

# Driver's Application for Employment

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(print)  
Company: GLOBE VENTURES LLC  
Address: 2201 S. Lorraine St.  
City: Hutchinson State: Kansas Zip: 67501

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.

## TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

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



**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 who the applicant operated such vehicle.

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

EMPLOYER			DATE	
NAME	ADDRESS	CITY	FROM	TO
			MO. YR.	MO. YR.
			POSITION HELD	
			SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS' WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAS YOU JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	ADDRESS	CITY	FROM	TO
			MO. YR.	MO. YR.
			POSITION HELD	
			SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS' WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAS YOU JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	ADDRESS	CITY	FROM	TO
			MO. YR.	MO. YR.
			POSITION HELD	
			SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS' WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAS YOU JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes vehicles having a GVWR OF26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring place carding.

\*The Federal Motor Carrier Safety Regulations (FMCSRS) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring place carding.

**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	HAZARDOUS MATERIALS SPILL
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

(ATTACH SHEET IF MORE SPACED IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

List all driver licenses or permits that held in the past 3 years

STATE	LICENSE NO.	TYPE	EXPIRATION/DATE
<b>DRIVER LICENSES</b>			

- 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: CHECK YES OR NO**

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPX. NO. OF MILES (TOTAL)
				FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, HOPPER, REEFER)			
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, HOPPER, REEFER)			
TRACTOR-TWO TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, HOPPER, REEFER)			
TRACTOR-THREE TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, HOPPER, REEFER)			
MOTORCOACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 8 passengers			
MOTOR COACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 15 passcngrs			
OTHER						

LIST OF 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 (Continued)**

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

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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**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, State

**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.

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

## EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

### EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state and local laws. I hereby authorize and permit **GLOBE VENTURES LLC**, (employer) to obtain;

1. Records concerning any driving, criminal history, credit history, workers' compensation (post-offer only) and drug testing.
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.41, information concerning alcohol and controlled substances for the past 2 years.
3. I authorize **GLOBE VENTURES 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 consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as employer from my liability that might otherwise result from the request for use of and /or disclosure of any or all of the foregoing information.

Drivers License number \_\_\_\_\_ DOB \_\_\_\_\_

Full Name printed \_\_\_\_\_

Signature \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING

Driver Record Screening Disclosure

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include information about my names, motor vehicle records, license verification. Upon Request, Embark Safety LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

\_\_\_\_\_ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at **GLOBE VENTURES LLC**. I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and Who not be used for any other purpose.

Applicant's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/AKA/Previous Name(s) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ License State \_\_\_\_\_ Date of B'1rth \_\_\_\_\_

\*\*\*\* California, Minnesota, Massachusetts, Maine, and Oklahoma Applicants; please check this box and provide your email address to have a copy of your report emailed directly to you.

Email \_\_\_\_\_

**Notice to California Applicants:** Under section 1786.22 of California Civil Code, you have the right to request from Embark Safety LLC, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Embark Safety LLC has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Embark Safety LLC during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy,

**Notice to Massachusetts Applicants:** Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

Signature

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

**GENERAL CONSENT FOR LIMITED QUERIES**

General consent for limited queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.

382.701 Annual query required

Employers must conduct a query under this section, which releases information in the Clearinghouse to an employer and requires that the individual driver give specific consent.

I, \_\_\_\_\_ hereby provide consent to Globe Ventures LLC. 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. During the duration of my employment at GLOBE VENTURES LLC Transportation Services Inc., I give consent for unlimited limited queries.

I understand that if the limited query conducted by GLOBE VENTURES LLC. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to GLOBE VENTURES LLC. without first obtaining additional specific consent for me. I understand that if I fail to give GLOBE VENTURES LLC. additional consent to complete a full query within 24 hours, I will not be allowed to perform any safety-sensitive functions until a full query has been completed.

I further understand that if I refuse to provide consent for GLOBE VENTURES LLC. to conduct a limited query of the Clearinghouse, GLOBE VENTURES LLC., must prohibit me from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

CDL Number: \_\_\_\_\_

CDL State of Issue: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

# DOT ALCOHOL AND/OR CONTROLLED SUBSTANCE TEST NOTIFICATION

Sec. 382.113 Requirement for notice.

Before performing each alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: Globe Ventures LLC

Driver/Applicant Name: \_\_\_\_\_

Test Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Test Required:    \_\_\_ Alcohol       \_\_\_ Controlled Substance

Reason For Test:       \_\_\_ Pre-employment       \_\_\_ Random  
                          \_\_\_ Post Accident       \_\_\_ Reasonable Suspicion/Cause  
                          \_\_\_ Return-to-Duty       \_\_\_ Follow-up

Appointment Instructions/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that this test will be administered in compliance with Federal Motor Carrier Safety Regulations 49 CFR Part 382.113

I understand that as a condition of my employment with this company, the above identified test must be complied with.

Driver/Applicant's Name: \_\_\_\_\_

Driver/Applicant's Signature: \_\_\_\_\_

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

Witnessed by:

Company Representative Name: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_

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

Notice: Keep a copy in Test Records file

Form Provided by: S & G Associates, Inc.  
PO Box 273  
Wichita KS 67201

Form Provided By:  
S & G Associates, Inc.  
P.O. Box 273 Wichita, KS 67201-0273  
Voice: 316-945-5535 FAX: 316-945-0402  
www.sgdrugfree.com

Globe Ventures LLC

HISTORY OF EMPLOYMENT AND APPLICATION FOR EMPLOYMENT  
WITH COMPANIES REGULATED BY THE DOT AS REQUIRED BY 49 CFR 40.25

I, \_\_\_\_\_, understand that as a condition of employment, I must list all previous employers and all prospective employers, that are regulated by the DOT, where I have applied for employment or was employed, during the past three (3) years. The purpose of this requirement is to verify that I am qualified under the DOT drug and alcohol rules to work in a safety sensitive position.

I further understand that, using the form provided, I must authorize and direct each such employer to release any anti-drug and alcohol misuse prevention program records pertaining to me and created and maintained under applicable Federal regulations. I agree that the information released can be used to determine whether I should be employed in a safety-sensitive position.

Have you ever 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 work covered by DOT drug and alcohol testing rules during the past three years?       YES       NO

EMPLOYMENT/APPLICATION HISTORY:

Company Name/ Address	Contact Person/ Telephone	Dates From    To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information listed above is accurate and complete. I understand that if I omit or falsify any information I will be disqualified from consideration for placement in a safety sensitive position.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Globe Ventures LLC

GENERAL CONSENT FOR LIMITED QUERIES

General consent for limited queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.

382.701 Annual query required

Employers must conduct a query under this section, which releases information in the Clearinghouse to an employer and requires that the individual driver give specific consent.

I, \_\_\_\_\_, hereby provide consent to Globe Ventures LLC 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. During the duration of my employment at Globe Ventures LLC, I give consent for unlimited limited queries.

I understand that if the limited query conducted by Globe Ventures LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Globe Ventures LLC without first obtaining additional specific consent from me. I understand that if I fail to give Globe Ventures LLC additional consent to complete a full query within 24 hours, I will not be allowed to perform any safety-sensitive functions until a full query has been completed.

I further understand that if I refuse to provide consent for Globe Ventures LLC to conduct a limited query of the Clearinghouse, Globe Ventures LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

CDL Number: \_\_\_\_\_

CDL State of Issue: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

Faxed: \_\_\_\_\_  
Phoned: \_\_\_\_\_  
Mailed: \_\_\_\_\_

RELEASE OF CONFIDENTIAL INFORMATION

To: (company) \_\_\_\_\_

I hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer listed above. This release is in accordance with 49 CFR 40.25. I understand that information to be released is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Please send all correspondence for this request to the prospective employer below:

Keith Bauer  
Globe Ventures LLC  
PO Box 2519  
Hutchinson, KS 67504  
Phone: 620-662-3792 x      Fax: 000-000-0000

Applicant Print name: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the three years prior to the date of the employee's signature above, for DOT-regulated testing:

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

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).

I certify that the above information concerning drug and alcohol testing is correct:

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

Company: \_\_\_\_\_

Form provided by: S & G Associates, Inc.  
PO Box 273 Wichita, KS 67201-0273  
Voice: 316-945-5535 FAX: 316-945-0402  
e-mail: info@sgdrugfree.com

Rev. 5-2012

Applicant Acknowledgement Of Notification of

Globe Ventures LLC

Policy On Alcohol And Prohibited Drugs

I, the undersigned hereby certify that I have received written information that includes educational materials on substance abuse, safety sensitive duties, prohibited conduct, required testing, FMCSA mandated consequences for violations, FMCSA Drug & Alcohol Clearinghouse and the company policy on alcohol misuse and prohibited drugs, including provisions of the employee assistance program and understand this policy.

I understand that I may not perform safety-sensitive functions as defined by 49 CFR Part 382, unless I comply with the policy. I will be required to give electronic consent for a full query and produce a verified negative test for the presence of prohibited drugs, before I can work in any position covered by the policy.

I am aware that I will be offered the same opportunities and options offered to all other covered employees if I produce a positive, adulterated or substituted drug test or refuse to take a required drug test, and I understand those consequences. I understand that those results will be reported to the FMCSA Drug and Alcohol Clearinghouse.

The urine specimens that I supply for testing under DOT & FMCSA regulations will be tested for the presence of: Marijuana, Cocaine, Opioids, Amphetamines, and PCP (phencyclidine). The specimens will be tested in a DHHS certified lab and under conditions specified in 49 CFR Part 40 regulations.

I am aware that if I am hired, I will also be required to submit to alcohol testing. I will be offered the same opportunities and options offered to all other covered employees if I produce an alcohol test result of 0.02 or greater, refuse to take a required alcohol test, or the company has determined that I am under the influence of or impaired by alcohol. The consequences of an alcohol test with a result of 0.02 or greater, or alcohol misuse are explained in the policy, and I understand those consequences. I understand that results 0.04 or greater will be reported to the FMCSA DRUG and Alcohol Clearinghouse.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Applicant (signature)

\_\_\_\_\_  
Applicant (please print name)

Date: 1-1-2018

Verification In Lieu of Pre-employment Drug Test  
As Permitted Under 49 CFR 382.301(c) (1)

Globe Ventures LLC  
PO Box 2519  
Hutchinson KS 67504  
Voice: 620-662-3792 x  
FAX: 000-000-0000

I hereby authorize the testing program listed below to release information listed in 382.301(c) (1).

Driver Name: \_\_\_\_\_  
CDL License Number: \_\_\_\_\_  
Driver's Signature: \_\_\_\_\_

CONTROLLED SUBSTANCES TESTING PROGRAM

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Voice: \_\_\_\_\_ FAX: \_\_\_\_\_

This is to verify that the driver listed above has participated in our controlled substances testing program for the past \_\_\_\_\_ Months.

The testing program conformed to 49 CFR Parts 40 and 382. The driver was properly qualified under Part 382 and did not refuse to take a test.

The date the driver was last tested for controlled substances: \_\_\_\_\_

The results of any controlled substances tests taken within the last six months: \_\_\_\_\_

Any other violations of 382 Subpart B: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Date: 12-26-2007

## Globe Ventures LLC

### COMPANY POLICY ON ALCOHOL AND SUBSTANCE ABUSE

Globe Ventures LLC considers violation of the Federal Motor Carrier Safety Administration regulations to be misconduct.

#### DRUG USE MISCONDUCT:

1. An employee who receives a verified positive drug test result will be rehabilitated.
2. An employee who produces a dilute specimen will be retested.
3. An employee who receives an adulterated, positive test result or a substituted specimen drug test result, will be allowed to pick a second DHHS certified laboratory to test the split specimen, if he/she so desires.
4. The employee is required to advise the employer of any therapeutic drug use.

#### ALCOHOL USE MISCONDUCT:

1. An employee who receives a confirmed alcohol test result of 0.02 or greater, but less than 0.04, will result in time off without pay. A second confirmed alcohol test result of 0.02 or greater, will result in termination.
2. An employee who receives a confirmed alcohol test result of 0.04 or greater, will be rehabilitated.
3. Possession of alcoholic beverages is prohibited while on company property, in company vehicles not covered by #382 and during any shift which they have been assigned to work.
4. On-duty use of alcohol will result in the employee being given 2 days off without pay.
5. Employees are expected to be "ready for duty" during any shift scheduled to work.

#### REFUSAL TO TAKE A REQUIRED DRUG AND/OR ALCOHOL TEST

1. A refusal to take a required drug and/or alcohol test will result in termination.

#### REHABILITATION AND RESPONSIBLE PARTIES

1. The employee will pay for any Return-to-Duty or follow-up tests, and any rehabilitation. The employee will be offered an unpaid leave of absence while in rehabilitation.