

# JIMMY RICHARDS & SONS EXCAVATING, INC.

**\*COMPLETE HIGHLIGHTED  
AREAS\***

## APPLICATION FOR EMPLOYMENT

**\*DRIVER POSITION\***

EMPLOYEE INFORMATION	
<b>NAME</b> (FIRST, LAST, MIDDLE INT.) _____	
<b>ADDRESS</b> (STREET/ PO BOX, CITY, STATE, ZIPCODE) _____	
<b>TELEPHONE NUMBER</b> _____	<b>EMAIL ADDRESS</b> _____
<b>BEST METHOD TO CONTACT</b> _____	<b>SOCIAL SECURITY NUMBER</b> _____
<b>DATE OF BIRTH</b> _____	<small>*This information will only be used for employment purposes and the company will make reasonable efforts to safeguard your privacy*</small>
<b>OFFICIAL LANGUAGE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER, SPECIFY _____	<b>ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING ELIGIBILITY*</small>
<b>HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, WHEN</b> _____, <b>REASON FOR LEAVING</b> _____	
<b>ARE YOU ABLE TO MEET THE REQUIRED ATTENDANCE NECESSARY FOR THIS POSITION?</b> (Hours are usually Monday thru Friday from 6:00 AM to 5:00/5:30 PM and some Saturdays) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, PLEASE EXPLAIN</b> _____	
<b>IF REQUIRED, ARE YOU WILLING TO WORK OVERTIME?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DATE AVAILABLE TO START?</b> _____	<b>DESIRED SALARY?</b> _____
<b>EMERGENCY CONTACT</b>	
<b>NAME:</b> _____	<b>PHONE NUMBER:</b> _____

\*\*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative from the Human Resource Department.\*\*

## EMPLOYMENT HISTORY

Please provide the following information regarding work experience, starting with your most recent job held.

NOTE: DOT requires that employment for the past 3 years and/or commercial driving experience for the past 10 years be provided. (Attach any additional sheets, if necessary.)

### EMPLOYER # 1

<b>EMPLOYER</b>	<b>PHONE NUMBER</b>
<b>ADDRESS</b>	<b>JOB TITLE</b>
<b>DATES EMPLOYED</b> From _____ to _____	<b>HOURLY RATE/SALARY</b> START: \$ _____ PER _____ FINAL: \$ _____ PER _____
<b>IMMEDIATE SUPERVISOR</b>	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**SUMMARIZE JOB RESPONSIBILITIES**

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING**

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYER # 2

<b>EMPLOYER</b>	<b>PHONE NUMBER</b>
<b>ADDRESS</b>	<b>JOB TITLE</b>
<b>DATES EMPLOYED</b> From _____ to _____	<b>HOURLY RATE/SALARY</b> START: \$ _____ PER _____ FINAL: \$ _____ PER _____
<b>IMMEDIATE SUPERVISOR</b>	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**SUMMARIZE JOB RESPONSIBILITIES**

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING**

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYER # 3

<b>EMPLOYER</b>	<b>PHONE NUMBER</b>
<b>ADDRESS</b>	<b>JOB TITLE</b>
<b>DATES EMPLOYED</b> From _____ to _____	<b>HOURLY RATE/SALARY</b> START: \$ _____ PER _____ FINAL: \$ _____ PER _____
<b>IMMEDIATE SUPERVISOR</b>	<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**SUMMARIZE JOB RESPONSIBILITIES**

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING**

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Please provide the following information, starting with your most recent school attended.

SCHOOL	YEARS COMPLETED	FIELD OF STUDY

**REFERENCES**

Please provide the following information for three professional references who are *not* related to you and are *not* previous supervisors.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses, and/or certifications that may qualify you as being able to successfully perform job-related functions for this specific position.

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Please list any professional, trade, business, or civic associations, and any offices held. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS)

ORGANIZATION	OFFICE HELD

Please list any special accomplishments, publications, safe driving awards, etc. (EXCLUDE INFORMATION THAT WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARLY PROTECTED STATUS)

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Please list any additional information and/or medical conditions that we should know about.

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JOB-SPECIFIC INFORMATION				
DRIVER'S LICENSES				
STATE	LICENSE NO.	TYPE	EXPIRATION DATE	
DRIVING EXPERIENCE				
EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APPROXIMATE # OF MILES DRIVEN
DUMPTRUCK				
TRACTOR & SEMI-TRAILER				
STRAIGHT TRUCK				
OTHER				
Please list any additional driving experience including the equipment type and years of experience driving.				
Please list the following information regarding your accident history for the past three years or more, starting with the most recent (Attach sheet if more space is needed).				
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	# OF FATALITIES	# OF INJURIES	
Please provide the following information regarding traffic violations and forfeitures for the past three years, excluding parking violations.				
DATE	LOCATION	CHARGE	PENALTY	
<b>HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>**IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE ATTACH A STATEMENT GIVING DETAILS**</b>				

**TO ALL DRIVERS:**

Jimmy Richards & Sons Excavating, Inc. take safety very seriously. Running red lights and speeding are becoming quite common. If you are hired and ticketed for running a red light and/or speeding more than two (2) times, you will be terminated. Slow down when approaching a traffic signal and prepare to stop. In addition, cell phones are **prohibited** while working. Your attention should be focused on driving and following directions. **REMEMBER: THE LIFE YOU SAVE COULD BE YOUR OWN.**

I,  have read the above statement and understand the importance of these regulations.

Date \_\_\_\_\_

## CONSENT FOR DRUG/ALCOHOL SCREENING

If you are offered and accept employment with Jimmy Richards & Sons Excavating, Inc., you may work with and be around machinery and equipment that can cause serious injury to yourself and others. In the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use as a condition of employment. You are responsible for the cost of this pre-employment testing. In addition, you *will not* be reimbursed for the cost of the urine test for drug and/or alcohol use.

In addition, if you are offered employment, Jimmy Richards & Sons Excavating, Inc. has the right to randomly test employees for drug and/or alcohol use due to the serious risk of human injury and/or property damage involved in the workplace. Jimmy Richards & Sons Excavating, Inc. will pay for the random urine test, unless the employee tests positive for drugs and/or alcohol, in which case the employee will be responsible for the cost of the failed test(s).

I, [redacted], have been fully informed by my potential employer of the reason for this urine test for drug and/or alcohol use. I understand what I am being tested for, the procedure involved, and freely giving my consent. I also understand that the results of this test will be sent to my prospective employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the reasons for the results of this test.

I authorize these test results to be released to Jimmy Richards & Sons Excavating, Inc.

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## EMPLOYEE DRIVER AUTHORIZATION FORM

ALL Jimmy Richards & Sons Excavating, Inc. drivers **MUST** complete this form in order to be authorized to drive and operate a company vehicle.

I hereby authorize Jimmy Richards & Sons Excavating, Inc. and/or its insurance representative, in accordance with the Driver's Protection Act, to periodically obtain and review my Motor Vehicle Record in order to evaluate my insurability when driving and operating a Jimmy Richards & Sons Excavating, Inc. vehicle.

I understand that this information will be kept confidential and only released to Jimmy Richards & Sons Excavating, Inc. representatives who oversee company insurance and employment policies.

In addition, I understand that I have an obligation to notify Jimmy Richards & Sons Excavating, Inc. of any negative changes to the status of my driving record, which may or may not result in the revocation of the privilege to drive and operate a Jimmy Richards & Sons Excavating, Inc. vehicle.

**Name as it appears on Driver's License (PLEASE PRINT):** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State of Issuance:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature of Applicant/Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# RELEASE OF INFORMATION FORM

The Federal Motor Carrier Safety Regulations require **all** previous employers of this applicant to respond to this information request within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted.

## Section I. To be signed by the employee, completed by the new employer, and transmitted to the previous employer.

### I-A:

I, \_\_\_\_\_, hereby authorize the previous employer listed in Section I-C to release all records of employment, including assessments of my job performance, ability, reliability, etc. in the workplace to the employer listed in Section I-B. I understand that the information to be released in Section II-A and Section II-B by my previous employer is in accordance with DOT-regulation testing, and other applicable Maryland laws.

**Employee's Social Security Number:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

### I-B:

New Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

### I-C:

**Previous Employer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Designated Employer Representative (If known):** \_\_\_\_\_

## Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

**II-A:** In the two years prior to the date of the employee's signature (in Section I):

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_ **NO** \_\_\_
2. Did the employee have verified positive drug tests? **YES** \_\_\_ **NO** \_\_\_
3. Did the employee refuse to be tested? **YES** \_\_\_ **NO** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_ **NO** \_\_\_
5. Did a previous employer report a drug or alcohol rule violation to you? **YES** \_\_\_ **NO** \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **YES** \_\_\_ **NO** \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. 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 record).*

**II-B:** Please answer the following questions regarding the previous employee named in Section I

1. What type of vehicle did the employee drive? \_\_\_\_\_
2. Did the employee have any accidents? **YES** \_\_\_ **NO** \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. In your opinion, how would you rate the employee's driving ability? ( With 5 being the best and 1 being the worst) 1 2 3 4 5
4. How was the employee's attendance? \_\_\_\_\_
5. In your opinion, was the employee dependable? **YES** \_\_\_ **NO** \_\_\_\_
6. What was the employee's ending salary? \_\_\_\_\_
7. Would you rehire this employee? **YES** \_\_\_ **NO** \_\_\_\_

**II-C:** Please provide the following information for the person completing the information in Section II-A and II-B.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT STATEMENT

I certify that all the information provided on this application is true and complete to the best of my ability. I understand that any misrepresentation or omission of information made by me will be cause for cancellation of this application, or if already employed, immediate discharge from the company at the time of discovery.

I give the employer the authorization to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby waive any and all rights and claims I may have regarding the employer for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand this application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that an application in no way obligates Jimmy Richards & Sons Excavating, Inc. to employ or hire the applicant. I also understand that if qualified and hired, I may be put on a probationary period during which time I may be terminated without recourse.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that I must complete an I-9 form as required by the federal immigration laws.

According to Maryland law, an employer may not require or demand that an individual submit to or take a lie detector or similar test as a condition of employment, prospective employment, or continued employment. Any employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

### **DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE**

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_



# Action Voluntary Information

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

Jimmy Richards & Sons Excavating, Inc. considers all applicants for employment regardless of age, race, sex, national origin, physical or mental disability, religion, or any other similarly protected status.

To further its commitment to Equal Employment Opportunity (EEO), the state of Maryland requests applicants to provide the following information. Providing this information is **COMPLETELY VOLUNTARY**. In addition, failure to provide information will not subject you to any adverse personnel decisions or actions. This information will be used only by authorized personnel for statistical purposes.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decisions made by the company. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date: \_\_\_\_\_

## Referral Source

- Walk-In       Government Employment Agency       Private Employment Agency  
 Employee       Relative       School  
 Advertisement- Source \_\_\_\_\_  Other \_\_\_\_\_

Name of person(s) who referred you (if applicable): \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
  LAST    FIRST    MIDDLE

Address: \_\_\_\_\_  
  STREET    CITY    STATE    ZIP CODE

MALE     FEMALE

### Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not Hispanic origin)       Black (not Hispanic origin)       Hispanic  
 American Indian/ Alaskan Native       Asian/Pacific Islander       Other

### For Administrative Use Only

Position(s) applied for     Available       Not Available

Other position(s) considered for \_\_\_\_\_

Hired     Yes     No

Position hired for \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers       Sales Workers       Operatives (Semi-Skilled)  
 Professionals       Office and Clerical Workers       Laborers (Unskilled)  
 Technicians       Craft Workers (Skilled)       Service Workers

Completed by: \_\_\_\_\_



## **Jimmy Richards & Sons Excavating, Inc.**

12200 Billingsley Road, Suite 100

Waldorf, Maryland 20602

301-645-5212

[www.jimmyrichardsandsons.com](http://www.jimmyrichardsandsons.com)

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

I, [REDACTED] hereby provide consent to Jimmy Richards & Sons Excavating, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that Jimmy Richards & Sons Excavating, Inc. may conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse periodically throughout my employment with the Company.

I understand that if the limited query conducted by Jimmy Richards & Sons Excavating, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Jimmy Richards & Sons Excavating, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Jimmy Richards & Sons Excavating, Inc. to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions – including driving a commercial motor vehicle, as required by FMCSA's Drug and Alcohol program regulations.

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**Employee Signature**

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**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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*