

ORIGINAL

SHIFFLET BROTHERS ENTERPRISES, INC.

P.O. BOX 270
2593 SOUTH FIFTH AVENUE
OROVILLE, CA 95965

APPLICATION FOR COMPANY DRIVING POSITIONS

(Answer all questions – Please Print)

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.

Date of Application: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone No.: (____) _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Are you now employed? ____ If not, how long since leaving last employment? _____

Have you worked for this company before? ____ What location _____

Do you have the legal right to work in the United States? Yes ____ No ____

Who referred you? _____ Rate of pay expected _____

List your addresses of residency for the past 3 years.

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

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 ____

EMPLOYMENT HISTORY

All driver applicants to drive intrastate or interstate commerce must provide the following information on all employers during the past 10 years. List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" _____ YES _____ NO Comments: _____

FAX NUMBERS ARE REQUIRED

Current Employer:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	
	FAX NUMBER: ()		

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	
	FAX NUMBER: ()		

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	
	FAX NUMBER: ()		

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	
	FAX NUMBER: ()		

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	
	FAX NUMBER: ()		

If necessary, attach an additional sheet to show employment for last 10 years.

If unemployed during the past (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment: NAME: _____ Phone: (____) _____

Have you ever been discharged from any job? YES ___ NO ___ If yes, please list name of companies and reason for discharge:

List any companies you applied and/or took a pre-employment or pre-driving drug and/or alcohol test during the past two years that is not already listed above:

Company Name: _____ Date Applied: ____/____/____ Phone: (____) _____

Company Name: _____ Date Applied: ____/____/____ Phone: (____) _____

ACCIDENT RECORD FOR PAST 5 YEARS: IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CITATIONS & LICENSE FORFEITURES FOR THE PAST 3 YEARS: IF NONE, WRITE NONE.

DATE	LOCATION (STATE)	VIOLATION	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVERS

DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, YES ___ NO ___
Permit of privilege to operate a motor vehicle?

B. Have you ever been refused auto liability insurance? YES ___ NO ___

(These items do not automatically disqualify an applicant from employment)

If the answer to either A, or B is yes, state all circumstance and dates.

How many years have you driven a commercial motor vehicle? _____

Have you ever pulled doubles? _____

List States operated in for last five years. _____

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

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

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history and criminal 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.

Applicant's Signature

Date



CORDOBA WMBE CERTIFIED



Twila Anders
President

P.O. Box 270
Oroville, CA 95965

(800) 344-4997
(530) 533-8806
Fax: (530) 533-8850
sbe@cncnet.com

Pre-Employment Drug Testing Notification and Consent

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR Part 391.103 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample which will be test for the following controlled substances: Marijuana, cocaine, opioids, amphetamines, and phencyclidine (PCP).

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company.

The result of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with my DOT required physical. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a urine drug test.

Print Applicant's Name _____

Applicant's Signature _____

Date _____

SHIFFLET BROTHERS ENTERPRISES, INC.

CONTROLLED SUBSTANCE USE AND ALCOHOL ABUSE POLICY

Drivers are an extremely valuable resource for **Shifflet Brother Enterprises'** business. Their health and safety is a serious Company concern. Drug or alcohol use may pose a serious threat to driver health and safety. It is, therefore, the policy of the Company to prevent substance use or abuse from having an adverse effect on our drivers. The company maintains that the work environment is safer and more productive without the presence of alcohol, illegal or inappropriate drugs in the body or on company property. Furthermore, drivers have a right to work in an alcohol and drug-free environment and to work with drivers free from the effects of alcohol and drugs. Drivers who abuse alcohol or use drugs are a danger to themselves, their coworkers and the Company's assets.

The adverse impact of substance abuse by drivers has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require the company to implement a controlled substance testing program. The Company will comply with these regulations and is committed to maintaining a drug-free workplace. All drivers are advised that remaining drug-free and medically qualified to drive are conditions of continued employment with the Company.

Specifically, it is the policy of the Company that the use, sale, purchase, transfer, possession or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on company premises, engaged in company business, while operating company equipment, or while under the authority of the Company is strictly prohibited.

FMCSA states that **mandatory testing must apply** to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the CDL licensing requirements of Part 383 of Title 49, Code of Federal Regulations (49 CFR).

The execution and enforcement of this policy will follow set procedures to screen body fluids (urinalysis), conduct breath testing, and/or search all driver applicants for alcohol and drug use, and those drivers suspected of violating this policy who are involved in a US Department of Transportation (DOT) reportable accident or who are periodically or randomly elected pursuant to these procedures. These procedures are designed not only to detect violations of this policy, but also to ensure fairness to each driver. Every effort will be made to maintain the dignity of drivers or driver applicants involved. **Disciplinary action will, however, be taken as necessary.**

Neither the policy nor any of its terms are intended to create a contract of employment or to contain the terms of any contract of employment. The Company retains the sole right to change, amend or modify any term or provision of this policy without notice. This policy is effective January 1, 2018 and will supersede all prior policies and statements relating to alcohol or drugs.

ADMINISTRATION GUIDE TO
PERSONNEL
ALCOHOL AND DRUG TESTING PROCEDURES

PURPOSE

The purpose of this administrative guide is to set forth the procedures for the implementation of controlled substances and alcohol use and testing of driver applicants and current drivers pursuant to the Alcohol and Drug Abuse Policy. These procedures are intended as a guide only, and are in no way intended to alter any existing relationship between Shifflet Brothers Enterprises and any driver.

Shifflet Brothers Enterprises' alcohol and drug program administrator designated to monitor, facilitate, and answer questions pertaining to these materials is **MICHELLE ANDERS, SAFETY & COMPLIANCE MANGER**.

DEFINITIONS

When interpreting or implementing these procedures, or the procedures required by the Federal Motor Carrier Safety Administration (FMCSA) controlled substance testing regulations the following definitions apply:

"Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

"Alcohol concentration (or content)" means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this part.

"Collection site" means a place where individuals present themselves for the purpose of providing breath, body fluid, or tissue samples to be analyzed for specified controlled substances. This site must possess all necessary personnel, materials, equipment, facilities and supervision to provide for the collection, security, temporary storage and transportation or shipment of the samples to a laboratory.

"Commercial motor vehicle" means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

1. Has a gross combination weight rating of 26,001 or more pounds; or
2. Has a gross vehicle weight rating of 26,001 or more pounds; or
3. Is designed to transport 16 or more passengers, including the driver; or
4. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR, Part 172).

"Driver" means any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer. For the purpose of pre-employment/pre-duty testing only, the term "driver" includes a person applying to an employer to drive a commercial motor vehicle.

"Drug" means any substance (other than alcohol) that is a controlled substance as defined in the section and 49 CFR, Part 40.

"FMCSA" means the Federal Motor Carrier Safety Administration; US Department of Transportation.

"Owner-operator(s)" means a driver(s) who has been contracted for services with the Company. For the purposes of these procedures and the Company's Alcohol and Drug Abuse Policy, owner-operators are not to be considered employees, but will be required to participate in the Company's Alcohol and Drug Abuse Policy like all Company employee drivers.

"Medical review officer" (MRO) means a licensed MD or DO with knowledge of drug abuse disorders that is employed or used by a motor carrier to conduct drug testing in accordance with this part.

"Performing a safety-sensitive function" means a driver is considered to be performing a safety-sensitive function during any period in which he/she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

"Random selection process" means that alcohol and drug tests are unannounced; that every driver of a motor carrier subject to test-tests conducted annually shall equal or exceed twenty-five percent (25%) for alcohol tests and fifty percent (50%) for drug test of the total number of drivers subject to testing of a motor carrier.

"Reasonable cause" means that the motor carrier believes the actions or appearance or conduct of a commercial motor vehicle driver who is on duty as defined below, are indicative of the use of a controlled substance.

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

1. Failure 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 (see §40.61(a) of 49 CFR);
2. Failure 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 (see §40.63(c) of 49 CFR) a pre-employment test is not deemed to have refused to test;
3. Failure 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 or she has left the testing site before the testing process commences (see §40.63(c) of 49 CFR) for a pre-employment test is not deemed to have refused to test;
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen (see §§40.67(l) and 40.69(g) of 49 CFR);
5. Failure to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2) of 49 CFR);
6. Failure or declines to take a second test the employer or collector has directed the driver to take;
7. Failure 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 §40.193(d) of 49 CFR. In the case of a pre-employment drug 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. Failure 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.

"Safety-sensitive function" means any of those on-duty functions set forth in CFR 49, Section 395.2. including

1. 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. "On duty time" shall include:
2. All time at a carrier or shipper plant, terminal, or facility, or other property, or on any public property waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
3. All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;
4. All driving time;
5. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth;
6. 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.

7. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

SUBSTANCES SUBJECT TO TESTING

Alcohol use means the consumption of any beverage, mixture, or preparation, including any medication containing alcohol which, when consumed, causes an alcohol concentration in excess of those prescribed by Part 382, Subpart B, (FMCSR) and this policy.

Controlled substances: In accordance with FMCSA rules, urinalysis will be conducted to detect the presence of the following substances:

1. Marijuana
2. Cocaine
3. Opioids
4. Amphetamines
5. Phencyclidine (PCP)

Use of medically prescribed marijuana, which is legal in some states, is prohibited by FMCSA.

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the recommendations established by the 49 CFR, Part 40.

Prescription medications: Drivers taking legally prescribed medications issued by a licensed health care professional familiar with the driver's work-related responsibilities must report such use to their immediate supervisor or dispatcher, and may be required to present written evidence from the health care professional which describes the effects such medications may have on the driver's ability to perform his/her tasks. Use of medically prescribed marijuana, which is legal in some states, is prohibited by FMCSA.

PROHIBITIONS

Alcohol Prohibitions

Any alcohol misuse that could affect performance of a safety-sensitive function is prohibited, including:

- Use while performing safety-sensitive functions.
- Use during the 4 hours before performing safety-sensitive functions.
- Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater.
- Possession of alcohol, unless the alcohol is manifested and transported as part of a shipment. This includes the possession of medicines containing alcohol (prescription or over-the-counter), unless the packaging seal is unbroken.
- Use during 8 hours following an accident, or until he/she undergoes a post accident test.
- Refusal to submit to a required test. (See definitions)

NOTE: A driver found to violate the prohibitions of this policy shall not be allowed to perform safety sensitive functions until complying with all requirements set forth by a Substance Abuse Professional. A driver may also have his/her employment terminated.

A driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. However, documentation of this test constitutes written warning that company policy has been violated, and the next occurrence could result in termination of a driver.

Drug Prohibitions

The regulations prohibit any controlled substance use that could affect performance of safety-sensitive functions, including:

- Use of any drug, except by doctor's prescription, and the only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate the CMV;
- Testing positive for drugs; and
- Refusing to take a required test.

Use of medically prescribed marijuana, which is legal in some states, is prohibited by FMCSA rules!!!

All drivers will inform the alcohol and drug program administrator of ANY therapeutic drug use prior to performing a safety-sensitive function. "Therapeutic drug" includes prescriptions issued by a physician, herbal remedies, and over-the-counter medicines such as, but not limited to analgesics, allergy medicines, and cold/flu medication.

Types of Required Testing

1. Pre-Employment (Applicant) Testing: All driver applicants will be required to submit to and pass a breath alcohol test and a urine drug test as a condition of employment. Job applicants who are denied employment because of a positive test may reapply for employment after 6 months.

Offers of employment are made contingent upon passing the Company's medical review, including the alcohol and drug test. Driver applicants who have received firm employment offers are to be cautioned against giving notice at their current place of employment, or incurring any costs associated with accepting employment with the Company until after medical clearance has been received. All newly hired drivers shall be on **probationary status for 30 days**, contingent upon medical clearance for illicit controlled substance or alcohol usage, as well as other conditions explained in the personnel policies. **Under no circumstances may a driver perform a safety-sensitive function until a confirmed negative result is received from the MRO.**

2. Random Testing: The Company will conduct random testing for all covered drivers as follows:

1. Random testing will provide for alcohol testing rate of at least 10%, and drug testing rate of at least 50% of all covered drivers annually.
2. The random testing will be reasonably spaced throughout the calendar year.
3. Once notified, a driver must proceed immediately to the assigned collection site.
4. In the case of a verified positive test result, the alcohol and drug program administrator is responsible to refer the employee to a substance abuse professional (SAP) whom, in conjunction with the driver's physician, will diagnose the problem and recommend treatment. The driver's successful completion of the SAP-approved treatment program is a condition of continued employment as a driver.

3. Post-Accident Testing: Federal regulations place the burden of compliance with post-accident alcohol and drug testing regulations on both the driver and employer. Therefore, all drivers are required to provide a breath test and a urine specimen "as soon as practicable" after an accident. The driver shall remain readily available for such testing, or may be deemed by the alcohol and drug program administrator to have refused to submit to testing. **No alcohol may be consumed for 8 hours after an accident or until a test is conducted.** If the driver is seriously injured and cannot provide a specimen at the time of the accident, he/she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his/her system.

Post Accident Testing Chart

Type of accident involved	Citation issued to the CMV driver	Test must be performed by employer
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i. Human fatality	YES	YES
	NO	YES
ii. Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
iii. Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

An accident is defined by FMCSA regulations as an accident which results in the death of a human being or bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or which has had one of the vehicles towed from the scene of the accident. Except for a fatality accident, verification of the driver's responsibility in the above accident must be established by a citation to the driver.

Drivers shall contact the program administrator or TPA for directions to the nearest collection site, and the procedures required.

Adherence by drivers to post-accident specimen collection requirements is a condition of continued employment. The failure of an owner-operator to comply with DOT post-accident and specimen collection rules will be considered a refusal, as well as a breach of his/her contract with the Company, and the contract is invalid until appropriate substance abuse professional (SAP) direction has been completed.

4. Reasonable Suspicion Testing: If a driver is having work performance problems or displaying behavior that may be alcohol or drug-related, or is otherwise demonstrating conduct that may indicate a violation of this policy, or where immediate management action is necessary, a person trained pursuant to 49

CFR 382.603 may require the driver to submit to a breath test or urinalysis. Signs of possible alcohol or drug use include, but are not limited to:

- Abnormally dilated or constricted pupils
- Glazed stare - redness of eyes
- Flushed ace
- Change of speech (i.e. faster or slower)
- Constant sniffing
- Increased absences
- Redness under nose
- Sudden weight loss
- Needle marks
- Change in personality (i.e. paranoia)
- Increased appetite for sweets
- Forgetfulness - performance faltering - poor concentration
- Borrowing money from coworkers or seeking an advance of pay or other unusual display of need for money
- Constant fatigue or hyperactivity
- Smell of alcohol
- Slurred speech
- Difficulty walking
- Excessive, unexplained absences
- Dulled mental processes
- Slowed reaction rate

Supervisors or dispatchers must take action if they have reason to believe one or more of the above-listed conditions is indicated, and that substance abuse is affecting a driver's ability to safely perform safety sensitive functions, or endangers others in any manner. A supervisor or dispatcher observing such conditions shall take the following actions immediately:

- Approach the employee involved. Keep them under direct observation until the situation is resolved.
- Secure the alcohol and drug program administrator's concurrence to observations; job performance and company policy violations must be specific.
- After discussing the circumstances with the supervisor or dispatcher, the alcohol and drug program administrator will arrange to observe or talk with the driver. If he/she believes, after observing or talking to the driver, that the conduct or performance problem could be due to substance abuse, the driver will be immediately informed that continued refusal will result in disqualification from performing any safety-sensitive function.
- Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from driving duties. All confiscated evidence will be receipted for, with signatures or both the receiving supervisor, as well as the provider.
- If, upon confrontation by the supervisor or dispatcher, the driver admits to use but requests assistance, the alcohol and drug program administrator will arrange for assessment by an appropriate substance abuse professional (SAP). Reassignment of the driver to a non-safety sensitive position is conditional to completing the SAP's guidelines and return-to-work testing.
- The supervisor or dispatcher shall, immediately document the particular facts related to the behavior or performance problems which gave rise to suspicion. The documentation must be presented to the alcohol and drug program administrator.
- The drug and alcohol program administrator will remove or cause the removal of the driver from the Company-owned vehicle, if applicable, and ensure the driver is transported to an appropriate collection site for testing. Under no circumstances will that driver be allowed to continue in a safety sensitive function until a confirmed negative test result is received.

5. Return-to-Duty Testing: Prior to returning to a safety sensitive function, any driver who has had a verified positive test result, and successfully completed the requirements set forth by a SAP, must also submit to a return to duty alcohol test with a result of less than a 0.02 BAC, or receive a confirmed negative result from a controlled substance urinalysis test.

6. Follow-up Testing: Following successful completion of any SAP-approved treatment program, the driver will be required to submit to *at least* six follow-up drug/alcohol tests, randomly spaced, during the first year. *(These follow-up tests are in addition to the random testing required by section 3, above.)* Follow-up testing may be conducted for up to 60 months if deemed necessary by the SAP. Failure to adhere to this condition is grounds for immediate termination.

Under all circumstances, when a driver is directed to provide either a breath test or urine sample in accordance with these procedures, he/she must immediately comply as instructed. Refusal is deemed a POSITIVE test result, and the driver will be immediately removed from the safety-sensitive function, and will be subject to further discipline, or termination, as appropriate.

OWNER-OPERATORS / LEASED VEHICLE DRIVERS

Owner-operators and drivers of vehicles leased by the Company **are not employees** of the Company, nor are they to be considered as such under this Policy. However, every driver under this category engaged to provide services to the Company must agree to fully participate in the Company's alcohol and drug testing program. All lease agreements will be entered into by the Company contingent upon the drivers' successful completion of urinalysis and breath analysis under all phases of the Company's program, and upon the driver's continued compliance with controlled substance and alcohol testing policies of this company.

SELF-DISCLOSURE BY EMPLOYEE

If, during the course of employment, the driver acknowledges a substance abuse problem and requests assistance, the problem may be treated as if it were an illness, subject to the provisions set forth below:

- The decision to seek diagnosis and accept treatment for the substance abuse problem is the responsibility of the driver;
- The diagnosis and prescribed treatment of the driver's condition will be determined by health care professionals designated by the alcohol and drug program administrator in conjunction with the driver's physician; and
- The driver may be placed on medical leave for a predetermined period recommended by those medical professionals if the SAP determines that such action is appropriate.
- The company does not have any obligation to pay for any service rendered under this self-referred policy. All expenses are the responsibility of the employee/driver.

COLLECTION OF BREATH AND URINE SPECIMENS AND LABORATORY ANALYSIS

Breath alcohol testing will be conducted either on site or at a prearranged location by a qualified Breath Alcohol Technician according to 49 CFR, Part 40 procedures. Refusal to complete and sign the testing form or refusal to provide breath will be considered a positive test, and the driver will be removed from a safety-sensitive function until resolved.

Specimen Collection: Specimen collection will be conducted in accordance with applicable state and federal law. The collection procedures will be designed to ensure the security and integrity of the specimen provided by each driver, and those procedures will strictly follow federal chain-of-custody guidelines. Moreover, every reasonable effort will be made to maintain the dignity of each driver submitting a specimen for analysis in accordance with these procedures.

Laboratory Analysis: As required by FMCSA regulations, only a laboratory certified by Department of Health and Human Services (DHHS) to perform urinalysis for the detection of the presence of controlled substances will be retained by the Company. The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance and scientific analytical methodologies.

CONSEQUENCES: APPEAL OF TEST RESULTS

Alcohol and drug abuse may not only threaten the safety and productivity of all employees at **Shifflet Brothers Enterprises**, but causes serious individual health consequences to those who use them. Appendix A outlines several personal consequences, which may result after abuse of controlled substances. Any confirmed actions prohibited by Part IV above, while performing a safety-sensitive function or refusing to take a breath test, will be grounds for disqualification as a driver.

A driver testing positive for alcohol or drug use is subject to disqualification. Refusal (see Definitions) to submit to testing will also be considered a positive test result.

Any driver testing positive for the presence of a controlled substance will be contacted by the Company's MRO. The driver will be allowed to explain and present medical documentation to explain any permissible use of a drug. All such discussions between the driver and the MRO will be confidential. The Company will not be a party to, or have access to, matters discussed between the driver and the MRO. If medically supportable reasons exist to explain the positive result, the MRO will report the test result to the Company as a negative.

Within 72 hours after the driver has been notified of a positive test result for drugs, he/she may request a retest of the split sample. This signed request will be provided to the MRO in writing, who will then initiate the new laboratory analysis. If a different result is detected by the subsequent laboratory, the test will be

voided by the MRO, and the company alcohol and drug program administrator will be notified. A retest may be initiated as appropriate.

CONFIDENTIALITY

Under no circumstances, unless required or authorized by law, will alcohol or drug testing information or results for any employee or applicant be released without written request from the applicable employee.

Drivers are entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substance test.

Collection of breath and urine samples must always be documented and sealed with a tamper-proof sealing system in the presence of the driver, to ensure that all tests can be correctly traced to the driver.

Drug test analysis from the DHHS approved laboratory will be forwarded directly to the Medical Review Officer assigned by the alcohol and drug program administrator.

Alcohol test results will be forwarded by the MRO to the alcohol and drug program administrator for confidential recordkeeping.

APPENDIX A

EFFECTS OF ALCOHOL ABUSE AND DRUG USE

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life.

This attachment is intended to help individuals understand the personal consequences of substance abuse.

ALCOHOL

Although used routinely as beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

Health Effects

An average of three or more servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounces) over time, may result in the following health hazards:

- Dependency
- Fatal liver diseases
- Kidney failure
- Pancreatitis
- Ulcers
- Decreased sexual function
- Increased cancers of the mouth, pharynx, esophagus, rectum, breast, and malignant melanoma
- Spontaneous abortion and neonatal mortality
- Birth defects

Social Issues

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2 - 3% of the driving population are legally drunk at any one time. This rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- 40% of family court cases are alcohol-related.
- Alcoholics are 15 times more likely to commit suicide.
- More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol-related.
- Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol-related. This was 43% of all highway fatalities.
- 30,000 people will die each year from alcohol-caused liver disease.
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body.
- Impairment can be measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

ALCOHOL'S TRIP THROUGH THE BODY

Mouth and Esophagus: Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

Stomach and Intestines: Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

Bloodstream: 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reduction red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

Pancreas: Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, thus resulting in diabetes.

Liver: Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

Heart: Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

Urinary Bladder and Kidneys: Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

Sex Gland: Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

Brain: The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination: confusion, disorientation, stupor, anesthesia, coma, or even death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

DRUGS

Marijuana

Health Effects

- Emphysema-like conditions.
- One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- One joint causes the heart to race and be overworked. People with heart conditions are at risk.
- Marijuana is commonly contaminated with the fungus *Aspergillus* which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. As a result, the sperm count is reduced, leading to temporary sterility.
- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher than normal incidence of stillborn babies, early termination of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.

- THC causes birth defects including brain damage, spinal cord, forelimbs, liver and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborn babies.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
 - delayed decision making
 - diminished concentration
 - impaired short-term memory
 - impaired signal detection
 - impaired tracking
 - erratic cognitive function
 - distortion of time estimation

Workplace Issues

- THC is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana dramatically compounds the side effects.
- Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

Cocaine

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Health Effects

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's disease could also occur.
- Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- Strong dependence can occur with one "hit" or cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than with any other chemical dependency.
- Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid. Fatal effects are usually not reversible by medical intervention.

Workplace Issues

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

Opioids

Narcotic drugs which alleviate pain and depress body functions and reactions.

Health Effects

- IV needle users have a high risk of contracting hepatitis or AID when sharing needle.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for overdose.

- Because of tolerance, there is an ever increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined, there is a serious financial burden for the users.

Amphetamines

Central nervous system stimulant that speeds up the mind and body.

Health Effects

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

Workplace Issues

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes impairment.

Phencyclidine (PCP)

Often used as a large animal tranquilizer. Abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and a blank stare. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treated with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

Workplace Issues

- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases to PCP abuse:
 1. Acute toxicity causing combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distorted perception are common.
 2. Toxic psychosis with visual and auditory delusions, paranoia and agitation.
 3. Drug induced schizophrenia.
 4. Induced depression which may create suicidal tendencies and mental dysfunction.

APPENDIX B

DRIVER ACKNOWLEDGEMENT

I, _____, certify that I have received a copy of, and have read the above policy regarding Alcohol and Drug Testing procedures for **SHIFFLET BROTHERS ENTERPRISES, INC.**.

I understand that as a condition of employment as a driver I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures.

If I develop a problem with alcohol abuse or drug use during my employment with **SHIFFLET BROTHERS ENTERPRISES, INC.**, I will seek assistance through the current alcohol and drug testing program administrator.

Signed

Date: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Shifflet Brothers Enterprises, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with 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 Shifflet Brothers Enterprises, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Confidential

For Human Resources Only Please

Fax# _____

Verification of Prior Employment

Employee: _____

From: Shifflet Bros. Enterprises

Michelle Ryan

HR, Safety & Compliance Manager

(530) 533-8806 or cell (530) 990-2896

Please return via fax to: 530.533.8850 or email: michelle@shiffletbros.com

Please fill out both:

The **“Request for Employment Information”** and **“Previous Employer Alcohol and Drug Test Information”** forms for EVERY employer you have driven for that totals a 3 year period beginning with the most current first.

IT MAY BE NECESSARY TO MAKE ADDITIONAL COPIES OF THESE FORMS

REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to _____
for the purposes of investigation as required by Section 391.23
of the Federal Motor Carrier Safety Regulations.

Shifflet Brothers Enterprises, Inc.
(Prospective Employer)

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

☐ Mailed, Date: _____

☐ Faxed, Date: _____

☐ Emailed, Date: _____

☐ Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____
and states that he/she was employed by you as _____

from (m/y) _____ to (m/y) _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: _____ Attention: _____

Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE
FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____

First, M.I. Last _____

Social Security Number _____

Hereby authorize that:

Previous Employer: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing records to:

Shifflet Brothers Enterprises, Inc.

2593 S. 5th Ave.

P. O. Box 270

Oroville, CA 95965

Telephone Number: 530-533-8806

Fax Number: 530-533-8850

In compliance with §40.25(g), release of this information must be made in written form that ensures confidentiality, such as fax, or letter.

Prospective employer's confidential fax number: _____ 530-533-8850 _____

Applicant's Signature _____

Date _____

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐ , sign below and return.

Under Department of Transportation testing requirements:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Section 2 Completed by (Signature): _____

Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ faxed to previous employer. ☐ emailed

Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method: ☐ Fax ☐ email

Date: _____

REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to _____
for the purposes of investigation as required by Section 391.23
of the Federal Motor Carrier Safety Regulations.

Shippert Brothers Enterprises, Inc.
(Prospective Employer)

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

☐ Mailed, Date: _____

☐ Faxed, Date: _____

☐ Emailed, Date: _____

☐ Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____

_____ and states that he/she was employed by you as _____

_____ from (m/y) _____ to (m/y) _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: _____ Attention: _____

Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

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Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

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Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE
FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____

First, M.I. Last _____

Social Security Number _____

Hereby authorize that:

Previous Employer: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

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Under Department of Transportation testing requirements:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Section 2 Completed by (Signature): _____

Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ faxed to previous employer. ☐ emailed

Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method: ☐ Fax ☐ email

Date: _____

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I hereby authorize you to release the following information to _____
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of the Federal Motor Carrier Safety Regulations.

Shifflet Brothers Enterprises, Inc.
(Prospective Employer)

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

☐ Mailed, Date: _____

☐ Faxed, Date: _____

☐ Emailed, Date: _____

☐ Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____
and states that he/she was employed by you as _____
from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: _____ Attention: _____

Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

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Employed as _____ from (m/y) _____ to (m/y) _____

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1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
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	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
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2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

**PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE
FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.**

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____

First, M.I. Last _____

Social Security Number _____

Hereby authorize that:

Previous Employer: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing records to:

Shifflet Brothers Enterprises, Inc.

2593 S. 5th Ave.

P. O. Box 270

Oroville, CA 95965

Telephone Number: 530-533-8806

Fax Number: 530-533-8850

In compliance with §40.25(g), release of this information must be made in written form that ensures confidentiality, such as fax, or letter.

Prospective employer's confidential fax number: _____ 530-533-8850 _____

Applicant's Signature _____

Date _____

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐ , sign below and return.

Under Department of Transportation testing requirements:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Section 2 Completed by (Signature): _____

Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ faxed to previous employer. ☐ emailed

Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method: ☐ Fax ☐ email

Date: _____