

DRIVER:
SOCIAL:
DOH:

CDL DRIVER FILE REQUIRED FORMS & DOCUMENTS:

NOTES

1.) FMCSA Clearinghouse CDL Driver Acknowledgement of Training Materials Receipt – (All CDL drivers)	
2.) Acknowledgement of FMCSA Clearinghouse Registration and Eligibility – (CDL Drivers hired after 01/06/2020)	
3.) General Consent for Unlimited Limited Queries – (All CDL drivers)	
4.) Full Query (Pre-Employment) // Annual Limited Query – (Pre-employment Query for drivers hired after 01/06/2020 and Limited Query on drivers hired prior to 01/06/2020)	
5.) Drivers Application for Employment (Emp. History must be previous 3 years & additional 7 years for employers drove for prior to driver date of hire for CDL drivers)	
6.) Request for Information From Previous Employer (Must be sent out within 30 days of hire date to all previous employers who the driver drove a DOT vehicle for in the previous 3 years – S+ does this when doc. is received.)	
7.) Request for Check of Driver's Record	
8.) Certificate of Compliance	
9.) Annual Driving Record/Annual Review of MVR (Expires annually– S+ does this when MVR is ran / received or when a CDL MC is updated with the state)	** Safety Plus Will Complete**
10.) Employee Drug and Alcohol Statement Per CFR 40.25(b)(5) and (E)	
11.) Company Policy on Alcohol / Drug Testing With Drug Testing Consent per CFR 282.600.601	
12.) Medical Card – DOT Physical (Valid for 1month – 24 months)	Issued: Expires: National Registry:
13.) Record of Road Test with Road Test Certificate or Driver School Certification (S+ will completed or request as needed once CDL & MVR are received)	
14.) Motor Vehicle Report (MVR) covering a 3 consecutive year period – Expires annually. (If current medical not on initial MVR, another will need to be requested after medical is updated with the state)	
15.) Copy of Current CDL	Issued: State: Expires: License #:
16.) Pre-Employment Drug Test (Federal Lab Collection for CDL DOT drivers)	



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FMCSA CLEARINGHOUSE CDL DRIVER ACKNOWLEDGMENT OF TRAINING MATERIALS

I acknowledge that I have received from my Employer Motor Carrier Services Administration (FMCSA) Clearinghouse training materials for CDL Drivers to help me better understand the new FMCSA Clearinghouse which national database will go live on January 6, 2020, and other helpful resources:

1. I understand that the Clearinghouse may only be accessed as authorized by the FMCSA Clearinghouse Final Rule which I am encouraged to review at : www.fmcsa.dot.gov/regulations/commercial-drivers-license-drug-and-alcohol-clearinghouse and Clearinghouse website: <https://clearinghouse.fmcsa.dot.gov/>
2. I have received the FMCSA Published Clearinghouse Driver Factsheet and Reporting Obligations FMCSA, and links to Driver’s Factsheet and Reporting Obligations
3. I have been encouraged by my Employer to Register in the Clearinghouse beginning in October 2019, using my CDL #, State of Issue and Country of Issue so that I can review free of charge any information in the Clearinghouse Database on me;
4. I have been encouraged by my Employer to Subscribe to receive Clearinghouse email updates directly from the FMCSA;
5. I understand that after 1.6.2020, the Clearinghouse will contain information on all CDL driver drug and alcohol program violations. These violations include:
 - a. **Report for duty/remain on duty for safety-sensitive function with alcohol concentration of 0.04 or greater or while using any drug specified in the regulations (Part40), other than those prescribed by a licensed medical practitioner**
 - b. **Alcohol use while performing, or within four hours of performing, a safety-sensitive function**
 - c. **Alcohol use within eight hours of a post-accident alcohol test**
 - d. **Test positive for use of specified drugs**
 - e. **Refusing to submit to a required alcohol or drug test**
 - f. **Actual Notice by an Employer of Driver Substance Abuse**
6. I acknowledge the Regulations require that in the event I am working for another FMCSA Covered Employer, and I have violated the alcohol and controlled substances prohibitions, I must notify in writing all current FMCSA Covered Employers of such violation(s) before the end of the business day following the day I received notice of the violation, or prior to performing any safety-sensitive function, whichever comes first. I understand that failure to do so may subject me to FMCSA fines and penalties.
7. *I have been encouraged by my Employer to get help now if I have a substance abuse problem.*

Read, Acknowledged and Understood this on _____
(Today's Date)

Driver Signature: _____ Print Name: _____

CDL # _____ State of Issue _____ Country of Issue _____

Date of Birth: _____



Acknowledgement of FMCSA Clearinghouse Registration and Clearinghouse Eligibility

I _____ authorize Hughes Companies, Inc.
Print Driver's Name (Prospective employer)
 to make investigations (including contacting current and prior employers) into my personal, employment, financial, and medical history; and into other related matters as may be necessary in arriving at an employment decision. 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.

I certify that I am registered in the FMCSA Clearinghouse, and further certify that I have recently viewed the FMCSA Clearinghouse database concerning my eligibility to Drive a Commercial Motor Vehicle, and I represent that there is no restriction on my clearance to immediately perform FMCSA Safety Sensitive duties as a DOT regulated Driver _____.
initial

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

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

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

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Employee Signature

Date



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General Consent for Unlimited Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse for CDL Drivers

NOTICE TO DRIVER: The Commercial Driver’s License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the FMCSA’s drug & alcohol regulations in 49 CRF Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a “limited” report that *only* indicates whether the clearinghouse has any information about you; it does NOT release any violations or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization will be valid for the duration of employment. **If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log into the Clearinghouse website within 24hrs to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.**

AUTHORIZATION

I, _____ have read the NOTICE TO DRIVER and hereby provide consent to ^{Print Driver’s Name} _____ Hughes Companies, Inc. _____ to conduct a unlimited limited queries of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse for the duration of employment.

I understand that if the limited query conducted indicates that a drug or alcohol violation exists in the Clearinghouse, the FMCSA will not disclose that information without first obtaining additional specific consent from me within 24 hours.

I further understand that if I refuse to provide consent to conduct a limited query of the Clearinghouse, I am prohibited from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

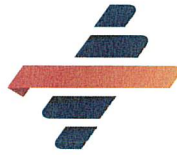
Employee Signature

Date

CDL License #: _____

CDL State Issued: _____

Date of Birth: _____



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DRIVERS APPLICATION FOR EMPLOYMENT

Hughes Companies, Inc.
3425 Anton Street
Mobile, Alabama 36612

(Answer **all** questions. Fill in **all** shaded areas - 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, or nonjob related disability.

Date of Application:

DRIVER Date of Hire:

Position(s) Applied for:

Name:
Last First MI

Social Security No:

Date of Birth (Required for Truck/Bus Drivers):

List your addresses of residency for the **past 3 years**.

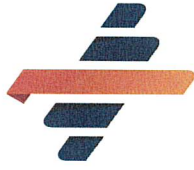
Current Address:
Street City

State Zip Code Phone: How Long?

Previous Address:
Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?



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**NOTE NEXT PAGE:
“EMPLOYMENT HISTORY”**

**THIS MUST BE THE 10 YEARS
OF WORK HISTORY for
CDL OF PRIOR TO
YOUR DRIVER HIRE DATE
WITH**

Hughes Companies, Inc.

Your DRIVER Hire Date is:

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you **MUST** provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years and an addition 7 years of information on all former/current employers for whom you worked as a driver operating a commercial motor vehicle. All information must be complete for your application to be considered.

****In other words, If you are going to drive a vehicle requiring a CDL license, you MUST provide a total of 10 YEARS working and driving experience.**

CURRENT OR LAST EMPLOYER				DATE			
Name:				Month/Year From:		To:	
Address:				Position held:			
City:	State:		Zip Code:		Salary/Wage:		
Contact Person:			Phone No:		Reason for leaving:		

DID YOU DRIVE A DOT VEHICLE? _____ WERE YOU SUBJECT TO DOT DRUG OR ALCOHOL TESTS? _____

CURRENT OR LAST EMPLOYER				DATE			
Name:				Month/Year From:		To:	
Address:				Position held:			
City:	State:		Zip Code:		Salary/Wage:		
Contact Person:			Phone No:		Reason for leaving:		

DID YOU DRIVE A DOT VEHICLE? _____ WERE YOU SUBJECT TO DOT DRUG OR ALCOHOL TESTS? _____

CURRENT OR LAST EMPLOYER				DATE			
Name:				Month/Year From:		To:	
Address:				Position held:			
City:	State:		Zip Code:		Salary/Wage:		
Contact Person:			Phone No:		Reason for leaving:		

DID YOU DRIVE A DOT VEHICLE? _____ WERE YOU SUBJECT TO DOT DRUG OR ALCOHOL TESTS? _____

CURRENT OR LAST EMPLOYER				DATE			
Name:				Month/Year From:		To:	
Address:				Position held:			
City:	State:		Zip Code:		Salary/Wage:		
Contact Person:			Phone No:		Reason for leaving:		

DID YOU DRIVE A DOT VEHICLE? _____ WERE YOU SUBJECT TO DOT DRUG OR ALCOHOL TESTS? _____

CURRENT OR LAST EMPLOYER				DATE			
Name:				Month/Year From:		To:	
Address:				Position held:			
City:	State:		Zip Code:		Salary/Wage:		
Contact Person:			Phone No:		Reason for leaving:		

DID YOU DRIVE A DOT VEHICLE? _____ WERE YOU SUBJECT TO DOT DRUG OR ALCOHOL TESTS? _____

EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

Accident record **for the past 3 years**. If none, write "none", (attach additional sheets if more space is required)

DATES		NATURE OF ACCIDENT (HEAD-ON; REAR-END; UPSET, JACK-KNIFE, ETC.)	FATALITIES	INJURIES	CHARGEABLE	√ If You Can Provide Documentation
Last Accident			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Next Previous			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Next Previous			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Next Previous			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Traffic convictions and license forfeitures **for the last 3 years**, (other than parking violations). if none, write "none", (attach additional sheets if more space is required).

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE No:	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES NO

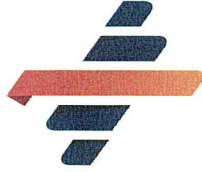
Have you ever had any license, permit or privilege suspended or revoked?

YES NO

IF THE ANSWER TO EITHER OF THE ABOVE TWO QUESTIONS IS "YES", GIVE THE DETAILS

DRIVING EXPERIENCE. IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
	VAC TRUCK	
TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, LIQUID TANKER	
	REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TRAILER	
	FLAT BED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
	TRIPLES	
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	STRAIGHT COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		



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Driver Certification for Other Compensated Work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

YES NO

At this time do you intend to work for another employer while still employed by this company?

YES NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

[Signature Line]

Applicant's Signature

[Date Line]

Date

TO BE READ AND SIGNED BY APPLICANT

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

I authorize Hughes Companies, Inc. to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former 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 further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by Hughes Companies, Inc. to abide by all the rules and regulations of the company and any Federal/state agency. This includes all mandatory safety meetings/training meetings.

[Signature Line]

Applicant's Signature

[Date Line]

Date

PREVIOUS EMPLOYER INFORMATION REQUEST

I hereby authorize you to release the following information to Hughes Companies, Inc. and/or its agents for the purpose of investigation as required by Section §40.25 and 391.23 (Prospective Employer) and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date: _____ **Applicant's Signature:** _____

Applicant's Name: _____ **Applicant's Social Security Number:** _____

PREVIOUS EMPLOYER/ ATTENTION: _____

Dear Sir/Madam:

Per signed release above regardless of any Company Policy that may be in effect, the information below is being requested in compliance with §40.25(g) and 391.23. The named individual has made application to this company for a position as a Driver and states that he/she was employed by your company. Thank you for your courtesy and timely response.

Sincerely,

Safety Plus, Inc.
 Fax: 251-666-0332
 Phone: 251-661-7650
 Email: DOT@safetyplusinc.net

1. **EMPLOYMENT DATES:** From _____ to _____
2. **JOB TITLE** _____
3. **REASON FOR LEAVING YOUR EMPLOY:** Discharge ___ Resignation ___ Lay Off ___ Military Duty ___
4. **DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU?** No ___ Yes ___
 - **IF YES, WHAT TYPE?** Straight Truck ____, Bus ____, Tractor-Semi-trailer ____, Other (Specify) ____
 - **IF APPLICABLE, SPECIFY TYPE OF TRAILER PULLED:** _____
 - **IF APPLICABLE, SPECIFY LENGTH OF TRAILER PULLED:** _____ ft
5. **HOW MANY STATES DID THE APPLICANT DRIVE IN?** _____ (estimate)

If there is NO safety performance history to report as defined in 49 CFR Part 390.15(b), Subpart B of Part 382, or Part 40?, check here _____ then sign and date below and return via fax or email above.

DOT Recordable Accidents – List all 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	TYPE OF ACCIDENT	# INJURIES	# FATALITIES	TOWED	HAZMAT SPILL

DOT Drug & Alcohol History – Complete the following for the 3 years prior to the application date shown above or **CHECK HERE** _____ if there is no DOT Drug & Alcohol History data for this driver.

1. **Has the name applicant above ever refused to submit, or tested positive, or adulterated, or substituted a test specimen for a pre-employment, post-accident, random, reasonable suspicion, or follow-up for a controlled substance test?** NO ___ YES ___
2. **Has the name applicant above ever refused to submit or had a result of 0.04 or higher alcohol concentration to a post-accident, random, reasonable suspicion, or follow-up breath alcohol test?** NO ___ YES ___
3. **If answered YES to questions 1 and/or 2, did the named applicant complete a SAP-prescribed rehabilitation program per 49 CFR § 40.285 in your employ or a prior employ?** NO ___ YES ___
 - **If Yes, please send the required SAP documentation including proof of collections per 49 CFR Part 40 and note Return-to-Duty, number of Follow Up Drug and/or Follow Up Alcohol Collections completed below.**
 - Was a Return-to-Duty collection completed? If yes, when? _____
 - # Follow-Up Observed Drug Collections _____
 - # Follow-Up Alcohol Collections _____

Name: _____ Signature: _____ Title: _____ Date: _____
(Representative for Previous Employer)

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release information to Hughes Companies, Inc.
(Prospective Employer)

for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information

(Applicant's Signature)

(Date)

In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law 951-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208) I hereby certify the following:

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

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

Hughes Companies, Inc.

(Signature of Requestor)

(Date)

TO: _____

DEAR SIR/MADAM:

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

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

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE # _____ STATE _____

REQUESTED BY

Hughes Companies, Inc.
(Name of Company)
3425 Anton Street
(Address)
Mobile, Alabama 36612
(City) (State) (Zip)

(Print Name)

(Title)

(Signature)

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

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

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license

If you have more than one license, keep the license from your state residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in then state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than then one which issued your license). The notification of both the employer and the state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ **State** _____ **Exp. Date** _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ **Date:** _____

Notes: _____



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EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 40.25(j) As the employer, you must also ask the 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 that 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 Section 40.25(b)(5) and (e))

Hughes Companies, Inc.
3425 Anton Street
Mobile, Alabama 36612

Employee Name: _____

Social Security Number: _____

The employee is required by Section 40.25 to respond to the following question:

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 in the past two years?

Check One: YES NO

Employee Signature: _____ **Date:** _____

Drug and Alcohol Testing Policy

Hughes Companies, Inc.
3425 Anton Street
Mobile, Alabama 36612

This is the company’s official statement of drug and alcohol policy for its driving employees. Knowing how the use of these substances can affect the ability to operate a motor vehicle safely, we are implementing this policy to ensure that we are in compliance with the drug and alcohol testing requirements enacted by the DOT and listed in 49 CFR Parts 382 and 40. We are committed to provide a safe environment for each of our drivers, and the motoring public.

To outline the DOT mandated situations under which you are required to be tested, we have listed the type of drug and alcohol tests that will be required of our drivers. These tests will be administered when the driver is performing a safety sensitive function, generally defined as all time required to be logged as “on duty or driving” time on a driver daily log. The tests will either be administered while such duties are being performed, just before they are to be performed, or just after these duties have been completed. “Just before” or “just after” is defined as no longer the 1 hour. The tests will be administered and processed in accordance with the requirements of 49 CFR Part 40.

PRE-EMPLOYMENT (Drug only). - All drivers will be expected to submit to a pre-hire / pre-use drug test, the results of which must be obtained before the driver can be utilized the first time. Drivers failing this type of drug test are not qualified to be hired by the company.

RANDOM (Drug and Alcohol) - Drivers will continually be subject to DOT random testing after hire and throughout employment with the company. Testing administered will be spread throughout the year and unannounced, selected by a scientifically valid method from a pool of all employed drivers. The company (or its designee) will administer enough tests to the driver pool to ensure compliance with the minimum DOT requirements.

POST-ACCIDENT (Drug and Alcohol) - After drivers are involved in an accident, the company reserves the right to administer a drug test to each involved employee, without regard to fault, within 32 hours of the time the crash occurred. An alcohol test will also be obtained within 8 hours of an accident, preferably in the first 2 hours.

REASONABLE SUSPICION (Drug and Alcohol) - At any time the company management notices indications of the use of drugs or abuse of alcohol by one of its drivers, which are contemporaneous and able to be articulated, the employee will be required to submit for testing.

All drivers who are required to possess a Commercial Driver’s License, or CDL, under the requirement of 49 CFR Part 383, are required to be tested for the presence of drug and alcohol. Upon notification of a required test, the driver **shall proceed immediately to the testing facility.** Failure to do so will be considered a refusal to submit to testing, which DOT treats the same as a POSITIVE test result

There are significant consequences for submitting a test reported back as “POSITIVE” for drugs or alcohol, or refusing to be tested when required. Results such as termination of employment, referral to a substance use evaluation facility, and release of the testing information to subsequent employers requesting such. Though DOT does not require termination of employment violations of Part 382, most employers choose to sever ties with the violating employee. DOT does require that employees be evaluated and receive treatment (as suggested by a substance professional) for substance problems. We are also required to release this information to your subsequent employers that request it of us.

Record keeping for drug and alcohol testing issues is typically maintained for a period of five (5) years, as required by the USDOT. If we are requested by another employer to provide drug or alcohol testing information for a current or former employee of the company, records for the two (2) years previous to application for employment with the other employer will be provided, upon presentation of driver release for such information. This is in compliance with the requirements of 49 CFR Part 382.

The use of drugs and alcohol can have a significant impact on your health as our employee and on the safety of the motoring public. As a responsible member of the public using our nation's highways, we will implement this policy as we strive to maximize the safety of our highways. If any questions regarding this policy arise, please do not hesitate to contact me for clarification.

I have reviewed this copy and understand its consequences. My signature below also represents that I have been notified that the type of tests, listed above, will periodically be required of me.

(Driver Name)

(Driver Signature)

(Date)



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THE FOLLOWING ADDITIONAL FORMS MUST BE INCLUDED IN FILE FOR COMPLETION:

- COPY OF PRE-EMPLOYMENT FULL QUERY OR LIMITED QUERY
- ROAD TEST OR DRIVER SCHOOL CERTIFICATION**
- MEDICAL CARD
- MVR (< 1 YEAR OLD) CDL DRIVERS
- COPY OF CDL LICENSE
- PRE-EMPLOYMENT DRUG SCREEN RESULT – FEDERAL DRUG COLLECTION

When did you ORIGINALLY obtain your CDL? (Month/Year) _____

***If you have obtained your CDL within the last 12 months you will need to provide us with a copy of your drivers school certificate.*

File Completed by:

Signed

Date