for the last five years. If no driving experience, write none.

Class of Equipment	Years of Driving Experience	Approximate Number of Miles
Straight Truck		
Tractor and Semi-Trailer		
Flatbed Experience		
Dry Van Experience		

Traffic Convictions and Forfeitures

List all traffic convictions and forfeitures for the past three (3) years. Do not include parking violations.

Location	Date	Charge	Penalty

Accident History

Federal Motor Carrier Safety Regulations require that all potential employees applying for a position to drive a motor vehicle furnish a list of all motor vehicle accidents in which the applicant was involved during the three (3) years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused.

(FMCSR, April 1, 2007 391.21 (b) (7))

Date of accident	Nature of accident	Fatalities	Injuries

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. I authorize you to inquire of personal, employment, financial, medical and other related matters as may be necessary at arriving at employment decisions. I hereby release employers, schools, health care providers and other personnel from all liability in response to and release of information regarding my application. In the event of employment, I understand that false and/or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the company for which I am applying. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49CFR391.23(d) and (e). I also understand I have the following rights: (1) Review of information provided by previous employers (2) Have errors in such information corrected and resent by previous employers to the prospective employer (3) Have a rebuttal statement attached to the alleged erroneous information if previous employer and I cannot agree on the accuracy of the information.

Applicant Signature _____

Date _____

In compliance with Federal and State 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.

Request for Information from Previous Employer

SECTION 1: TO BE COMPLETED BY APPLICANT

To: _____ Date of Request: _____

Name of Applicant: _____ SSN: _____

I hereby authorize you to release the following information to Transafe, LLC and the below listed company for the purposes of investigation as required by section 391.23 and 382.413, and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The above applicant is attempting to qualify under D.O.T. regulations, and states that he/she was an employee with your company from _____ to _____ and the position of _____.

Please complete the following information and return as soon as possible to the address below:

JC Transport

662 Caseys Lane

Flowood, MS 39232

Phone: 769-524-4297 Fax: 769-257-6978

Work Performance History:

- | | | |
|---|-----|----|
| 1. Are the dates of employment correct as stated above? | YES | NO |
| If no, please provide the correct dates of employment: _____ | | |
| 2. Did he/she drive a commercial motor vehicle for you? | YES | NO |
| 3. Was he/she an efficient driver? | YES | NO |
| 4. Reason for leaving your employ: Discharged____ Resignation____ Lay Off____ Other _____ | | |

Drug, Alcohol, and Accident History

- | | | | |
|---|-----|----|-----|
| 5. Was he/she involved in a DOT recordable accident while employed with your company? If yes, please explain: _____ | YES | NO | |
| 6. Has this person tested positive for a controlled substance in the last three years? | YES | NO | |
| 7. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? | YES | NO | |
| 8. Has this person refused a required test for drugs or alcohol in the last three years? | YES | NO | |
| 9. Did the applicant complete a substance abuse rehabilitation program if required? If yes, provide documentation of the employee's successful completion of DOT return-to-duty requirements. | YES | NO | N/A |
| 10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? | YES | NO | |

Additional Comments: _____

Name of person providing information (please print) _____ Title: _____

Signature: _____ Date: _____

Release for Complete Background Check

To be completed by Applicant

Name of applicant _____ Date of Birth _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip _____

Type of License _____ License Number _____ State of issuance _____ Expiration Date _____

I, _____, hereby authorize the release of information regarding my driving history, criminal history and any other information deemed necessary for the purpose of obtaining employment to the following company:

JC Transport

662 Caseys Lane

Flowood, MS 39232

Phone 769-524-4297

You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature _____ Date _____

To be completed by Authorized Personnel

To (company providing information) _____ Address _____ City _____ State _____ Zip _____

Contact Name(s) _____ Phone _____ Fax _____

Requested by (Authorized Personnel) _____ Title _____ Phone/Fax _____

Certificate of Compliance with Driver License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighting 26,001 pounds or more, can transport more than 9 people, or transports hazardous materials that require placarding.

The requirement in Part 391 apply to every driver who operates in intrastate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 9 people, or transports hazardous materials that require placarding.

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 of 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 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 the 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), 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 a state other than the one which issued you 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 Number: _____ State: _____ Expiration Date: _____

Driver Certification: I certify that I have read and understand the above requirements.

Driver's Name: (Printed) _____

Driver's Signature: _____ Date: _____

Receipt of Controlled Substance and Alcohol Policy

JC Transport

662 Caseys Lane

Flowood, MS 39232

Phone 769-524-4297 Fax 769-257-6978

The company above has provided me with a copy of their Controlled Substances and Alcohol Testing Policy. By my signature, I acknowledge that I have read and understand this policy.

Name (please print) _____ Date _____

Signature _____

Previous Pre-employment Drug or Alcohol Test Disclosure

The following information is required by the Federal Motor Carrier Regulations, Section 40.25 for employment with the following company:

JC Transport

662 Caseys Lane

Flowood, MS 39232

Phone: 769-524-4297 Fax: 769-257-6978

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 during the past two (2) years? (check one)

<input type="checkbox"/>	No, I have not.
<input type="checkbox"/>	Yes, I have. (please complete the information below)

I hereby certify that the above is a true response to the question above and I have answered it to the best of my knowledge:

Name (please print) _____ Date _____

Signature _____

If you answered yes to the above question, complete the information below:

Name of Substance Abuse Professional (SAP) that evaluated you:

Name of agency that performed your return to duty test:

Driver's Statement of On-Duty Hours
(For first time or intermittent drivers)

Motor Carrier Instructions:

When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (please print) _____
Last First Middle

Day	Date	Total Time on Duty
1		
2		
3		
4		
5		
6		
7		

Total Hours _____

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

Time _____ AM / PM Date _____

Driver's Signature _____ Date _____

MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the Medical Examiner's National Registry listing in the driver qualification file was published in the Federal Register April 20, 2012. Beginning May 21, 2014, motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 (m)(1) Investigation and inquiries. The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

§391.51 (b)(9) General requirements for driver qualification files. A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m).

Driver's Name: _____

Driver's License Number: _____ State _____

- Interstate non-excepted:** You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements.
- Interstate excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements.
- Intrastate non-excepted:** You are an Intrastate non-excepted driver and are required to meet the medical requirements of the state in which you operate.
- Intrastate excepted:** You are an Intrastate excepted driver and do not have to meet the medical requirements of the state in which you operate.

I hereby certify that the motor vehicle in which I take/took the driving skills test is representative of the type of motor vehicle that I operate or expect to operate. By my signature affixed below, I certify under penalty of law, that all statements on this form are true and correct.

Driver's Signature: _____ Date: _____

To be completed by Motor Carrier

The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Medical Examiner: _____

National Registry Number: _____

Verified By: _____ Date: _____
Motor Carrier Representative Signature

(This information is required by §391.51(b)(9) of the FMCSR and must be placed in the driver qualification file.)

nationalregistry.fmcsa.dot.gov



Receipt of Cell Phone Policy

JC Transport

662 Caseys Lane
Flowood, MS 39232

The company above has provided me with a copy of their Cell Phone Policy. By my signature, I acknowledge that I have read and understand this policy.

Name (please print) _____ Date _____

Signature _____

Please place this signed receipt in the Drivers Qualification File

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

JC Transport

662 Caseys Lane

Flowood, MS 39232

769-524-4297

769-257-6978

I, _____, hereby provide consent for **JC Transport** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by **JC Transport** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **JC Transport** without first obtaining additional specific consent from me.

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

This consent to conduct a limited query shall be active for the duration of my employment with **JC Transport**

Employee Signature

Date

DRIVERS ROAD TEST EXAMINATION

Driver Information

Last Name	First Name	MI	Phone Number(s)
Address (no P.O. boxes)	City	State	Zip

Rating of Performance

_____ The pre-trip inspection (as required by Section 392.7)
_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units
_____ Placing the equipment in operation
_____ Use of vehicle's controls and emergency equipment
_____ Operating the vehicle in traffic and while passing other vehicles
_____ Turning the vehicle
_____ Braking and slowing the vehicle by means other than braking
_____ Backing and parking the vehicle
_____ Other (explain) _____

Remarks: _____

Type of equipment used in giving test: _____

Examiner's Signature _____ Date of examination _____

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. 49 CFR Part 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

Driver's Name _____ Type of Power Unit _____
Social Security Number _____ Type of Trailer(s) _____
Driver's License Number _____ State _____ If Passenger Carrier, Type of Bus _____

*This is to certify that the above-named driver was given a road test under my supervision on _____, 20____
consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to
operate safely the type of commercial motor vehicle listed above.*

Signature of examiner _____ Date _____

Address of examiner _____

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with **JC Transport** (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **JC Transport** (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

D.O.T. Controlled Substances and Alcohol Testing Policy

JC Transport

662 Caseys Lane
Flowood, MS 39232

769-524-4297

769-257-6978

This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382.

If you have questions about this controlled substances and alcohol testing contact Jeff Breland, the designated company official to answer questions.

All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) are subject to controlled substances and alcohol testing.

The definition of driver Safety Sensitive Function is found in 49 CFR Part 382.107. 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/she is relieved from work and all responsibility for performing work.

Safety Sensitive Function shall include:

- (1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- (2) All time inspecting equipment as required by 392.7 and 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All time spent at the driving controls of a commercial motor vehicle in operation;
- (4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of 393.76 of this subchapter);
- (5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Driver conduct that is prohibited is found in 49 CFR Part 382 Subpart B.

- No driver shall report for duty requiring the performance of a safety sensitive function with an alcohol concentration of 0.04 or greater. 382.201
- No driver shall use alcohol while performing a safety sensitive function. 382.205
- No driver shall perform a safety sensitive function within 4 hours after using alcohol. 382.207
- No driver required to take a post accident alcohol test under 49 CFR 382.209 shall use alcohol for 8 hours following the accident. 382.207
- No driver shall refuse to submit to a pre-employment controlled substance test required under §382.301, a post-accident alcohol or controlled substance test required under §382.303, a random alcohol or controlled substances test required under §382.305, a reasonable suspicion alcohol or controlled substance test required under §382.307, a return-to-duty alcohol or controlled substances test required under §382.309, or a follow-up alcohol or controlled substance test required under §382.311.
- No driver shall report for duty requiring the performance of a safety sensitive function when the driver uses controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR 382.107 .
- No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any non-Schedule I drug or substance that is identified in the other Schedules in 21 CFR part 1308 except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in §382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle. This must not interfere with the driver's ability to perform a safety sensitive function. 382.213
- No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances. 382.215

The circumstances in which the driver will be tested are incorporated and found in 49 CFR Part 382 Subpart C.

- Pre-employment testing 382.301
- Post accident testing 382.303
- Random testing, per the prevailing rate as required by the U.S. DOT 382.305
- Reasonable suspicion testing 382.307
- Return to duty testing 382.309
- Follow up testing 382.311

All definitions, regulations, and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard test validity, and insure results are attributed to correct driver are found in 49 CFR Parts 40 and 382. They are incorporated into this policy.

All CDL drivers who drive CMV's are required to submit to alcohol and controlled substances testing.

Refusal to submit to an alcohol or controlled substances test is defined in 49 CFR Part 382.107.

Refusal to submit (to an alcohol or controlled substances test) means that a driver:

- 1) Fails to appear for any test (except a Pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner operator) to appear for a test when called by a C/TPA;
- 2) Fails to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test;
- 3) Fails to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen because he/she has left the testing commences on a pre-employment test is not deemed to have refused the test;
- 4) In case of a directly observed or monitored collection in a drug test fail to permit the observation or monitoring of the drivers provision of a specimen;
- 5) Fails to provide a sufficient amount of urine specimen when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- 6) Fails or declines to take a second test the employer or the collector has directed the driver to take;
- 7) Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193(d). In the case of a pre-employment test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
- 8) Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or
- 9) Is reported by the MRO as having a verified adulterated or substituted test result.

Note: In reference to item 1 for the FMCSA immediate means that the employer shall ensure that the driver ceases to perform the safety sensitive function and proceeds to the testing site as soon as possible.

The consequences for violators of Subpart B are incorporated and found in 49 CFR Part 382 Subpart E.

- 1) All CDL drivers will be removed from any safety sensitive position.
- 2) The driver must see a Substance Abuse Professional to ever drive again, anywhere.
- 3) The driver must take a Return to Duty Test with a negative result and/or an Alcohol Test with results below 0.02.

The consequences for CDL drivers tested for alcohol with results 0.02 or greater but below 0.04: The driver will be removed from any safety sensitive position for 24 hours. 49 CFR Part 382.505.

When a driver is suspected of having a controlled substance or alcohol problem.

- driver can and will be referred to local AA group for assistance
- reasonable suspicion process can and will begin
- driver may be referred to management for future evaluation and assistance
- driver can find a Substance Abuse Professional at *saplist.com*

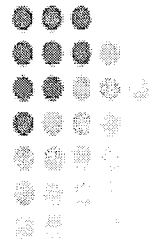
The following personal information collected will be reported to the Commercial Driver's License Drug and Alcohol Clearinghouse.

- A verified positive, adulterated, or substituted drug test result;
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to any test required by subpart C of this part;
- An employer's report of actual knowledge, as defined at §382.107;
 - On duty alcohol use pursuant to §382.205;
 - Pre-duty alcohol use pursuant to §382.207;
 - Alcohol use following an accident pursuant to §382.209; and
 - Controlled substance use pursuant to §382.213;
- A substance abuse professional (SAP as defined in §40.3 of this title) report of the successful completion of the return-to-duty process;
- A negative return-to-duty test; and
- An employer's report of completion of follow-up testing.

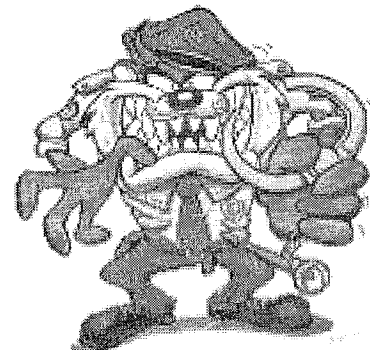
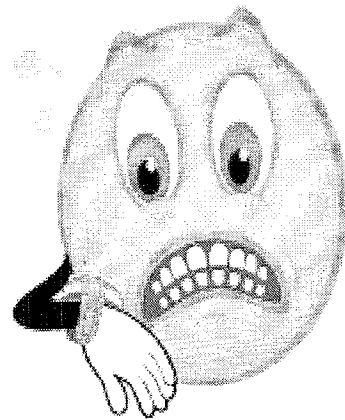
Company Policy

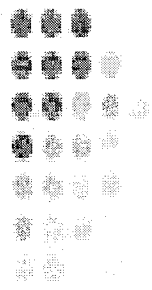
Any driver that violates 49 CFR Part 382 Subpart B shall be subject to disciplinary actions, up to and including termination.

Why is Prevention of Drug Abuse in the Workplace Important?

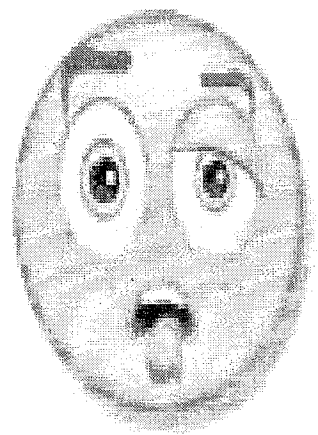
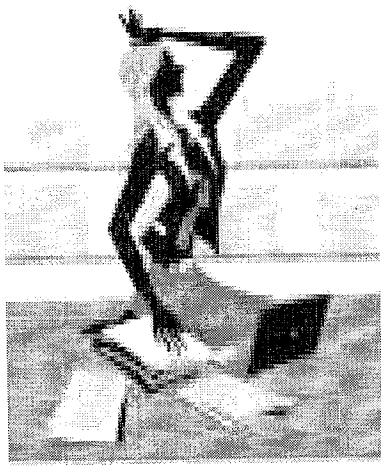


- Drugs can throw off your sense of time, space, and distance. This is especially dangerous when operating machinery or driving.
- Drug use can cause lateness and absenteeism. Increasing workload on other employees.
- Drug use can cause crime on the job. Including theft of your personal belongings to finance someone else's drug habit.
- Drugs can make you feel able to handle tasks that are much to difficult for you, or make you careless and likely to forget important safety steps.

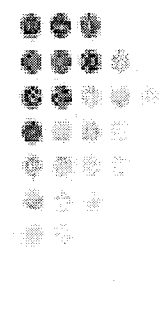




Typical Signs of Addiction

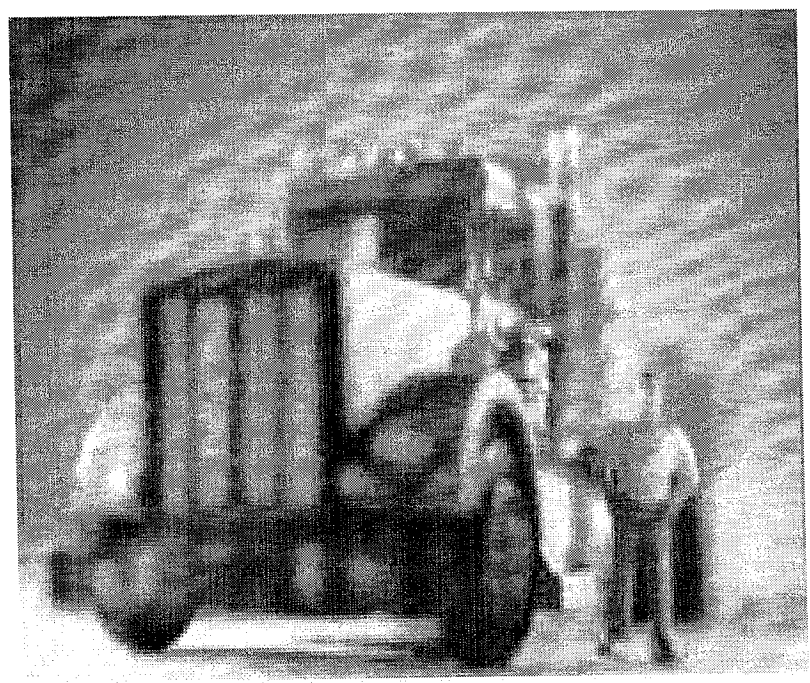


- **Emotional** – Aggression, anxiety, burnout, denial, depression, and paranoia.
- **Behavioral** – Excessive talking, impaired coordination, inability to sit still, irritability, lack of energy, limited attention span, poor motivation, slow reaction time, and slowed or slurred speech.
- **Physical** – Chills, the of smell of alcohol, sweating, and weight loss.



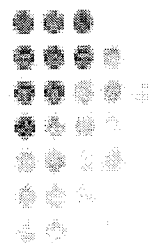
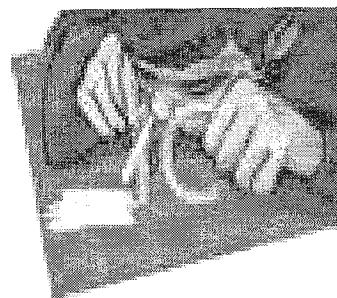
Types of Drugs Tested For:

- Cocaine
- Cannabis (Marijuana)
- Amphetamines
- Opiates
- Phencyclidine (PCP)



Cocaine

(Coke, Snow, Freebase, Crack, Rock, Etc.)

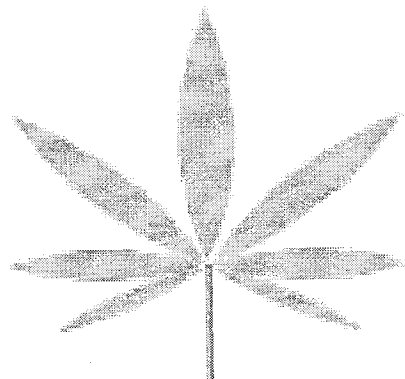


Workplace Dangers include:

- Causes a temporary feeling of superhuman power, impaired judgment and decision making ability.
 - Emotional problems, mood swing, and lack of dependability.
 - Workplace crime. Cocaine is very expensive and typically addicts steal to cover the cost.
-
- **Form:** Odorless white crystalline powder usually inhaled through the nose, i.e., sniffed or snorted. "Crack" variant smoked.
 - **Where Used:** Because the effect of "coke" is short-lived (less than an hour), on the job use is not uncommon. Drugs may be hidden in innocent looking nasal inhalers or in the hollow of pens.
 - **Clues:** There may be excessive licking of lips. User behavior ranges from "high over-confidence" to deep depression as drug effect wears off.

Marijuana

(Pot, Grass, Weed)

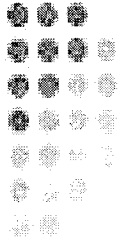
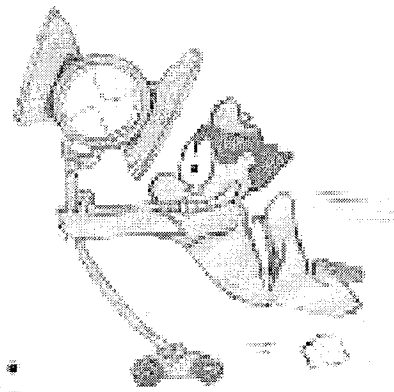


Workplace Dangers Include:

- Slows physical reflexes
- Cut your mental powers
- Makes you forgetful
- Throws off space and distance judgment, especially dangerous if operating machinery or driving. (The effect can go on for 4-6 hours.)
 - **Form:** Chopped up leaves of cannabis plant. Used like tobacco, either in cigarette form or in a pipe.
 - **Where used:** Because of its strong smell it is usually smoked outdoors, in parking lots, on loading platforms, etc.
 - **Clues:** Increased appetite and dry mouth are common symptoms. As drug wears a quiet depression will set in.

Amphetamines

(Speed, Uppers)

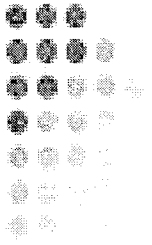


Workplace dangers include:

- Can make you rush around wildly and carelessly, pushing yourself beyond your physical capacity.
 - **Form:** Pills or tablets, sometimes legally prescribed but more likely to be obtained on the "Black Market."
 - **Where used:** Usually in night work situation, by drivers and others trying to stay awake.
 - **Clues:** Users can't sit still. They are excitable and talkative. Pupils of eyes will be dilated. As the drug wears off the user will become dizzy and confused.

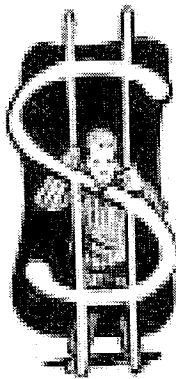
Opiates

(Heroin, Codeine, and synthetic pain relievers like Oxycodone and Hydrocodone.)



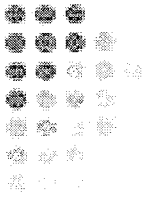
Workplace Dangers Include:

- Causes total disinterest in workplace safety.
- The high cost of addiction leads to workplace crime.
 - **Form:** Solutions, syrup, capsules, or tablets.
 - **Where used:** Because of the drugs wide variety of form this drug could be used in a work setting.
 - **Clues:** Inability to concentrate, lessened physical activity and pinpoint pupils.



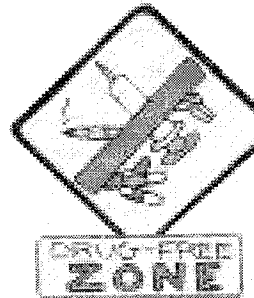
Phencyclidine

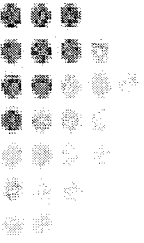
(Hallucinogens - PCP, LSD, Ecstasy, and Designer Drugs)



Workplace Dangers Include:

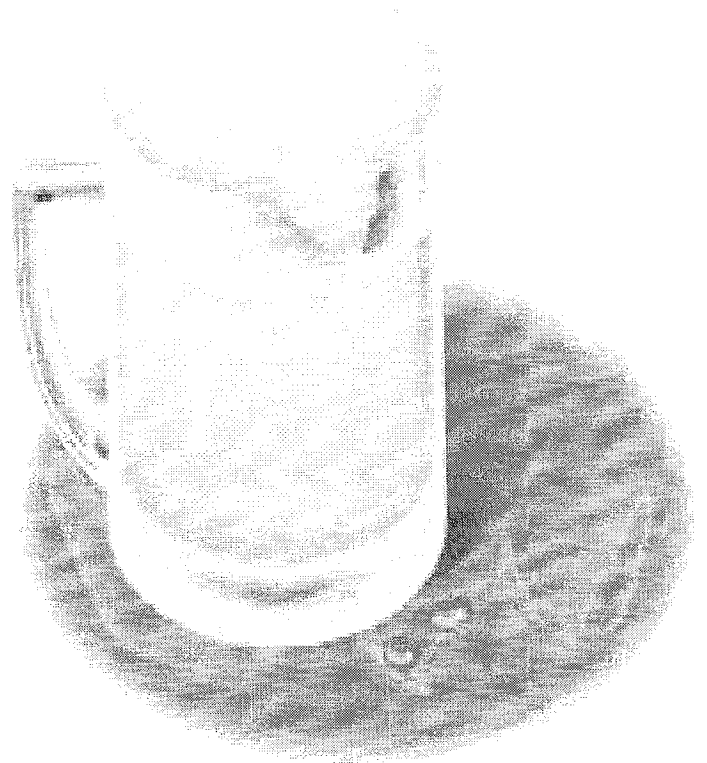
- Vastly distorting what is seen or heard causing dangerous situation to be overlooked or caused.
- Sudden bizarre changes in behavior that can include attacks on others.
- Loss of concentration and memory or behavior problems even when the drug has worn off.
 - **Form:** White crystal-like powder, or a tablet, or capsule.
 - **Where used:** Drug can be easily concealed and used on the worksite.
 - **Clues:** Trance-like state, distortion of space, time, and body image.





Alcohol

- Can cause loss of concentration and judgment leading to dangerous behavior.
- Can cause loss of work time or lateness.
- Inability to deal realistically with workplace problems.



CELL PHONE POLICY

On December 2, 2011, the Federal Motor Carrier Safety Administration passed a final rule restricting the use of cell phones by drivers of commercial motor vehicles (CMV). This rule becomes effective January 3, 2012. This rule restricts a CMV driver from holding a mobile telephone (cell phone or push to talk type phones) to conduct a voice communication or from dialing a telephone by pressing more than a single button. This law also restricts the use of push to talk (Nextel Type) phones.

Limiting the use of cell phones, including texting and hands free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries.

JC Transport has adopted the following policy effective immediately.

Under this policy, CMV drivers will not be able to hold, dial, or reach for a hand-held cell phone, including those with push-to-talk capability. Hands-free phone use is allowed, as is the use of CB radios and two-way radios.

Specifically, the rule prohibits drivers from:

- Using at least one hand to hold a mobile phone to conduct a voice communication;
- Dialing or answering a mobile phone by pressing more than a single button, and
- Reaching for a mobile phone in a manner that requires the driver to maneuver so that he or she is no longer in a seated, belted, driving position.

Drivers will not be able to use hand-held phones while temporarily stopped due to traffic, a traffic control device, or other momentary delays, but they will be able to use them after moving the vehicle to the side of, or off, the highway and stopping in a safe location.

Drivers who violate the new ban will face federal civil penalties of up to \$2,750 for each offense and disqualification for multiple offenses. Companies that allow their drivers to use hand-held cell phones while driving will face a maximum penalty of \$11,000.

Even though cell phone use is allowed with a hands free device it is our company policy that drivers not talk on a cell phone until they are parked at a safe and legal location. A driver receiving an incoming call on a hands free device, may briefly acknowledge the incoming call and inform the caller they will call back once they have parked in a safe, legal location.

Texting is never allowed while operating a CMV and is strictly prohibited by the Federal Motor Carrier Safety Regulations 49 CFR Part 392.80.

Texting includes phone texting, PDA use, satellite communications or any other existing texting communication devices.

This policy is in effect for anyone driving company owned or leased equipment.

Violations of this policy may result in disciplinary actions, up to and including termination.

FAQ

What does it prohibit?

The new rule says CMV drivers cannot "use a hand-held mobile telephone" while driving a CMV (§392.82). The rule contains the following new definitions:

"Use a hand-held mobile telephone means:

"(1) Using at least one hand to hold a mobile telephone to conduct a voice communication;

"(2) Dialing or answering a mobile telephone by pressing more than a single button, or

"(3) Reaching for a mobile telephone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with 49 CFR 393.93 and adjusted in accordance with the vehicle manufacturer's instructions."

"Mobile telephone means a mobile communication device that falls under or uses any commercial mobile radio service, as defined in regulations of the Federal Communications Commission, 47 CFR 20.3. It does not include two-way or Citizens Band Radio services."

"Driving [for purposes of the ban] means operating a commercial motor vehicle on a highway, including while temporarily stationary because of traffic, a traffic control device, or other momentary delays. Driving does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary."

Who does it affect?

For now, the rule applies to:

- All interstate commercial motor vehicle drivers (as "commercial motor vehicle" is defined in section 390.5; this includes both CDL and non-CDL drivers); and
- All intrastate CMV drivers hauling a placarded amount of hazardous materials.

In the future, it is expected that the states will adopt a similar provision for all other in-state CMV drivers (with variances based on how each state defines "CMV"). Under Appendix A to Part 355, states are given three years to adopt rules that are similar or identical to the federal standards.

What about "push to talk"?

Most push-to-talk devices are "mobile telephones," so they are subject to the ban.

Can I use my phone at a stop light?

No, CMV drivers cannot use hand-held phones while temporarily stopped due to traffic, a traffic control device, or other momentary delays.

When can I use a hand-held phone?

Hand-held cell-phone use is allowed if you move the vehicle to the side of, or off, the highway and stop in a safe location.

Hand-held cell-phone use is also allowed “when necessary to communicate with law enforcement officials or other emergency services.”

Can I mount my phone within reach?

Yes, the rule does not prohibit that. Be aware that the DOT says that “reaching for any mobile phone on the passenger seat, under the driver’s seat, or into the sleeper berth are not acceptable actions.”

Can officers review my call history?

According to the DOT, “Nothing in the rule authorizes enforcement officers to require a driver to make a mobile telephone available so that the officer can review call history for purposes of enforcing this rule.” Enforcement will be handled at the state/local level, so the methods used to enforce the new rule will vary.

What are the penalties?

Fines and/or disqualification. Drivers who violate the new ban will face federal civil penalties of up to \$2,750 for each offense and disqualification for multiple offenses. This includes CDL and non-CDL drivers. Violating a state law on hand-held cell-phone use is considered a “serious traffic violation” under the new rule, and a second conviction of any serious traffic violation in 3 years will result in disqualification for 60 days, or 120 days after three convictions. See §§383.51 and 391.15.

Companies that allow their drivers to violate the ban face penalties of up to \$11,000 for each violation.

CSA scoring. The rule is expected to be added to the list of violations tracked under the CSA enforcement program, so violations could affect your CSA scores.

What about texting?

Texting while driving is already prohibited under federal (49 CFR Part 392.80) and most state rules. The DOT says it has already cited over 300 CMV drivers for texting.