



Thank you for your interest in driving for Bulkley Trucking! We are pleased that you are taking the time to consider working for our company, and look forward to receiving your application!

The enclosed forms and documents are a very important part of the driver application process. Please be certain to complete each document in entirety (no blanks!), so that there will be no delays in processing it.

Here are a few items to consider as you complete this packet:

- We must have at least ten (10) years of work history. This is required by law, so please provide this information on your application as requested.
- Your application cannot be processed if we do not have enough information to contact your previous employers. Provide ALL of the information we will need to contact previous employers. **Failing to provide names, addresses, telephone numbers, etc., slows down the verification process.** If a company you used to work for is no longer in business, furnish the name and contact information (phone/mail address) of a supervisor or the owner of the business, or provide copies of pay stubs or the W-2 Wage Statement for the period(s) you were employed by the company that is no longer in business. If we cannot verify your information, we will not be able to hire you.
- 1099's must be furnished for periods of self-employment.
- Please include a copy of your driver license, medical certificate, and social security card with your application.

Thank you again very much for your interest in driving for Bulkley Trucking! We look forward to hearing from you soon!

Sincerely,

Kenneth P. Utz, Safety Director
Bulkley Trucking

KPU:gt

encl.

4141 Texas Hwy. 11 East
Sulphur Springs, TX 75482

Phone: 903-885-5007
Fax: 903-439-6309
www.bulkleytrucking.com

Driver Qualification Application

Bulkley Trucking

4141 Texas Highway 11 East
Sulphur Springs, TX 75482

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. The Americans With Disabilities Act prohibits discrimination on the basis of non-job related disability.

Note: Read and complete all portions of this proposal legibly, in your own handwriting, in ink (please print). **Applications that are incomplete, inaccurate, false, or filled out in pencil may be rejected.**

Date _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Date of Birth: Month _____ Day _____ Year _____ Age _____ Place of Birth _____
(Not discriminated against due to age)

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)? _____

If yes, what name? _____ When? _____

Present Address _____
(Number) (Street/Route) (City) (State) (Zipcode)

Phone _____ How long have you lived there? _____

Previous Address _____ How Long? _____
(Last 5 yrs.) (Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

_____ How Long? _____
(Street) (City) (State)

(Attach Sheet if more space is needed.)

Any relatives or friends in our employ? _____ Name(s) _____

How were you referred here? Newspaper Ad - Name of paper _____

Personally referred by _____ Other _____

Miles per week expected? _____ Rate of pay expected? _____

Have you ever worked here before? _____ Position _____ Dates _____

Reason for leaving _____

Have you ever made application before? _____ If yes, When? _____

REFERENCES

List the names of three (3) persons who are not related to you. They must be householders of good standing who have known you well at least three (3) of the past five (5) years (not former employers).

NAME	COMPLETE ADDRESS	OCCUPATION	PHONE NUMBER	YEARS KNOWN
1.				
2.				
3.				

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)

Have you ever attended a truck driving school? _____ Name _____ Date _____

Have you ever been trained in Hazardous Material Handling? _____ By Whom? _____

Have you ever been trained in refrigerated equipment operation? _____ By Whom? _____

Have you ever been trained in tanker equipment operation? _____ By Whom? _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards have you received and from whom? _____

List below current drivers licenses and any other license you have had in past ten (10) years (even if expired):

	State	License Number	Type	Expiration Date
Operators Licenses				

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any license, permit, or privilege ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever been disqualified from driving under the Federal Motor Carrier Safety Regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of a crime or felony?
<small>(Not an automatic bar to qualification; explain all circumstances fully)</small> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to A, B, C, or D is yes, state circumstances and date _____

This is a most IMPORTANT part of application. It must be answered ACCURATELY and IN DETAIL. List any and all tickets or arrests for any Motor Vehicle Law violations with any type vehicle in past five (5) years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach Sheet If More Space Is Needed)

Are you now employed? _____ If not, how long since leaving your last employment? _____

Please Give Complete Addresses

PERSONAL HISTORY FOR PAST 10 YEARS

Please Give Complete Addresses

Begin with your present employer and work backward, in order, listing all of your previous employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment. List this information going back at least for the past 10 years. All time must be accounted for. Use additional paper if necessary. Fill in ALL blanks. If discharged from any job, please explain.

The information that you provide may be used, and your previous and current employer(s) will be contacted, for the purpose of investigating your safety performance history while employed, as required by the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.23. In accordance with these regulations and with regard to information provided by DOT – regulated employers, you have the following rights regarding any information provided to the Company as a result of these inquiries: (1) The right to review information provided by previous employers; (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company, and (3) The right to have a rebuttal statement attached to the alleged erroneous information if you and your previous employer(s) cannot agree with the accuracy of the information your previous employer submits. For a full understanding of your rights as an applicant under FMCSR Part 391 you should refer directly to the FMCSRs.

Leave NO BLANKS or gaps in time for the past 10 year period.

DATES: From Month / Year _____ to Present

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
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Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

(Attach additional sheet(s) if more space is needed.)

Leave NO BLANKS or gaps in time for the past 10 year period.

DATES: From Month / Year _____ to _____

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
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City State Zip	Number of Accidents
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Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

DATES: From Month / Year _____ to Present

Company	Type of trailer pulled
Address	Type of Equip. driven
City State Zip	Number of Accidents
Telephone ()	States You Drove In
Supervisor	Position Held Compensation / Pay
Full or Part-Time? Hours or Miles / Week	Were you subject to the FMCSRs? Yes or No
Was this job a <i>safety sensitive function</i> regulated by the DOT and subject to alcohol and controlled substances testing? Yes or No	
Reason for leaving:	

(Use additional sheet(s) if more space is needed.)

Have you ever been discharged or suspended from any job? _____ If yes, explain when and why: _____

ACCIDENT RECORD (if None, write NONE)

List **all** accident involvements with any motor vehicle for past 5 years (even if not at fault):

	Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Were You At Fault?	Were You Ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Damage
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								

(Attach Sheet If More Space Is Needed)

Were you ever discharged by an employer because of an accident? _____ If so, when and by whom? _____

Has your license ever been suspended because of an accident? _____ Please explain _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)

List all states in which you have operated a commercial vehicle in the last 5 years: _____

Length of time driving tractor trailer coast to coast: _____ Approximate miles: _____

Length of time driving tractor trailer in winter: _____ Approximate miles: _____

Length of time driving tractor trailer in mountains: _____ Approximate miles: _____

Makes of tractors driven: _____

Twin Screw: _____ Single axle: _____ Conventional: _____ Sleeper Cab: _____

Types of Engines: Detroit _____ Cummins _____ Cat _____ Other (Specify) _____

Kinds of Transmissions Driven: _____

Kinds of Freight Handled: Produce _____ Meat _____ Swinging Meat _____ Liquid Bulk _____

Other: (Specify) _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____ Dates: From _____ To _____

Rank at Discharge _____ Date of Discharge _____

Type of Discharge _____ If other than Honorable, please explain: _____

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. I further acknowledge that I have been informed that the above information may be used, and my prior employers may be contacted by this company or it's agent for the purpose of investigating my background, as required by §391.23 (or other regulations as they may apply) of the Federal Motor Carrier Safety Regulations, including my rights of rebuttal to information that may be provided by either my previous or current employer(s).

Date: _____

Signature: _____

Bulkley Trucking

**4141 Texas Highway 11 East
Sulphur Springs, TX 75482**

TO BE READ AND SIGNED BY APPLICANT:

It is agreed and understood that any written misrepresentation given in this application shall be considered an act of dishonesty, and will be cause for dismissal.

It is agreed and understood that Bulkley Trucking and any of its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law , 91-508, I have been told that this investigation may include an Investigation Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations, as may be required to complete my employment and/or qualification file.

It is agreed and understood that this application for qualification in no way obligates Bulkley Trucking to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he/she may be disqualified without recourse.

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.

Applicant Signature

Date

Request For Information From A Previous Employer

Please return this form to: (FAX) (903) 439-6309

TO: _____

FROM: Safety Director
 Bulkley Trucking
 4141 Texas Highway 11 East
 Sulphur Springs, TX 75482

RELEASE

_____ has applied to be qualified as a driver for us and has listed you as a previous employer. Would you please answer the following questions regarding this applicant?

The applicant has released you from any and all liability, as follows:

I hereby authorize this company to release all records of employment and work history, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my Request for Qualification as a driver for said company. I hereby release this company from any and all liability of any type as a result of providing the requested information.

Applicant Signature _____ Date: _____

Name of Applicant: _____ Social Security Number: _____

1. For what period (Month and Year from beginning of employment to end of employment) did the applicant work for you?

From: _____ To: _____.

2. What type of work was performed by the applicant for you?

Local Driver Over-the-Road Driver Dock Work Office Other (specify): _____

If a driver, he/she was: A Company Driver An Owner Operator A Driver For An Owner-Operator

3. Type of vehicle driven: Automobile Bobtail / Straight Truck Tractor Semi-Trailer School Bus
 Motor Coach Other (please specify): _____

4. Was work performed in a satisfactory manner? Yes No

5. Please list any accidents or claims involving the applicant during his/her employment or contract period. The information requested is specifically required by the Federal Motor Carrier Safety Regulations, Part 391.23(d)(2):

Date of Accident	Location: Nearest City and State	Driver Name	Number of Injuries	Number of Fatalities	Were Hazardous Materials Released?

(Attach additional sheets if necessary)

6. Areas traveled: Midwest East Coast West Coast All 48 States Canada Mexico

7. Were logs and paperwork submitted in a Satisfactory condition? Yes No

8. Would you re-qualify this applicant to work for your company again? Yes No

9. Please add any additional comments that you feel might be helpful: _____

 Name and signature of person supplying the above information

 Title

 Date

Request For Information From A Previous Employer

Please return this form to: (FAX) (903) 439-6309

TO: _____

FROM: Safety Director
 Bulkley Trucking
 4141 Texas Highway 11 East
 Sulphur Springs, TX 75482

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If a driver, he/she was: A Company Driver An Owner Operator A Driver For An Owner-Operator

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 Motor Coach Other (please specify): _____

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Date of Accident	Location: Nearest City and State	Driver Name	Number of Injuries	Number of Fatalities	Were Hazardous Materials Released?

(Attach additional sheets if necessary)

6. Areas traveled: Midwest East Coast West Coast All 48 States Canada Mexico

7. Were logs and paperwork submitted in a Satisfactory condition? Yes No

8. Would you re-qualify this applicant to work for your company again? Yes No

9. Please add any additional comments that you feel might be helpful: _____

 Name and signature of person supplying the above information

 Title

 Date

Request For Information From A Previous Employer

for

Alcohol and Controlled Substance Testing Records

THIS REQUEST IS BEING MADE IN ACCORDANCE WITH FEDERAL LAW. FAILURE TO PROVIDE THIS INFORMATION MAY BE CONSIDERED A VIOLATION OF FEDERAL LAW.

This is a request for information regarding the below-listed person's participation in an alcohol and controlled substance testing program, as required by the Federal Motor Carrier Safety Regulations Parts §382.405, §382.413, §391.23 and §40.25. The applicant has provided a Release in your favor below, as required by FMCSR Part §40.321. **Please provide the information requested and return this completed form to:**

ATTN: Safety Director
 Bulkley Trucking
 4141 Texas Highway 11 East
 Sulphur Springs, TX 75482

OR FAX to: (903) 439-6309

RELEASE TO PROVIDE REQUESTED INFORMATION

I hereby authorize _____ to release and forward any
Previous Employer
 information regarding my Alcohol and Controlled Substance Testing and/or Training records to

Bulkley Trucking	
<small>Prospective Employer</small>	<small>Date</small>
<small>Print full name</small>	<small>Signature</small>

TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person violated any other DOT Agency Drug and Alcohol Testing regulations to your knowledge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you received information from a previous employer that this individual has violated any DOT Drug and Alcohol Testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions were answered YES, please answer the following questions:

1. Following the incident acknowledged above, did you retain this applicant in your employ? Yes No
2. Following the incident acknowledged above, did this applicant complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? Yes No Unknown
3. Following the completion of a rehabilitation program prescribed by a Substance Abuse Professional (SAP), did this applicant, **while still in your employ**, subsequently have:
 - a) Any alcohol tests with a result of 0.04 or higher alcohol concentration? Yes No
 - b) Verified positive drug tests? Yes No
 - c) Refusals to be tested(including verified adulterated or substituted drug test results)? Yes No

Please provide the name, address, and telephone number of the Substance Abuse Professional for further reference:

Name _____ Telephone Number _____
 Address / City / State _____

Name and signature of person supplying the above information _____ Title _____ Date _____

Request For Information From A Previous Employer

for

Alcohol and Controlled Substance Testing Records

THIS REQUEST IS BEING MADE IN ACCORDANCE WITH FEDERAL LAW. FAILURE TO PROVIDE THIS INFORMATION MAY BE CONSIDERED A VIOLATION OF FEDERAL LAW.

This is a request for information regarding the below-listed person's participation in an alcohol and controlled substance testing program, as required by the Federal Motor Carrier Safety Regulations Parts §382.405, §382.413, §391.23 and §40.25. The applicant has provided a Release in your favor below, as required by FMCSR Part §40.321. **Please provide the information requested and return this completed form to:**

ATTN: Safety Director
 Bulkley Trucking
 4141 Texas Highway 11 East
 Sulphur Springs, TX 75482

OR FAX to: (903) 439-6309

RELEASE TO PROVIDE REQUESTED INFORMATION

I hereby authorize _____ to release and forward any
Previous Employer
 information regarding my Alcohol and Controlled Substance Testing and/or Training records to

Prospective Employer

Date

Print full name

Signature

TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person violated any other DOT Agency Drug and Alcohol Testing regulations to your knowledge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you received information from a previous employer that this individual has violated any DOT Drug and Alcohol Testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions were answered YES, please answer the following questions:

1. Following the incident acknowledged above, did you retain this applicant in your employ? Yes No
2. Following the incident acknowledged above, did this applicant complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? Yes No Unknown
3. Following the completion of a rehabilitation program prescribed by a Substance Abuse Professional (SAP), did this applicant, **while still in your employ**, subsequently have:
 - a) Any alcohol tests with a result of 0.04 or higher alcohol concentration? Yes No
 - b) Verified positive drug tests? Yes No
 - c) Refusals to be tested(including verified adulterated or substituted drug test results)? Yes No

Please provide the name, address, and telephone number of the Substance Abuse Professional for further reference:

Name _____ Telephone Number _____
 Address / City / State _____

 Name and signature of person supplying the above information Title Date

Bulkley Trucking

4141 Texas Highway 11 East
Sulphur Springs, TX 75482

MOTOR VEHICLE RECORD RELEASE

I, _____, hereby give my permission to Bulkley Trucking, its insurers and assigns, to secure a copy of my Motor Vehicle Record (MVR).

_____ Signature	_____ Date	
_____ Driver License Number	_____ State	_____ Expiration Date
_____ Social Security Number	_____ Date of Birth	

FAIR CREDIT REPORT ACT DISCLOSURE

In accordance with the provisions of Section 604 (b)(2)(a) of the Fair Credit Reporting Act (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1 of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure.

_____ Signature	_____ Date
_____ Witness	_____ Date

PRE-QUALIFICATION URINALYSIS NOTIFICATION AND CONSENT

The Federal Motor Carrier Safety Regulations require:

“§382.301 Pre-employment testing.

- (a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used, unless the employer uses the exception in paragraphs (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.”

A Medical Review Officer (MRO) will review and maintain the results of the controlled substance test. The MRO is obligated by law to report both negative and positive test results to the company. Under certain conditions the MRO may afford a tested individual, within a reasonable period of time, the opportunity to discuss a positive test result with the MRO before reporting the positive test result to the motor carrier, but it is not required he do so (see Federal Motor Carrier Safety Regulation Part §382.407). **A positive test for controlled substances based on the urinalysis test will medically disqualify a driver from the operation of a commercial motor vehicle for this company.**

Pre-qualification / pre-use testing for controlled substances is required by law. Failure to submit to testing for controlled substances or refusing to be tested will prevent a driver from being qualified to drive a commercial motor vehicle for this company (see FMCSR §382.211 and §382.215).

I have read and understand the above regulations and conditions for controlled substance testing, and I agree to the urine sample collection and controlled substance testing.

Name: _____
(Type or print)

Signature: _____

Date: _____
Month Day Year

Federal Motor Carrier Safety Regulations

Drug and Alcohol Testing

Dilute Specimens

In accordance with Part § 40.197 of the Federal Motor Carrier Safety Regulations, the company is informing you of the following provisions of the Drug and Alcohol Regulations:

Part § 40.197 of the Federal Motor Carrier Safety Regulations refers to what a motor carrier's responsibilities are when it receives a report of a dilute specimen, and these are, in part, as follows:

- (a) If we are informed by the MRO that a positive drug test was dilute, the law requires that we treat the test as a verified positive test. We are not permitted to direct an employee to take another test based on the fact that the specimen was dilute.
- (b) If we are informed by the MRO that a negative drug test was dilute, we will direct you to take another test immediately. We must, and will, treat every such occurrence in the same manner.
- (c) The result of the second test – and not that of the original test – will be the test of record, upon which the company must rely for the purposes of this regulation.
- (d) If you, as the person that has been requested to take another test, decline to do so, the refusal to take another test will be considered as a refusal to take a controlled substance test, which, under the Drug and Alcohol regulations will be considered as a positive test result and you will be considered ineligible to drive a commercial motor vehicle until you complete counseling, etc. and all of the return to duty provisions of the Federal Motor Carrier Safety Regulations before again being legally able to drive a commercial motor vehicle.

Acknowledgement

I hereby acknowledge with my signature that I have read and understand the above policy statement. I understand that in the event a urine sample that is provided by me as the result of the company's request for a controlled substance and/or alcohol test is considered dilute by the MRO I will be required to provide another urine sample for testing immediately upon request by the company. Failure to provide another sample when requested by the company will be considered a refusal to test under the Department of Transportation Drug and Alcohol Testing Regulations and will subject me to termination of my relationship with the company and disqualification as a driver.

Signature

Social Security Number

Name – Please Print

Date



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.