

Items needed for application.

1. Driver / applicants in safety sensitive positions must be register with the **FMCSA Drug & Alcohol Clearinghouse program** in order to allow for a **“Full Query of past D&A history”**. **This is required** to begin employment with Transvac LLC. (DQF file).
 - a. Applicant is required by FMCSA to register with Clearinghouse. (<https://clearinghouse.fmcsa.dot.gov/register>)
 - b. Applicant must have a personal email (Gmail, yahoo etc.) in order to register & receive emails from Clearinghouse to allow company access to full queries.
 - c. Once Transvac LLC request a full query an email will go out to perspective applicant / driver to give consent to Transvac LLC to review applicants file.

**** (THERE IS NO EXCEPTION TO THIS RULE AS PER FMSCA 49CFR Part 382.700 - 382.727) ****
2. Applicant must supply **10 years of work history** with no gaps in employment. Applicant must supply Transvac LLC with contact email or fax number for most recent 3 years of employment form prior employers. We need this to send DOT D&A and Performance request forms too.
3. Need a copy of **Driver License** (class A). **X** endorsement required or able to obtain an X. (DQF file)
4. Will need a copy of Drivers **CDL Medical forms** “Long & Short” (**Current and Previous**). (DQF file)
5. Copy of **SSN**. (Personnel file)
6. Copy of **TWIC** card or able to obtain one. (Driver file)
7. Copy of **Passport** if applicant has one.

DRIVER'S APPLICATION FOR EMPLOYMENT

Company: TransVac, L.L.C.

Address: 6619 Rice Cove Rd.

City: Abbeville State: LA Zip: 70510

(Answer all questions – DO NOT LEAVE ANY BLANKS-If necessary, use N/A- 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 _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Contact phone number# _____ **Email address:** _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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

_____ If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. **List complete mailing address, street number, city, state, and zip code.**

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional **7 years'** information on those employers for whom the applicant operated such vehicle.

Must have a combined total of 10 continuous years of employment history listed (no gaps in dates).

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.) All years of work must be continuous even if you were not working during that time period. I.e: if you were laid off for 6mths put that time down. Don not have any year/month gaps in your work history.

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY

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(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.) All years of work must be continuous even if you were not working during that time period. I.e: if you were laid off for 6mths put that time down. Don not have any year/month gaps in your work history.

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
Previous Employer HR EMAIL (required)		Previous Employer HR FAX (required)	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTATCH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) _____ (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	ENDORSEMENTS	EXPIRATION DATE

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

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

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

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	OF TYPE EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or inter- view(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

***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 **Transvac, LLC** (“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.

PSP AUTHORIZATION

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

I authorize **Transvac, LLC** (“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 2/11/2016

AUTHORIZATION FOR DRIVER RECORD SEARCH

DRIVER/APPLICANT COMPLETES THIS SECTION: _____ DATE

I hereby authorize TransVac, L.L.C. _____
COMPANY NAME

To request a search of my driving record based on the information available at the Department of Transportation.

Check Appropriate Box(es)

- Driver (complete driving record covering a three-year period)
- Driver (while driving Commercial Motor Vehicles only – C.V.O.R.)
- Certified copy of each search for legal purposes.

The information is requested:

Check Appropriate Box

- As part of a Driver Application for Employment as a Commercial Motor Vehicle Driver.**
- Other _____

Driver's License No. _____ Date of Birth _____ Age _____ IF BIRTHDATE UNKNOWN

Driver's Name _____
SURNAME, GIVEN NAME AND INITIALS

STREET NO. & NAME OR LOT, CONCESSION & TOWNSHIP APT. NO.

CITY, TOWN, VILLAGE, R.R. POSTAL CODE

PREVIOUS ADDRESS – STREET NO. & NAME OR LOT, CONCESSION & TOWNSHIP

PREVIOUS ADDRESS – CITY, TOWN, VILLAGE, R.R. POSTAL CODE

DRIVER APPLICANT'S SIGNATURE DATE

MOTOR CARRIER COMPLETES THIS SECTION:

The above-named driver-applicant has applied for a position with this Company. The information received from the Department of Transportation will be used for the purpose of qualifying the person for the job applied for.

COMPANY REPRESENTATIVE SIGNATURE

TITLE

Transvac, LLC

Substance Abuse and Alcohol Test Consent and Release Form

I hereby consent to submit to urinalysis, breathalyzer and/or other tests as shall be determined thereof by the Company, as a condition of employment and for the purpose of determining specific drug and alcohol content.

I agree that a Substance Abuse and Mental Health Service Administration (SAMHSA) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the Company, the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical/personnel collecting the Specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical reports, and data concerning my test(s) to the appropriate Company officials or government agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I further agree and expressly consent to all terms, conditions, mandates and prohibitions set forth in the Company's Substance Abuse and Alcohol Testing Policy.

I expressly confirm that I have carefully read and understand the Company's Policy on Substance Abuse and Alcohol Testing and fully the contents and ramifications of a positive test. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Printed Name: _____

Signature: _____ **Date:** _____

Release and Documentation of Pre- Employment Test

As required by Sec. 40.25(j);

As the employer, you must ask the prospective employee whether he or she has tested positive, or refused to test, **on any pre-employment drug or alcohol test** administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by **DOT agency drug and alcohol testing** rules during the past two years. If the employee admits the he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec.4025(b)(5) and (e)).

Print Prospective Employee Name: _____

Social Security # _____ Date: _____

The prospective employee is required by Section 40.25(j) to respond to the following questions.

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

Check one: Yes No

2- If you answered Yes to Question 1, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? **But if you tested positive you would not be hired!** If you answered No to question 1 check N/A.

Check one: Yes No N/A

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Driver Consent for FMCSA Drug & Alcohol Clearinghouse Annual Limited Query

Company Name:

Transvac. LLC

As stipulated in FMCSA rule §382.701 Drug and Alcohol Clearinghouse In lieu of a full query, an employer may obtain the individual driver's consent to conduct a limited query to satisfy the annual query requirement. The limited query will tell the employer whether there is information about the individual driver in the Clearinghouse but will not release that information to the employer. The individual driver may give consent to conduct limited queries that is effective for more than one year.

If the limited query shows that information exists in the Clearinghouse about the individual driver, the employer must conduct a full query, within 24 hours of conducting the limited query. If the employer fails to conduct a full query within 24 hours, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer conducts the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions. The driver needs to register in the Clearinghouse and provide consent in the Clearinghouse for the full query to be fulfilled. If the driver fails to register and consent for the full query, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer is able to conduct the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions.

Drivers that do not intend to apply for employment with any other company in another safety-sensitive function and also have no drug or alcohol violations; do not need to register in the Clearinghouse.

I hereby consent to the employer listed above to perform limited queries to the FMCSA Drug and Alcohol Clearinghouse until my employment with the company is terminated.

Driver Name:		
CDL # with State of Issue:		State:
Driver Signature:		Date:

DOT Drug Free Workplace Annual Education Documentation

This form acknowledges the required training and education on illegal drug use and the possible denial of Workers' Compensation benefits required in by state law.

Our company is a drug-free workplace for the benefit of all employees, customers and the business entity. State law provides for the possible denial of workers' compensation benefits for employees' who are injured while working and subsequently test positive. The use of illegal drugs will not be tolerated or subsidized.

The following drugs are among those tested for under our company policy:

- Cannabis
- Cocaine
- Amphetamines
- PCP
- Opioids

I understand the company's Drug Abuse and Drug Testing Policy and consent to the terms set forth in the policy. I further understand that the program has been publicly posted in an appropriate and conspicuous place on the company's premises and copies of this policy are available for inspection by me or the general public in the administrative office or other designated place during regular business hours. By the signing of this agreement, I herewith acknowledge that I have read this instrument and fully understand that the company can establish other work rules related to possession, use, sale or solicitation of drugs, including policies concerning arrest of convictions for drug or alcohol-related offenses, and can suspend or terminate my employment or deny employment for such conduct.

There are multiple sub-families of individual drugs under the Substance Abuse and Mental Health Service Administration (SAMHSA) requirements. These are known by many names. As adults we all know it is ill-advised for anyone to take pills or medication that has not been prescribed by a physician. Improper use of prescription medication can place you in a position of forfeiting your job, workers' compensation benefits and unemployment benefits as well.

I understand to not misuse prescribed, non-prescribed or over-the-counter medication; do not use illegal drugs or misuse alcohol. The company has a written policy on drug abuse. It is posted and available to you to read, understand and follow. It is your responsibility to know the provisions of this policy.

Employee signature: _____

Date: _____

Pre- Employment Urinalysis and Breath Analysis Consent Form

I understand that as required by the Federal Highway Administrations Regulation Title 49 Code of the Federal Regulations, Section 382.301 all driver-applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to urine sample collection and testing for controlled substances and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of .04 or higher will render me unqualified to operate a commercial motor vehicle.

The Medical Review Officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If results are positive, the controlled substance will be identified.

Alcohol test will be maintained by the employer.

The results will not be released to any other parties without my written consent or authorization.

I hereby agree with and understand the above stated information conditions and hereby agree to comply with them.

Printed Name: _____

Signed Name: _____



REQUEST FOR DOT DRUG & ALCOHOL TESTING INFORMATION
and REQUEST FOR FMCSA SAFETY DRIVING PERFORMANCE
FROM PREVIOUS EMPLOYER

You will need one set of forms for Each Employer totaling 3 years (DOT driving) of your most recent employment. * indicates required data.

PLEASE RETURN TO:

COMPANY: TransVac, LLC
ADDRESS: 6619 Rice Cove Road **Email:** dennis@transvacllc.net
CITY, ST., ZIP: Abbeville, LA 70510 **PHONE:** 337-898-3938
ATTENTION: Dennis Franks (Safety Coordinator) **FAX:** 337-898-3933

APPLICANT NAME: * _____ **SSN:** * _____

Pursuant to Federal Regulation 49 CFR part 40.25, please furnish the requested information.

I hereby authorize **Company:** * _____ / **Contact Person:** * _____
(Previous employer's company name and contact person)

to release the alcohol and controlled substances testing information listed below to the above-named company.

ADDRESS: _____
(Previous employer's address)

Email & Fax#: Required * _____
(Previous employer)

SIGNED: * _____ **DATE:** * _____
(Signature of employee)

WITNESS: _____ **DATE:** _____

Previous employer must supply the following information regarding the above name's individual during the past three years while employed to perform DOT covered safety sensitive functions:

	<u>YES</u>	<u>NO</u>
1. Alcohol tests with a result of 0.04 or higher alcohol concentration?	()	()
2. Verified positive drug tests?	()	()
3. Refusals to be tested (including verified adulterated or substituted drug test results)?	()	()
4. Other violations of DOT agency drug and alcohol testing regulations?	()	()
5. Did a previous employer report a drug or alcohol rule violation to you?	()	()
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?	()	()

SIGNED: _____ **DATE:** _____
(Signature of individual supplying information)

If the answer to item #5 is "yes", then you must provide the previous employer's report even though it may be outside the three-year time period. If you answered "yes" to item #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records, etc.). If you referred the individual to a Substance Abuse Professional please supply the following information.

NAME: _____
ADDRESS: _____
CITY, ST., ZIP: _____ **PHONE:** _____



FMCSA SAFETY DRIVING PERFORMANCE

Previous employer must supply the following information regarding the above name's individual during the past three years while employed to perform FMCSA covered safety sensitive functions:

Did the above-named individual drive a commercial motor vehicle (CMV) for you? YES_____ NO_____

If YES, what type CMV? _____ (straight truck, tractor-semi trailer, bus, etc)

Reason above named individual left your company: (discharged, resigned, laid off, military duty, etc.): _____

While a CMV driver for you, was the individual involved in any accidents as defined 390.5? YES_____ NO_____

If YES, please supply the following information for any accident on your accident register (390.15(b)) that involved the above-named individual for the 3 years prior to the date next to their signature.

DATE	LOCATION	Number of injuries	Number of fatalities	Was there a hazardous materials spill?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide other accident information as provided for in 391.23 (d)(2)(ii), that is, accident reports required by state or other government entities or insurers or pursuant to the employer's internal policies for retaining more detailed minor accident information.

SIGNED: _____ DATE: _____

TRANSVAC, L.L.C.

MOTOR VEHICLE DRIVER'S NOTICE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

NOTICE TO DRIVER'S

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

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

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

(1) You, as a commercial vehicle driver, may not possess more than one license.

(2) 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 traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

(3) Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.

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

The following license is the only one I will possess:

Driver License No. _____ State _____

Exp. Date _____

Driver's Signature _____

Date _____

Notes

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

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/she 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 on this form.

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/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

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 you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____
Signature _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

TRANSVAC, L.L.C.

NOTIFICATION OF TRAFFIC VIOLATION OR LICENSE SUSPENSION

INFORMATION:

Sections 383.21 and 383.33 of the Federal Motor Carrier Safety Regulations (DOT) requires that you notify your employer of any traffic conviction (other than parking) or license suspension.

INSTRUCTION TO DRIVERS: **Notify your supervisor immediately if**

1. You are convicted of a traffic violation in any type of vehicle. Note – if immediate notification is impossible you must report the conviction within 3 days
2. Your driver’s license or privilege to operate a vehicle revoked or canceled by a State or Jurisdiction. Note – your privilege to operate a vehicle is automatically suspended by DMV when your insurance is canceled.
3. Your insurance is canceled and you have not cleared the matter with the Department of Motor Vehicles. Note – your privilege to operate a vehicle is automatically suspended by DMV when your insurance is canceled.

INSTRUCTION TO SUPERVISORS:

1. Assure that any suspension or revocation has been cleared and that the employee’s privilege to operate a vehicle has been restored.
2. Inform DOT Manager or your Operations Manager immediately.
3. Take appropriate action according to this company policy.

DRIVER’S SIGNATURE

DATE

SAFETY RULES

The purpose of safety rules is to thoroughly acquaint each of you with a set of safe working rules and procedures that will help you to preserve your health and welfare. It is well understood that you and your family are the beneficiaries of a good Safety Program.

No safety manual, however complete, can cover all conditions that might arise; therefore, it is necessary for you to use your best judgement along with the observance of established safe work practices. It is the desire of this company to establish the safest working conditions by using the safest protective devices and equipment available, and to promote a good housekeeping program.

It is necessary to have your cooperation to promote a good safety program. If you do not completely understand all your job procedures and safety rules, ask your supervisor for an explanation prior to starting work. It is Management's responsibility to provide the equipment and methods for your safe work performance. However, it is your responsibility to work according to established procedures. Accidents are caused; they don't just happen. You can prevent accidents by putting forth your best daily efforts and giving your complete cooperation in accomplishing your assigned tasks. Remember your job is only as safe as you make it.

GENERAL SAFETY RULES

I PERSONAL CONDUCT

The following will not be tolerated:

1. Deliberate failure to follow established safe work practices, rules or regulations provided by Management.
2. Disregard of any supervisor's instructions.
3. Attitudes of indifference, recklessness, hostility and inattention to the job being performed.
4. Horseplay of any kind.
5. Drinking of alcoholic beverages or taking controlled drugs.
6. Sleeping on the job.

II. PHYSICAL CONDITION

The following physical conditions must be reported to your supervisor immediately upon receiving either a verbal or written report from a medical doctor who has treated you:

1. Defective eyesight.
2. Defective hearing.
3. Muscular weakness.
4. Either high or low blood pressure.
5. Heart disease and/or problems.
6. Any other physical defect that might affect your safe work performance.
7. All accidents, whether resulting in injuries or not, all sickness or other ailments no matter how slight they may seem, which are in any way attributable to or connected with your employment, must be reported to your supervisor.

In any case requiring the services of a medical doctor, mgmt. and supervision must be notified immediately. Authorization for any visit to a physician connected with your employment must be obtained from supervision prior to you leaving the work site.

III. CLOTHING AND SAFETY EQUIPMENT

1. Required personal protective clothing and/or equipment shall be worn at all times as deemed necessary by your immediate supervisor.
2. Existing written safety procedures pertaining to your job assignments will prevail in each department, section office or unit.

IV. ELECTRICAL EQUIPMENT

1. Only employees who are qualified by prior approved training will work on or make repairs to electrical equipment.
2. All electrical circuits shall be tagged and locked out at the main disconnect for work before repairs to equipment are started. Our objective is a "ZERO" energy state prior to engaging repairs.
3. All electrically powered equipment, including electrical hand tools shall be inspected by the approved user and must be properly grounded before using.
4. Safety guards on all powered equipment must be in place before equipment is used.
5. Always disconnect the power supply of tools and/or equipment before changing accessories.
6. Do not use the power cord of tools in order to lift or lower them.
7. Inspect the insulation on power lines and/or cables for frayed and/or broken connections each time tools are used.
8. Follow additional job safe practices provided by supervision.

V. LADDERS, SCAFFOLDS AND GUARDS

1. Do not use chairs and/or tables, desks or wheeled equipment in place of ladders. Use an approved ladder.
2. Ladders must be inspected for cracked or broken rungs prior to use, and, if found unsafe, must be reported to supervision.
3. Ladders must be used for access to scaffolds.
4. All ladders must be tied off at the top or in some other efficient manner to keep them from slipping, shifting or falling.
5. Scaffolding material must be inspected by the user and supervision prior to use. It must not be used if found unsafe.
6. Barricades and/or warning signs must be used at wet floor passageways and when overhead work is being performed. They must be removed when the job is complete.
7. Follow all other ladder, scaffold and guard safe rules provided by supervision.

VI. HOUSEKEEPING AND PERSONAL WELFARE

1. Clean bodies and clothes are essential to good health and should be maintained.
2. All trash and/or waste containers, packing and paper boxes, etc. must be put in the proper place.
3. Nails protruding from boards, boxes or shipping containers, etc. must be removed or bent down immediately.
4. Containers are provided for all used paper towels, cigarette packages and butts, paper, candy wrappers, etc., and must be used. Deliberate and willful scattering of trash will not be tolerated.
5. Any and all work areas must be cleaned before the job can be accepted as being complete.
6. Aisles, ramps, steps, platforms and other passageways must be kept clean and free of obstruction.
7. Toilets and break areas are provided for personal needs and must be used for these purposes. They are always to be kept clean and orderly
8. All employees are requested to park their vehicles between striped parking spaces and/or in other designated areas. Do not park in such a manner that you take up more space than required.
9. Do not run up and down stair wells. Use provided handrails. Never carry loads that block your vision while walking up and/or downstairs. Never leave obstructions in stairwells.
10. Corridors - All employees are requested to observe and/or listen for ongoing traffic in corridors prior to exiting from an office into a corridor. Never leave obstructions in corridors unattended.
11. Energy conservation - All employees are requested to turn off personal appliances prior to leaving work at the close of your work shift.
12. In the event of a fire, notify the fire department and try to extinguish the fire prior to it becoming uncontrollable if that can be done safely. Report the incident to your supervisor and to the Safety Coordinator immediately.
13. All employees are requested not to leave valuables unattended (on desktop or in unsecured desks). Report all thefts to your immediate supervisor at once. It is requested that you do not bring valuables to work.
14. Do not lean and/or tilt back on the rear legs of a work chair or place feet on desktops. Most chair fall accidents happen when a person was sitting down, rising or moving about on and/or in a chair. However, a few do occur when leaning and/or tilting back on rear chair legs.
15. Close file and/or desk drawer immediately after placing and/or retrieving needed items.
16. Electrical cords are not to be placed across employee walkways. Failure to secure and/or tape down cords has the potential to cause an employee tripping hazard.
17. Do not store materials and/or boxes in employee walkways. Should an employee have to step over items to continue their way, this action may result in a fall and/or trip?
18. Only authorized employees shall operate office machinery and/or equipment.
19. Razor blades, thumb tacks and other sharp objects shall not be thrown loosely into desk drawers. Never leave knives or scissors on a desk top unattended.

20. Do not place hands, fingers or feet inside protective guards or inside door, desk or file wells while attempting to work on energized equipment or while attempting to close a door or a file. You may lose or injure an appendage.
21. Card index files, dictionaries or other heavy objects should be kept off the top of file cabinets and other high furniture.
22. Additional safety rules may be added by supervision in each individual work unit. These rules will also be followed by all employees

Safety is everyone's responsibility; let's prevent accidents rather than treat the results that unsafe practices and unsafe conditions can produce.

VII. COMPLIANCE WITH RULES

1. All personnel are expected to comply fully with these Safety Rules. Any failure to do so will result in appropriate disciplinary action. All disciplinary action will be consistent with fair and just treatment of each individual employee. Any disciplined employee who feels he or she has not been fairly treated should follow the established procedures in resolving this problem.

The listed Safety Rules are illustrative and should not be viewed as an exclusive listing to encompass situations not specifically mentioned. Management always reserves the right, when circumstances warrant it, to promulgate new rules or modify existing ones to insure a safe, healthy and productive work environment for all our employees, contractors and guests.

Employee Acknowledgement

General Safety Guidelines & Rules

I understand and acknowledge:

- Federal and State Laws, and Company 's Safety Manual, outline additional safety responsibilities of Heads of Departments/Supervisors. If I am a Head of Department of Supervisor, I accept these responsibilities.
- As an employee of the Company, I have received, and, understood, and will abide by the General Safety Guidelines for our industry. I have been informed that failure to adhere to these Guidelines may result in disciplinary action including and up to dismissal.
- In addition to the Guidelines, the Company has an Injury & Illness Prevention Program. It is contained in our policy as well as Employee Handbook and is available for review in our office, online, and/or hard copy.
- I will see my supervisor or notify him if I have any questions concerning safety concerns or need training.
- If I am injured or feel ill for any reason, I will notify my Supervisor and/or First Aid immediately.
- Personal Protective Equipment (PPE): I will always have all PPE assigned to me available in good working condition as issued by my Supervisor. I will notify my Supervisor if replacement of any PPE is necessary. Failure to do so will result in being put out of duty at jobsites for not having proper equipment.
- I will not knowingly operate any machinery that is not in good working order. Any deficiencies I notice will be tagged, written up and brought to my supervisor's attention.
- I will not perform any potentially hazardous activity that I have not been trained to do.
- I must attend safety meetings as instructed by my superiors or whenever appropriate for my work.
- Working under the influence of alcohol, or any drug that would impair my ability to work safely, is prohibited.
- GUNS are prohibited in the workplace.

IMPORTANT

By signing this form, you do not waive any of your rights under Workers' Compensation laws.

Employee Name: (print) _____ **Signature:** _____

Job Title/Position: _____ **Date:** _____