Drug Test Chain of Custody

FMCSA Driver Compliance New H

Employee Name:_____ **Location:**_____

FMCSA Driver Compliance Kit	Submitted	HR Verify
1. Hours of Duty Statement	☐	☐
2. Gap Form	☐	☐

PLEASE MAKE A PHOTO COPY OF THE FOLLOWING AND INCLUDE WITH THIS PACKET!!

- Medical Certification
- Driver's License (front & back)
- Social Security Card OR Birth Certificate

HOURS OF DUTY STATEMENT

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____

Endorsement(s) _____ Restriction(s) _____

DAY	1 Yesterday	2 Days Ago	3 Days Ago	4 Days Ago	5 Days Ago	6 Days Ago	7 Days Ago	TOTAL HOURS
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M. / P.M. on _____

Time Day Month Year

Driver's Signature: _____ Date: _____

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 bythis 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.

_____ _____

Driver's Signature Date

Witness: _____ _____

Company Representative Date

Employment Gap Verification

This form should only be completed if you have gaps in employment of 30 days or more

Driver:	SSN:
Client Name/Loc. ID:	

There is a gap in the driver's employment dates
Please mark the appropriate reason for the gap below

Gap from _____ Gap to _____

Reason for Gap

Unemployed ☐
School ☐
Retired ☐
Military ☐
Other ☐ _____

Employment/Self Employment ☐
(Driver must complete Employment Section below)

(For "Other," please explain) _____

Employment/Self-Employment Section

Driver, please complete this section **only** if employed during the gap dates listed above

Employment information is required subject to FMCSR 391.21

Gap from _____ Gap To _____

Company Name:
Company Address (*including City, State, Zip Code)*:
Company Phone No. (*including area code)*:
Reason for Leaving:

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY FMCSA-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? ☐ YES ☐ NO

Self-Employment Only (required in addition to employment information)

2 Business References (Accountant, Lawyer, Business Associate): Phone Number (including area code):

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Section Completed by First Advantage

Employment Verified By: _____ Date: _____

Driver Signature: _____ **Date:**

Employment Gap Verification

This form should only be completed if you have gaps in employment of 30 days or more

Driver:	SSN:
Client Name/Loc. ID:	

There is a gap in the driver's employment dates
Please mark the appropriate reason for the gap below

Gap from _____ Gap to _____

Reason for Gap

Unemployed ☐
School ☐
Retired ☐
Military ☐
Other ☐ _____

(For "Other," please explain) _____

Employment/Self Employment ☐
(Driver must complete Employment Section below)

Employment/Self-Employment Section

Driver, please complete this section **only** if employed during the gap dates listed above

Employment information is required subject to FMCSR 391.21

Gap from _____ Gap To _____

Company Name:
Company Address (*including City, State, Zip Code)*:
Company Phone No. (*including area code)*:
Reason for Leaving:

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? ☐ YES ☐ NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY FMCSA-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? ☐ YES ☐ NO

Self-Employment Only (required in addition to employment information)

2 Business References (Accountant, Lawyer, Business Associate): Phone Number (including area code):

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Section Completed by First Advantage

Employment Verified By: _____ Date: _____

Driver Signature: _____ **Date:**

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name

Address *(Street Name and Number)*	Apt. #	Date of Birth *(month/day/year)*

City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature — Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name

Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any):*					
Document #:					
Expiration Date *(if any):*					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*
LIFESTYLE EASE LLC 2600 Stearman Rd, Suite D, Prescott, AZ 86301	

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $29,200 if you're married filing jointly or a qualifying surviving spouse
- $21,900 if you're head of household
- $14,600 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Arizona Form **A-4**

Employee's Arizona Withholding Election

2024

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

☐ **1** Withhold from gross taxable wages at the percentage checked **(check only one percentage)**:

☐ 0.5% ☐ 1.0% ☐ 1.5% ☐ 2.0% ☐ 2.5% ☐ 3.0% ☐ 3.5%

☐ Check this box and enter an extra amount to be withheld from each paycheck ..... $

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE DATE

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name

First Name

MI

Social SecurityNumber

WorkPhone

Action

New Change Cancel

Effective Date

Month Day Year

Name of Financial Institution

Account Number

(Includehyphens but omit spacesandspecial symbols.)

Type of Account

Checking Savings

Routing Transit Number

(All 9 boxesmust befilled. Thefirst two numbers must be01 through 12 or 21 through 32.)

Ownershipof Account

Self Joint Other

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated abovefor the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments for anycredit entries made in error.

Signature _____ Date _____

If theaccount isa joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

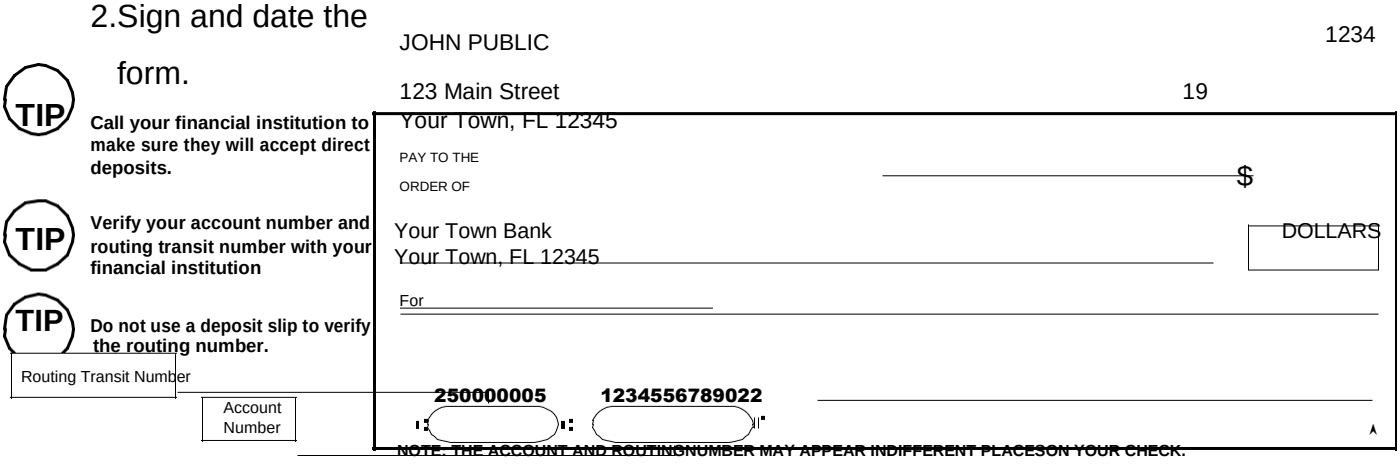
HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**



Driver Consent for Annual Limited Query

Company Name (Company):	**LIFESTYLE EASE LLC DBA GRANITE MTN ICE**

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

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

The driver needs to register in the Clearinghouse and provide consent in the Clearinghouse for a full query to be fulfilled. If the driver fails to register and consent for the full query, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer is able to conduct the full query and the results confirm that the driver's Clearinghouse record contains no prohibitions.

I hereby consent to the employer listed above to perform unlimited limited queries to the FMCSA Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

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

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

This consent is valid for a period of **five years** or until my employment with the company is terminated.

Driver Name:		
CDL # with State of Issuance:		
DOB:		
Driver Signature:		**Date:**

Consent to Collection of Biometric Information

We use Samsara's hardware and software technology to manage our fleet and improve driver safety. Your images will be collected and stored by Valley Ice Co for purposes of assigning drivers to vehicles, trips, and harsh driving events in the Samsara dashboard using the Camera ID feature. To enable this feature, Valley Ice Co will share your images with Samsara Inc. to provide the facial recognition functionalities of the Samsara dashboard using biometric information derived from those images. Your biometric information will be permanently deleted from systems used by Samsara within a reasonable time after your employment with the company ends, not to exceed three years from that date. More information about Camera ID may be found at Samsara's website: https://www.samsara.com/support/privacy/special-features.

Optional for Texas but required for Illinois: A copy of our Biometric Information Policy is available on request.]

By signing below, you consent to Granite Mtn Ice's collection, use, disclosure, and storage of your biometric information as described above.

Signature: _____

Name: _____

Date: _____

This form is an example only. Questionnaires may look different, but should include, at minimum, the two questions below.

PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

Applicant Name _____

Yes	No	
☐	☐	Within the last two (2) years, 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 transportation work?
☐	☐	If yes, have you successfully completed the return-to-duty process?

Driver's Road Test Examination

Driver's Name: _____ **Driver's License No.:** _____

Driver's Address: _____ **Phone No.:** _____

City: _____ **State:** _____ **Zip:** _____

Equipment Type:
Examiner: **Unit No.:**

***The road test shall be given by the motor carrier or a person designated by the carrier. However, a driver who is also a motor carrier must be given the test by another individual. The test shall be given by a person who is competent to evaluate & determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle & associated equipment that the motor carrier intends to assign to the driver. ***

Satisfactory	Unsatisfactory	Not Tested	
☐	☐	☐	Pre-Trip Inspection (as required by Section 392.7)
☐	☐	☐	Coupling/uncoupling of combination units (if equipment driven may include combination units)
☐	☐	☐	Placing equipment in operation
☐	☐	☐	Understanding of equipment controls, switches & gauges
☐	☐	☐	Use of vehicle's emergency equipment
☐	☐	☐	Operating the vehicle in traffic & while passing other vehicles.
☐	☐	☐	Turning the vehicle
☐	☐	☐	Braking & slowing the vehicle by means other than braking
☐	☐	☐	Backing & parking the vehicle
☐	☐	☐	Other: _____

REMARKS:

_____

_____

_____

Examiner's Signature: _____ Date: _____

If road test is successfully completed, the examiner shall complete a certificate of driver's road test.

GIVE TO MANAGER TO FILL OUT

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

EXAMINER FIRST & LAST NAME | SIGNATURE OF EXAMINER | DATE

VALLEY ICE CO

GIVE TO MANAGER

SEND TO FORMER EMPLOYER!!

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____ _____ _____
First M.I. Last Social Security Number

Hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.
(employment application date)

To: Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: _____

Prospective employer's email address: _____

_____ _____
Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

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

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

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

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐, sign below and return.

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

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.					
2.					
3.					

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

_____

_____

Any other remarks:

_____

_____

_____

Signature: _____

Title: _____ Date: _____

SEND TO FORMER EMPLOYER!!

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
   YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
   YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
   YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
   YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
   YES ☐ NO ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
   YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee
- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer
- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer
- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer
- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer
- Record receipt of the information
- Retain the form

SEND TO FORMER EMPLOYER!!

: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

<u>Section I</u>. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, 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.

Employee Signature: _____ Date: _____

I-A.
New Employer Name: _____

Address: _____

_____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.
Previous Employer Name: _____

Address: _____

_____

Phone #: _____

Designated Employer Representative (if known): _____

<u>Section II</u>. 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), for DOT-regulated testing ~

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 and 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? **N/A ____ 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.
Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____