



323 N D Street
 Porterville, CA, 93257
 (559) 500-1124

New Consortium Account

Please complete the following to setup a new account and return to

mtree@staff-worthy.com

Date:	Company Name:	<input type="checkbox"/> New <input type="checkbox"/> Returning
-------	---------------	--

Contact or Designated Representative (DER):

Mailing Address: <hr/> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip </div>	Physical Address: <input type="checkbox"/> Same <hr/> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip </div>	Mailing Address: <input type="checkbox"/> Same <hr/> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip </div>
--	---	--

Main Phone #: ()	Alt Phone #: ()	Fax #: ()
---------------------	--------------------	--------------

Email:	How did you hear about Staff-Worthy?	DOT #
--------	--------------------------------------	-------

Staff-Worthy will act as an intermediary in communicating the information from other service agents to the DER of the Employer per Appendix F of the 49CFR Part 40 procedures.	
PLEASE SELECT HOW YOU WOULD LIKE TO REVEIVE CORRESPONDENCE? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> USPS <input type="checkbox"/> Telephone	
Please select a method	



Type of Business: _____ (Examples, trucking, construction, etc.) Owner Operator? Yes No

Are you a seasonal company? Yes No If yes, please list your seasonal dates _____

Drivers Information

Employee Name & Best Contact #, Drivers License Number and DOB

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Please use additional sheet for additional employees.

Are you currently enrolled in a Random Drug Testing Program? Yes No

If Yes, Consortium Name: _____

Type of testing your company requires: DOT NON-DOT PUC

DOT Agency: Office of the Secretary FAA FHA FMCSA FRA FTA Maritime Administration NHTSA

If FMCSA, are you registered in the FMCSA Clearinghouse? Yes No

Please Note: All DOT Employees must provide proof of a Negative Drug Test, or Previous Consortium Enrollment, before they will be enrolled in the consortium program. To use a previous drug test, it must be 31 days before joining the consortium



Consortium Membership Fee Schedule:

\$10 per month Each driver enrolled into the membership. Please indicate how many employees will be enrolled: _____

\$65 Per Drug Test (Fees may vary Depending on clinics used)

\$35 Per Alcohol Test (Fees may vary Depending on Clinics used)

\$75 Supervisor Training Online Version If you would like this training, please indicate Yes No

\$50 FMCSA Clearinghouse Registration Fee (Please Note, Staff-Worthy cannot purchase Query's on your behalf)

\$10 FMCSA Clearinghouse Query Program. (Per Driver, Per Year

Per Drug Testing Fee Includes: 5 panel regulated urine drug screen, collection of specimens, sample shipping, SAMSHA laboratory testing with confirmation (if needed), MRO review, MIS reports when required and or requested, monthly random selections.

These random drug testing services will keep you in compliance with the DOT drug and alcohol testing regulations 49CFR Part 40 and regulations of your operating administration.

Staff-Worthy Consortium

Service Agreement

Staff-Worthy consortium abides by all current Department of Transportation (DOT) regulations regarding 49 CFR Part 40 and the regulations of all DOT agencies. Staff-Worthy's goal is to provide reliable administrative service to its clients. The employer is ultimately responsible for staying in compliance with the Department of Transportation regulations.

Staff-Worthy will act as an intermediary in transmitting the information from other service agents to the DER of the Employer per Appendix F of the 49CFR Part 40 Procedures. We will retain all associated DOT required records during the service period and will provide these records upon request at no charge upon membership termination. Required records not received by this consortium will be the responsibility of the member.

Staff-Worthy Policies:

- Information provided must be complete and accurate on the application. No false data may be knowingly submitted to Staff-Worthy
- The Employer must implement a Substance Abuse Policy and instruct their employees to the procedures in the Employee Handbook provided in the member package
- The Employer understands that they are ultimately responsible for the validation, implementation and the consequences of their drug and alcohol testing program. The



employer also agrees that they understand the methods and policies used by Staff-Worthy.

- DOT main program may only enroll drivers operating under the Department of Transportation Federal Regulations.
- Non-DOT employers may only enroll employees that they have determined to be legally eligible for such a program. Employers in the State of California have been given the disclosure regarding the Supreme Court Ruling.
- Your company must remain current regarding amounts owed to Staff-Worthy. A finance charge of 1.75% per month will be assessed for amounts 30 days passed due. Employers will be notified in writing with sufficient time as indicated on the notice. Failure to pay the indicated amount will result in termination.
- "Insufficient Funds" returned checks will be subject to a \$25 handling charge
- All random notifications must be responded to within the allotted time period. If we do not receive a response after a reasonable number of attempts have been made, we will report the results as "Failure to Test" per DOT instructions.
- DOT drivers who show positive on any test authorized by Staff-Worthy will be removed from the DOT pool until evaluated by a Substance Abuse Professional as indicated in the DOT Regulations. If the driver requests that the split specimen be tested, the employee is responsible for payment as indicated in the DOT regulations. Any additional costs incurred for processing positive test results are also the responsibility of the employer.
- Any company found to violate Staff-Worthy's policies or Department of Transportation (DOT) regulations 49CFR part 40 and any additional agency regulations, will be terminated without refund.

Please sign and date this agreement below and return it to Staff-Worthy at mtree@staff-worthy.com along with your application form.

Company Name: _____

Company Representative's Signature: _____

Date: _____

With my signature, I hereby agree to participate in the Staff-Worthy consortium and I understand and will abide by its policies and procedures.

