Cardinal Transportation, Ltd.

700 Harrison Drive | Columbus, OH 43204
p: (614) 274-2500 | f: (614) 274-2600
info@cardinaltrans.com | cardinaltrans.com

APPLICATION

Applicant Name (print)	

Date of Application	

POSITION(S) APPLIED FOR:		
CELL PHONE #	HOME PHONE #	Social Security #

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

TO BE READ AND SIGNED BY APPLICANT:

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

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

Signature _____ Date _____

E-mail _____

EMERGENCY CONTACTS

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____

YOUR MAIN CONTACT: **Dennis Bennett**, Human Resources
Dennis@CardinalTrans.com

List your addresses of residency for the past 3 years.

CURRENT ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)

PREVIOUS ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)
PREVIOUS ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)
PREVIOUS ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)
PREVIOUS ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)
PREVIOUS ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)
PREVIOUS ADDRESS:	CITY, STATE, ZIP:	HOW LONG? (yr/mo)

Do you have the legal right to work in the United States?			☐ YES ☐ NO
DATE OF BIRTH: (dd/mm/yyyy)	Can you provide proof of age?		☐ YES ☐ NO
Have you worked for this company before?			☐ YES ☐ NO
DATES: (mm/yy – mm/yy)	RATE OF PAY:	POSITION:	REASON FOR LEAVING:
Are you currently employed?			☐ YES ☐ NO
If NO, how long since leaving last employment?			
REFERRED BY:	RATE OF PAY EXPECTED:		
Have you ever been bonded? (Answer only if a job requirement)			☐ YES ☐ NO
If yes, the name of your bonding company:			
Have you ever been convicted of a felony?			☐ YES ☐ NO
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.			
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)?			☐ YES ☐ NO
If yes, explain if you wish:			

EMPLOYMENT HISTORY (last 10 Years required)

Provide the following information on all employers during the preceding 10 years.
NOTE: List employers in reverse order, starting with the most recent. Add more sheets as necessary.

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

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

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

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

EMPLOYER			DATE	
NAME:			FROM MO. YR.	TO MO. YR.
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT PERSON:	PHONE:		REASON FOR LEAVING:	
Were you subject to the FMCSRs† while employed? ☐ YES ☐ NO				
Was your job designated as a safety-sensitive functino in any DOT-Regulated Mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO				

ACCIDENT RECORD For the past 3 Years or more. If none, write **NONE**. (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS And forfeitures for the past 3 Years (other than parking violations). If none, write **NONE**.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE & QUALIFICATIONS – DRIVER List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

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

B. Has any license, permit or privilege ever been suspended or revoked? ☐ YES ☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y)	DATES TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	YES	NO	(Van, Tank, Flat, Dump, Refer)			
TRACTOR & SEMI-TRAILER	YES	NO	(Van, Tank, Flat, Dump, Refer)			
TRACTOR – 2 TRAILERS	YES	NO	(Van, Tank, Flat, Dump, Refer)			
TRACTOR – 3 TRAILERS	YES	NO	(Van, Tank, Flat, Dump, Refer)			
MOTORCOACH – SCHOOL BUS [more than 8 Passengers]	YES	NO				
MOTORCOACH – SCHOOL BUS [more than 15 Passengers]	YES	NO				
OTHER						

List states operated in for last 5 Years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE & QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company. _____

_____

List courses & training other than shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than already shown). _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: (Name) _____ (City, State) _____

TO BE READ & SIGNED BY APPLICANT

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

Signature: _____ Date: _____

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FAIR CREDIT DISCLOSURE

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as emended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature	Date
Print Name	Social Security Number

COMPANY NAME: CARDINAL TRANSPORTATION, LTD

MOTOR VEHICLE RECORD RELEASE

I hereby authorize procurement of my Motor Vehicle Report. This authorization shall remain on-file and shall serve as an ongoing authorization for you, your insurance agent and insurance company to procure motor vehicle reports at any time during my employment or contract period and for my pre-employment background check.

Print Name	Social Security Number
Driver's License Number	Date of Birth
Driver's Signature	Date

Years of experience driving "similar type" vehicle _____

Years of experience driving "For Hire" _____
NOTE: Over 16 Pass., a CDL is required with Passenger Endorsement

State Licensed (if other than Ohio) _____

FAX TO: Grubers' Columbus Agency, Inc.
614-486-0581

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DRIVER LICENSE REQUIREMENTS

CERTIFICATION 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 weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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 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. 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.

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 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 your license). The notification to both the employer and the state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State_____ Exp. Date_____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance)

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STATEMENT OF ON-DUTY HOURS

DRIVER STATEMENT OF ON-DUTY HOURS for newly hired drivers

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)_____

Restriction(s) _____ Type of License_____ Issuing State _____

DAY	(yesterday) 1	2	3	4	5	6	7	
DATE								TOTAL HOURS
HOURS WORKED								

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

Time: (AM or PM) _____ On (DD/MM/YYYY) _____

Driver's Signature: _____ Date: _____

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 nonmotor 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: _____

Witness Signature: _____ Date: _____
(company representative)

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DRIVER SIGN-OFF

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____ for purposes of investigation as required by Sections 391.23 and 391.25 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 Print Name Date

THE FOLLOWING IS TO BE COMPLETED BY CARDINAL TRANSPORTATION

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

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

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

_____ _____ _____
Signature of Requester Print Name Date

☐ The following named person has made application with our company for the position of _____ . In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____ . In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER:	DATE OF BIRTH:	SOCIAL SECURITY No:	LICENSE No:
CURRENT ADDRESS:	CITY:	STATE:	ZIP:
PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:

REQUESTED BY:

Cardinal Transportation, LTD.
2845 Fisher Road
Columbus, OH 43204

Typed Name: _____
Title: _____
Signature: _____

CONSUMER REPORT DISCLOSURE

Our disclosure to you: For employment purposes (hiring, promotion, assignment, and other employment decisions, and includes contractors or volunteers), Cardinal Transportation, LDT ("Employer") may obtain consumer reports (referred to as investigative consumer reports in California), or investigative consumer reports, as defined by the federal Fair Credit Reporting Act ("FCRA") regarding you. Employer may obtain these reports through consumer reporting agencies, and these reports may include the following types of information: employment history, accidents, education, licensures and certifications, etc., from the individuals and/or entities holding such information. Such reports may also contain public record information such as, but not limited to criminal records, driving records, workers' compensation claims, judgments, etc., from federal, state, or other agencies maintaining such records. Investigative consumer reports, also conducted by consumer reporting agencies, may be conducted through personal interviews (in California, through "any means") to obtain information about your character, general reputation, personal characteristics, or mode of living. A consumer report may also include results of drug screens required by Employer.

DISCLOSURE OF NATURE AND SCOPE of INVESTIGATIVE CONSUMER REPORT: The nature and scope of an investigative consumer report may include the information listed above, and may consist of interviews with former employers, business references, personal references, or other individuals/entities regarding your character, general reputation, personal characteristics and mode of living, as well as areas such as your employment history, work experience and performance, attendance records, and reasons for employment termination.

AUTHORIZATION

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS ONGOING AUTHORIZATION FOR EMPLOYER TO PROCURE CONSUMER AND INVESTIGATIVE CONSUMER REPORTS AT ANY TIME DURING MY EMPLOYMENT (OR CONTRACT/VOLUNTEER) PERIOD. I ALSO AUTHORIZE EMPLOYERS' SELECTED CONSUMER REPORTING AGENCY, REFCHECK® INFORMATION SERVICES, INC. TO OBTAIN THE INFORMATION LISTED ABOVE.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-LISTED INFORMATION.

This Authorization is conditional upon the following representations of my rights:
I understand that I have a right to make a request to the consumer reporting agency: RefCheck® Information Services, Inc., 3962 Brown Park Drive, Suite I, Hilliard, Ohio, 800-510-4010, upon presenting proper identification, regarding the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the consumer or investigative consumer report(s). The nature and scope of the investigation is the same as that listed in the second paragraph under DISCLOSURE OF NATURE AND SCOPE OF INVESTIGATIVE CONSUMER REPORT. The Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

The Agency will also disclose to me the recipients of any report on me which the Agency has previously furnished within the two-year period for employment preceding my request (California: three years). However, RefCheck® does not maintain a database of information to be used for future reports. RefCheck® reports are unique individual reports to which there will only be one recipient, the single employer who requested the report.

☐ California, Minnesota and Oklahoma applicants only: Check this box if you request a copy of any consumer report ordered on you.

Notice to California applicants applying for jobs in California: You have the right, under Section 1786.22 of the California Civil Code, to contact RefCheck® during reasonable hours (9:00 am to 5 pm eastern time zone, Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices (address listed above), by appointment. You may have someone accompany you to the Agency's offices (Agency may require this third person to present reasonable identification). You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to the Agency.

New York applicants for work (not volunteers or contractors): I acknowledge receipt of a copy of Article 23-A, New York Correction Law.
Applicant's initials: _____

I understand that if the report is provided to an employer in the state of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I acknowledge that I have been provided a copy of the consumer's rights under the Fair Credit Reporting Act.

The following information is being requested in order to conduct a background check on you. PLEASE PRINT CLEARLY

Applicant Full Name:

_____

LAST FIRST FULL MIDDLE

Other Names Used: _____

Current Street Address: _____ City, State, Zip Code:

_____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
(mm/dd/yyyy)

Driver's License #: _____ State of Issue:

_____

Information appearing on this document will be used by the consumer reporting agency exclusively for the purposes listed above.

_____

Signature Date

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POLICY
DRUG & ALCOHOL TESTING
FOR U.S. DEPARTMENT OF TRANSPORTATION COMPLIANCE

This policy applies to employees and volunteers who are required to maintain a commercial drivers' license for driving for Cardinal Transportation. It also applies to all persons in transit-related, safety-sensitive positions as defined by the Department of Transportation, such as the employees and supervisor of the Facilities Management Maintenance Garage.

1. Cardinal Transportation ensures that federal mandates are implemented regarding drug and alcohol testing relating to transportation safety.

Cardinal Transportation is committed to the health and safety of its employees, as well as the safety of those traveling within our community. This policy is intended to comply with U.S. Department of Transportation regulations (DOT) (Title 49, Code of Federal Regulations, Parts 29, 40, 382, 653 and 654).

These regulations mandate drug and alcohol testing for commercial drivers' license holders, related "safety-sensitive" employees as defined in the above regulations, and others when so noted. The regulations prohibit performance of job functions when there is a positive test result.

2. Employees will be subject to testing as federal regulations require, including random, reasonable suspicion, and post-accident testing.

3. Contractors must provide written documentation of their programs upon request.

4. Cardinal Transportation is dedicated to a fair and equitable application of this policy.

Supervisors and managers are to implement this policy in an unbiased and fair manner. Any person who knowingly disregards the requirements of this policy or who is found to misuse application of this policy regarding subordinates shall be subject to disciplinary action.

5. Illegal substances are identified in Title 49, CFR, Part 40.21.

Appropriate use of drugs taken with written approval or prescription from a physician is not prohibited. The taking of any substance with a warning label indicating that mental functions, motor skills or judgment may be adversely affected should be reported to the supervisor.

Use of alcohol or substances containing alcohol, e.g. mouth wash or food, is regulated under this policy.

6. Some conduct is prohibited and will result in termination.

Prohibited conduct includes the following:

- Reporting for work or remaining at work to perform safety-sensitive functions while having an alcohol concentration exceeding DOT standards.
- Using alcohol while performing safety-sensitive functions.
- Operating a vehicle while possessing alcohol.
- Using alcohol within eight hours following an accident or prior to taking a post-accident test, whichever is first.
- Refusing to take a controlled substance or alcohol test as required: random, post-accident, reasonable suspicion, or follow-up.
- Using alcohol within four hours of reporting for work.
- Arriving or remaining at work when using a controlled substance, with the exception of when instructed by a physician with the understanding that the substance will not affect job performance and with the knowledge of the supervisor.
- Being in possession of alcohol of any type unless part of a manifested shipment.
- Altering or attempting to alter a urine specimen.
- Possessing, using, selling or distributing prohibited substances

7. Urine drug testing and breath testing for alcohol are performed in compliance with DOT regulations.

1. Pre-employment drug testing for prospective employees or current employees moving into positions requiring a valid commercial drivers' license or in a "safety-sensitive" function.

- Cardinal Transportation, Ltd. may use refusal to subject to testing and/or verified positive result as a basis for not hiring.

- Discrimination will not occur on the basis of past drug or alcohol use.

- Passing drug testing is a condition of employment for all new hires or current employees offered employment in positions covered by this policy.

2. Random, unannounced testing at an annual rate specified in the federal regulations (currently 10% for alcohol and 50% for controlled substances).

3. Reasonable suspicion testing if there is reasonable suspicion to believe the regulated employee has violated the alcohol or controlled substance prohibitions.

4. Post-accident testing when an accident results in a fatality, results in injuries requiring transportation to a medical facility or disables vehicles which require towing, or results in property damage exceeding $5,000.

5. Return to duty testing prior to returning to work following an incident involving prohibited conduct.

Positive test results are reviewed by a Medical Review Officer who shall be a licensed physician.

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8. Employees may request that additional drug testing be conducted.

Additional testing may be requested using a split sample provided at the same time as an original sample. Costs for such additional testing are paid by the employee unless the second test invalidates the original.

9. Employees who test positive for controlled substances or alcohol above the threshold in 49 CFR 40 shall be immediately terminated.

10. Testing, rehabilitation and treatment information relating to this policy shall be protected as confidential medical information.

Information relating to this policy shall be kept in separate files from the employee's personnel file. Access to these files is confidential, in accordance with regulation.

11. The Environmental Health and Safety office coordinates drug and alcohol testing.

Notice of Drug and Alcohol Testing Employees

Federal Motor Carrier Safety Regulations,Part 382, require Testing for controlled substances and alcohol for specified drivers of Cardinal Transportation. I acknowledge receipt of a copy of the Drug and Alcohol Policy for employees of Cardinal Transportation.

_____
Employee Name (type or print)

_____ _____
Employee's Signature Month Day Year

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Request from Previous Employer

Employment and Alcohol/Drug History Inquiry

To: **Date:**

The following individual has submitted an application for employment with our company as a vehicle operator:

Name: **SSN:** **DOB:**

This individual has advised us that, during the past two years, they have
- [x] worked for your company
- [ ] applied to work at your company

In accordance with FHWA's regulations, we are providing you with a copy of the individual's written authorization to provide us with the following information.

TO BE COMPLETED BY THE APPLICANT:

The person below has applied for employment in a DOT safety-sensitive position, and grants permission for the above named employer to request the information required under 49 CFR Part 40

Applicant Name: _____ Social Security # _____

EMPLOYMENT HISTORY

When did this individual work for your company? From: _____ To: _____
Any violation of company policy? [ ] Yes [ ] No
What Kind of work did they perform? [ ] Driver [ ] Mechanic [ ] Dispatch

If employed as a driver, please describe the types of vehicles/equipment that they operated _____

Number of Accidents: _____ Number of Incidents: _____ Please list dates and a brief explanation (below):

Date	Preventable/Non- DOT recordable?	Breif description

Is the applicant eligible for re-hire? [ ] Yes [ ] No

If no, please explain: _____

DRUG/ALCOHOL HISTORY:

Regulations of the Federal Highway Administration (49C.F.R. 382.413) require us to obtain from your company information concerning the above-named driver's past drug and alcohol test results, including any refusals tested.

1. Has this individual has a breath alcohol test result with a concentration of 0.04 or greater in the past 3 years? [ ] Yes [ ] No
2. Has this individual tested positive for a controlled substance in the past 3 years? [ ] Yes [ ] No
3. Has this individual ever refused a required test fro drugs or alcohol in the past 3 years? [ ] Yes [ ] No
4. Has the individual violated other DOT drug and/or alcohol regulations? [ ] Yes [ ] No
5. Have you received information from a previous employer that this individual has violated DOT drug & alcohol regulations? [ ] Yes [ ] No

*If the answer to any of the above is yes, please identify the **Substance Abuse Professional** that administered treatment as required by the U.S. Department of Transportation*

Name: _____ Phone: _____
or check here [ ] if it is unknown if driver received treatment.

Information furnished by: _____ *Title:* _____ *Date:* _____

Request 1: _____ Request 2: _____ Request 3: _____