

Truckmen Corporation

5449 Bishop Rd
Geneva, Oh 44041

Today's Date: _____ Position: _____

How were you referred here? _____

Have you ever applied here before? _____

PERSONAL INFORMATION

Name: _____ Phone: _____

Previous Names or Aliases: _____

Address for last 3 years: _____ How long: _____

How long: _____

How long: _____

SSN: _____ Birth Date: _____

Emergency Contact: _____ Phone: _____

Relation to you: _____ Occupation: _____

Have you ever tested positive, or refused to test, on any pre-employment or other drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work or that you were employed by who was covered by DOT agency drug and alcohol testing rules. Yes _____ No _____

MINIMUM QUALIFICATIONS:

- * CDL Class "A" and be 23 years old or older
- * 2 year verifiable over the road tractor trailer experience.
- * Current DOT physical
- * Be able to successfully complete drug and alcohol screen
- * Be able to successfully pass road test
- * Must possess a good track record of on-time deliveries and reliability
- * Must have a steady work history averaging 1 year or more at jobs in the last 4 years
- * No DUI, DWI, reckless driving, or other major moving violations.
- * Less than 2 instances in any 12 month period
- * Less than 3 instances in any 36 month period (An instance is a moving violation or preventable accident)
- * No more than 1 preventable accident in any 36 month period.

Employment History

List All Employers for the Last Three Years and Any Employment as a Commercial Vehicle Operator for the Last Ten Years. **Do Not Leave Any Gaps.**

Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Current Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ # Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Y N Contact: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ # Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Y N Contact: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ # Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Y N Contact: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ # Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Y N Contact: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Y N

Dates: From: ___/___/___ To: ___/___/___

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ # Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? ___Y___N Contact: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y___N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___Y___N

Dates: From: ___/___/___ To: ___/___/___

Previous Employer: _____

Address: _____ Phone: _____ Position: _____

Equipment Pulled: _____ # Accidents: _____

Rate of Pay: _____ Reason for Leaving: _____

May We Contact Your Present Employer? ___Y___N Contact: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___Y___N

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___Y___N

Experience

List All Your Experience in the Operation of Motor Vehicles
(Reefer, Flatbed, 20', 40', 45', Straight Truck, etc.)

| <u>Type of Equipment</u> | <u># Years</u> | <u># Miles</u> |
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Accidents

List ALL accidents involving a motor vehicle in the past three years. If None, write "NONE".

| <u>Date</u> | <u>Vehicle Type</u> | <u>Accident Type</u> | <u>Chargeable?</u> | <u># Injuries/fatal</u> |
|-------------|---------------------|----------------------|--------------------|-------------------------|
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Traffic Convictions

List all convictions for moving violations in the past three years. If None, write "NONE".

| <u>Date</u> | <u>Charge</u> | <u>Town/State</u> | <u>Vehicle Type</u> |
|-------------|---------------|-------------------|---------------------|
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Professional Information

Important Note: List All Licenses Held in the Last Three Years

License #: _____ State: _____ S.S.# _____

License #: _____ State: _____ Turned In? _____

- 1. Are you currently qualified to drive a commercial motor vehicle? Yes No
- 2. Within the previous 3 years have you violated the alcohol and controlled substance prohibitions under subpart B of 382 FMCSR or 49 CFR part 40? Yes No
- 3. Have you ever been convicted of a crime or narcotic offense? Yes No
- 4. Has your license been suspended or revoked in the last five years? Yes No
- 5. Have you ever been discharged for equipment abandonment? Yes No
- 6. Have you ever left the scene of an accident? Yes No

If "Yes" to questions 2 - 6, please explain: _____

It is agreed and understood that Truckmen Corp. (TC), TC's insurance company and/or TC's insurance agent may investigate the applicant's background in accordance with Section 604(b)(2)(A) 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 I of Public Law 104-208) , the Pre Employment Screening Program of the Federal Motor Carrier Administration, and any other source necessary to obtain required background information.

You are being informed that reports verifying your previous employment, previous drug and alcohol test results, roadside inspection results and your driving record will be obtained on you for employment purposes, for use in rating and/or underwriting insurance for which TC may apply, and any renewal thereof. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. TC will investigate the applicant's background to ascertain any and all information of concern to applicatn's record whether same is of record or not and applicant releases TC and agencies supplying this information from any and all liabilities on account of furnishing such information. The applicant agrees to furnish such additional information and complete such examination as necessary to complete required files. It is agreed and understood that this application in no way obligates TC to employ/lease the applicant and understood that if employed/leased such employment/ lease is terminable at will. No company policy or procedure shall be deemed to vest any right with any person to create or guarantee employment/lease for any period of time or to create or contribute in any way toward a legal cause of action against TC. In the case of an independent contractor, nothing in the application or agreement shall be used to establish an employee/employer relationship.

I certify that this application was completed by me (applicant) and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that intentional falsification of information on this application will be grounds for immediate termination. I certify that I have read and understand the release printed above. I also understand that by signing this application I agree to comply with the hiring criteria printed on the first page of this application. I understand that failure to comply with these criteria will be considered a violation of company work rules and could be grounds for termination.

Signature

Date

Driver's Rights Under FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23 (j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23 (j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:(i) Forward a copy of the rebuttal to the prospective motor carrier employer;
(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23 (j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23 (j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23 (I)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23 (I)(2) The protections in paragraph (I) (1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read and understand the above mentioned rights.

Driver's Signature

Date

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

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

1. In connection with your application for employment with TRUCKMEN ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize TRUCKMEN ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

.....
I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND TO OBTAIN CONSUMER REPORT**

I hereby authorize previous employers and references to release information concerning my employment history and personal or professional character to Truckmen Corp. Said authorization extends to documentary information and/or verbal responses to information requests. I hereby release any party providing documentation and/or information pursuant to this authorization from any liability stemming from said authorized release.

I hereby authorize the Truckmen Corp. to procure consumer reports as it deems appropriate. I further authorize the release of this information by any party or agency. If hired, this authorization shall remain on file and shall serve as ongoing authority for Truckmen Corp. to procure consumer reports at any time during my period of employment.

Print Name

Social Security Number

Applicant's Signature

Date

**THIS DISCLOSURE AND AUTHORIZATION IS MADE IN COMPLIANCE WITH
THE FAIR CREDIT REPORTING ACT.**

Inquiry to Past Employer

Company: Truckmen Corporation
 Address: 5449 Bishop Road Geneva, OH
 E-mail: VenableD@truckmen.com

Fax # 440-466-2482
 Phone # 800-253-5308 ext. 115

Applicant's Name: _____

Social Security #: _____

You are hereby authorized to give to Truckmen Corp. (TC) all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable TC to comply with the requirements of 49 CFR, 382.413 & 391.23, I hereby consent to TC obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the three (3) years preceding the date of this application and 49 CFR 391.23(a)2 & (d) investigation of my past employment and driving record. I hereby authorize and direct my prior employers to release such information to TCI in personal interviews, telephone interviews, letters or any other method that insures confidentiality. I hereby authorize TC to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

Applicant's Signature: _____ Date: _____

Name of Company: _____ Phone #: (____) _____

Street Address: _____ City: _____ State: ____ Zip: _____

Period of Employment: From _____ To _____ Position Held: _____

Driver: Yes ___ No ___ Part-time ___ Full-time ___
 Company driver ___ Owner Operator ___ Driver for Owner Operator ___

Equipment: Van ___ Tank ___ Flatbed ___ Tractor ___ Straight Truck ___ Other _____

List areas in which applicant drove regularly: _____

Logs: Did applicant violate hours of service regulations? Yes ___ No ___

Accidents: Total number _____ Preventable ___ Non-Preventable ___

D.O.T. Reportable Accidents: _____

Tickets: Yes ___ No ___ Describe _____

What license did applicant have? Class _____ State of issue _____

Why did applicant leave your employ? _____

Is applicant eligible for rehire? Yes ___ No ___ If no, why? _____

Was applicant's license ever suspended or revoked? Yes ___ No ___

| | | |
|---|-----|-----|
| In accordance with part 382.405, 382.413, and 40.25 : | Yes | No |
| Has this person ever tested positive for a controlled substance? | ___ | ___ |
| Has this person ever had an alcohol test concentration of 0.04 or greater? | ___ | ___ |
| Has this person ever refused a required test for drugs or alcohol? | ___ | ___ |
| Has this person violated any other DOT agency drug and alcohol testing regulations? | ___ | ___ |

Additional comments: _____

Signature: _____ Title: _____ Date: _____

| 1st Attempt | 2nd Attempt | 3 rd Attempt | 4 th Attempt |
|---------------|---------------|-------------------------|-------------------------|
| Date _____ | Date _____ | Date _____ | Date _____ |
| Time _____ | Time _____ | Time _____ | Time _____ |
| Method _____ | Method _____ | Method _____ | Method _____ |
| Contact _____ | Contact _____ | Contact _____ | Contact _____ |

** After four attempts to acquire the above information, we have satisfied the DOT requirement to put forth a good faith effort to obtain background information.

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER REQUIREMENTS: The requirements of Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,000 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 10,000 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. These requirements 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 that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, CANCELLATION, OR MOTOR VEHICLE VIOLATIONS.** 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 a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

Failure to follow these policies will subject you to disciplinary action up to and including termination of employment/lease.

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 understand the above requirements

Driver's Name (Printed): _____

Driver's Signature: _____

Supervisor's Signature: _____

Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IF NONE STATE NONE

| Date | Offense | Location | Type of Vehicle Operated |
|------|---------|----------|--------------------------|
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If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Name (Print) _____ Social Security No. _____

Driver's License No. _____ State _____ Expiration Date _____

(DATE OF CERTIFICATION)

(DRIVER'S SIGNATURE)

(MOTOR CARRIER'S NAME)

(MOTOR CARRIER'S ADDRESS)

(REVIEWED BY: SIGNATURE)

(TITLE)

RETAIN THIS RECORD FOR THREE YEARS FROM DATE OF EXECUTION (Section 391.51(h)(3))

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT / CONSENT FORM

As a condition of employment with **TRUCKMEN CORP.** (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident -Section 382.303

Return to Duty - Section 382.309

Random – Section 382.305

Reasonable Suspicion – Section 382.307

Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O. The following is a referral list of Substance Abuse Professionals:

Glenbeigh

2863 ST RT 45
Rock Creek, OH
800-234-1001

Occupational Safety Solutions

Lois Miller
Ashtabula, OH
440-964-5647

**Psychological & Behavioral
Consultants**

Willoughby & Ashtabula
440-998-7541 #150

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I have read the above controlled substances and alcohol testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's Printed Name)

(Applicant's Signature)

(Date)

(Truckmen Representative)