

DRIVER QUALIFICATION FILE

# INSTRUCTIONS

Instructions for the Pre-Employment procedure in obtaining a Driver position, or a position within a safety-sensitive function for ASRC, INC.

The attached forms must be completed per the following instruction, as outlined in the *Federal Motor Carrier's Safety Regulations*, and will be incorporated into a Driver Qualification File.

Your cooperation in completing these documents in a timely manner and returning the entire packet back to the office is greatly appreciated:

- |    |  |  |
|----|--|--|
| 1  | <b>DRIVER'S APPLICATION FOR EMPLOYMENT</b> .....           | Complete ALL sections, sign, date and return   |
| 2  | <b>PRE-EMPLOYMENT URINALYSIS NOTIFICATION</b> .....        | Read thoroughly, sign, date and return   |
| 3  | <b>U.S. DEPARTMENT OF JUSTICE FORM I-9</b> .....           | Complete Section 1 ONLY, sign, date and return   |
| 4  | <b>REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS</b> ... | Sign Authorization at top, date and return   |
| 5  | <b>RECORD OF ROAD TEST</b> .....                           | Complete top portion ONLY, and return  |
| 6  | <b>CERTIFICATION OF VIOLATIONS</b> .....                   | Complete as directed on form, sign and return  |
| 7  | <b>CONTROLLED SUBSTANCE/ALCOHOL TESTING PROGRAM</b> .....  | Read thoroughly, sign, date and return last page ONLY  |
| 8  | <b>CURRENT COMMERCIAL DRIVER'S LICENSE</b> .....           | Enclose a copy of your current license   |
| 9  | <b>CURRENT MEDICAL CERTIFICATE</b> .....                   | Enclose a copy of your current physical card   |
| 10 | <b>SOCIAL SECURITY IDENTIFICATION CARD</b> .....           | Enclose a copy of your Social Security card  |
| 11 | <b>ADDITIONAL DOCUMENTATION</b> .....                      | Enclose copies of any certificates, awards, etc. that you would like considered and included in your Driver Qualification File |

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**ASRC, INC. dba AL SMITH RIGGING**

26 Track Drive  
Binghamton, NY  
607-729-3090

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# Driver's Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

(Answer all questions - Please Print)

Date of Application \_\_\_\_\_ Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone No \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_

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Do you have a legal right to work in the United States? \_\_\_\_\_ Are you now employed? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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## EXPERIENCE AND DRIVER QUALIFICATIONS

Compliance with the *Federal Motor Carrier's Safety Regulations* is mandatory for all driver-applicants

ID No. \_\_\_\_\_ Class \_\_\_\_\_ Issuing State \_\_\_\_\_ Expires \_\_\_\_\_

- Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- Has any license or privilege been suspended or revoked?  Yes  No

### Driving Experience:

Type	Approximate Miles
Straight Truck	_____
Tractor and Semi-Trailer	_____
Other: _____	_____

### Accident Record:

Date:	Nature of Accident:	Fatalities / Injuries:
Last Accident: _____	_____	_____
Next Previous: _____	_____	_____
Next Previous: _____	_____	_____

### Medical Qualification:

- Do you have a current Medical Certificate?  Yes  No
- Expiration date of current Medical Certificate \_\_\_\_\_
- Have you participated in a Random Drug/Alcohol-Use Testing program in the past 12 months?  Yes  No



## PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The *Federal Motor Carrier Safety Regulations, Section 391.103* Pre-Employment Testing Requirements, apply to driver-applicant.

As condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

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My written authorization is required for the urinalysis test results to be given to other parties.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS FOR THE PRE-EMPLOYMENT URINALYSIS NOTIFICATION.

\_\_\_\_\_  
APPLICANT'S NAME (type or print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE





START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>				
Last Name (Family Name)		First Name (Given Name)		Middle Initial   Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town   State   Zip Code
Date of Birth (mm/dd/yyyy)		E-mail Address		Telephone Number

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 Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

3-0 Barcode Do Not Write in This Space
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If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee	Date (mm/dd/yyyy):
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**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.

Signature of Preparer or Translator		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code

*Employer Completes Next Page*

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR PURPOSES OF INVESTIGATION, AS REQUIRED BY THE *Federal Motor Carrier's Safety Regulations, Section 391.23 and 382.413.*

YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Social Security Account Number

The Applicant named above was employed by us.  Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did he/she operate a commercial motor vehicle for you?  Yes  No

If yes, what type?  Straight Truck  Tractor-Semitrailer  Cargo Tank  Other \_\_\_\_\_

Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

**Accident Record:** \_\_\_\_\_  
Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities / Injuries: \_\_\_\_\_  
Last Accident: \_\_\_\_\_  
Next Previous: \_\_\_\_\_  
Next Previous: \_\_\_\_\_

**Traffic Convictions:** \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DRUG & ALCOHOL TESTING RESULTS

Pursuant to 49 CFR 382.413, we are requesting the results of alcohol and drug testing of this individual while in your service during the previous 2 years.

Report of Text Results:  Not subject to Federal Testing Requirements

**Alcohol:** Tested 0.04 BAC or greater  No  Yes Date: \_\_\_\_\_

**Controlled Substance:** Tested Positive  No  Yes Date: \_\_\_\_\_

**Refusal to Test:**  No  Yes Date: \_\_\_\_\_

In answering the above, include any required DOT drug or Alcohol testing information obtained from prior previous employers in the previous 3 years.

\_\_\_\_\_  
Company \_\_\_\_\_ Date Completed: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

# ROAD TEST

As per Section 391.31 of the Federal Motor Carrier's Safety Regulations, a person shall not drive a commercial motor vehicle unless he/she has successfully completed a road test.

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_  

STREET
CITY
STATE
ZIP

CDL ID# \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Part I – Pre-Trip Inspection	Part III- Coupling and Uncoupling
<ul style="list-style-type: none"> <li><input type="checkbox"/> Checks general condition of Unit</li> <li><input type="checkbox"/> Looks for leakage of coolants, etc.</li> <li><input type="checkbox"/> Checks oil, water, general condition of engine</li> <li><input type="checkbox"/> Checks tires, lights, hook-up, horn, windshield wiper</li> <li><input type="checkbox"/> Tests brake action, protection valve, parking brake</li> <li><input type="checkbox"/> Checks emergency equipment</li> <li><input type="checkbox"/> Checks instruments</li> <li><input type="checkbox"/> Checks windshield, mirrors, lights, reflectors</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lines up Units properly</li> <li><input type="checkbox"/> Hooks brakes/lights lines properly</li> <li><input type="checkbox"/> Secures trailer against movement</li> <li><input type="checkbox"/> Backs under slowly</li> <li><input type="checkbox"/> Tests hook-up with power</li> <li><input type="checkbox"/> Checks hook-up visually</li> <li><input type="checkbox"/> Handles landing gear properly</li> <li><input type="checkbox"/> Proper hook-up of full trailer</li> <li><input type="checkbox"/> Secures power unit against movement</li> </ul>
Part II – Vehicle in Motion	Part IV – Backing and Parking
<ul style="list-style-type: none"> <li><input type="checkbox"/> Starts motor without difficulty</li> <li><input type="checkbox"/> Allows proper warm-up</li> <li><input type="checkbox"/> Understands gauges on instrument panel</li> <li><input type="checkbox"/> Maintains proper engine speed while driving</li> <li><input type="checkbox"/> Basic knowledge of motor and functions</li> <li><input type="checkbox"/> Uses clutch properly</li> <li><input type="checkbox"/> Understands operating principals of air brakes</li> <li><input type="checkbox"/> Controls steering wheel</li> <li><input type="checkbox"/> Good driving posture</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gets out and checks prior to backing</li> <li><input type="checkbox"/> Looks back and uses mirrors</li> <li><input type="checkbox"/> Gets out and re-checks conditions</li> <li><input type="checkbox"/> Signals when backing</li> <li><input type="checkbox"/> Controls speed and direction while backing</li> <li><input type="checkbox"/> Parks proper distance from curb</li> <li><input type="checkbox"/> Parks in legal and safe location</li> <li><input type="checkbox"/> Successfully parks vehicle</li> <li><input type="checkbox"/> Checks traffic conditions and signals when pulling out of parked position</li> </ul>

DATE: \_\_\_\_\_ EXAMINER: \_\_\_\_\_

Upon review of the above mentioned driver's abilities in completing the required road test, I deem the driver:

**SUFFICIENTLY QUALIFIED** to operate a commercial motor vehicle

**DISQUALIFIED** from operating a commercial motor vehicle and recommend the following corrections be made prior to a re-test:

\_\_\_\_\_

\_\_\_\_\_



# Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

**FMCSR, SECTION 391.27**

Each Motor Carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

**DRIVER REQUIREMENTS:**

Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation that must be listed, he/she shall also certify.

I certify the following is a true and complete list of traffic violations required to be listed, for which I have been convicted or forfeited bond or collateral during the past 12 months:

DATE	VIOLATION	LOCATI ON

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

CDL No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: Program Administrator

- Meets minimum requirements for safe operation of a commercial motor vehicle
  - Is restricted to commercial motor vehicles with a GVWR of 26,000#s or less
- Is considered **DISQUALIFIED** to operate a commercial motor vehicle

Date of Certification: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



# CONTROLLED SUBSTANCES-ALCOHOL-USE TESTING PROGRAM

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## → PURPOSE

It is the policy of *ASRC, Inc.* (the Company) that its Drivers and Employees in a safety-sensitive function (the Employees) be free of substance abuse and alcohol abuse. Therefore, the use of illegal drugs by the Employees is prohibited. Further, the Employees shall not use alcohol or engage in “prohibited conduct” as defined herein. The overall goal of this policy is to ensure a drug and alcohol-free transportation environment, reduce accidents and injuries to a minimum, and comply with the rules and regulations of the Federal Motor Carrier’s Safety Regulations (FMCSR).

## → TYPES OF TESTS

Pursuant to regulations promulgated by the Department of Transportation (DOT), the Company has implemented six (6) circumstances for drug and alcohol testing:

- Pre-Employment Testing (excludes alcohol)
- Random Testing
- Post-Accident Testing
- Reasonable Suspicion Testing
- Return to Duty Testing
- Follow-Up Testing

## → REFUSAL TO TEST

Refusal to submit to the types of drug and alcohol tests implemented by the Company will be grounds for refusal to hire the Employee, and to terminate employment of existing Employee. A refusal to test is defined to be conduct that would obstruct the proper administration of a test. A delay in providing a urine or breath specimen could be considered a refusal. If the Employee cannot provide a sufficient urine specimen, or adequate breath specimen, a Physician of the Company’s choice will evaluate him. If the Physician cannot find a legitimate medical explanation for the inability to provide the required specimens, it will be considered a refusal to test. In that circumstance the Employee has violated one of the prohibitions of the regulations.

## → CONSEQUENCES OF POLICY VIOLATION

Any Employee who becomes unqualified, or engages in prohibited conduct, as set forth herein, may be subject to termination.

## → PRE-EMPLOYMENT TESTING

All applicants for driving positions, or safety-sensitive positions, must submit to an approved NIDA urine drug test. A Driver-Applicant is not required to submit to a urine drug test if the Company can verify that the Driver has participated in a valid drug-testing program within the preceding 30 days, and while participating in that program was tested within the past 6 months. The Company must also verify that no prior employer of the Driver-Applicant has records indicating a violation of any DOT rule pertaining to controlled substances use within the previous 6 months. Pre-Employment alcohol testing is not required.

## → RANDOM TESTING

The Company will submit all Employees to a random selection service. The random selection service will provide an equal chance for each Employee to be selected each time a random selection occurs. Random selections will be reasonably spread throughout the year. Random selection may result in an Employee being selected in successive selections, or more than once in a calendar year. Alternatively, some Employees may not be selected in a calendar year.

If an Employee is selected at random for either drug or alcohol, or both, testing, the Program Administrator will notify a Company official, who in turn will notify the Employee. Once notified, every action the Employee takes must lead to a collection, which must

occur within 4 hours of notification. If the Employee does not respond to this notification within the allowed time, such conduct may be considered a refusal to test.

#### ➔ **POST-ACCIDENT TESTING**

When the Employee is involved in an accident where a fatality occurs, or if the Employee has received a moving violation citation for the accident, the Employee shall submit to Post-Accident drug and alcohol testing. DOT requires that any time a Post-Accident test is required, that it be performed as soon as possible following the accident. If no alcohol collection can be made within 8 hours, attempts to take a breath sample shall cease. If no urine collection can be obtained within 32 hours, attempts to make such collection shall cease.

#### ➔ **REASONABLE SUSPICION TESTING**

Reasonable suspicion shall be deemed to exist when an Employee manifests behavioral symptoms or reactions commonly attributed to the use of controlled substances or excessive alcohol.

#### ➔ **RETURN TO DUTY TESTING**

An Employee returning to duty from excessive time away from the job, or returning from previous positive drug or alcohol test results. Return to Duty testing must be administered, with a negative result, prior to the Employee resuming driving duties.

#### ➔ **FOLLOW-UP TESTING**

If an Employee has successfully completed a drug or alcohol treatment program and is returning to duty, he/she will be subject to randomly selected Follow-Up testing, at the discretion of the Company, and the recommendation from the Substance Abuse Professional (SAP).

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#### ➔ **PROHIBITED CONDUCT**

The following shall be considered "prohibited conduct" for the purpose of this policy:

1. No Employee shall report for duty, or remain on duty, while having an alcohol concentration of 0.02% or greater
2. No Employee shall be on duty, or operate a Company-owned vehicle, while the Employee is in possession of, or under the influence of, alcohol or a controlled substance
3. No Employee shall use alcohol, or a recognized controlled substance, while performing a safety-sensitive function
4. No Employee, if required to take a Post-Accident Test, shall use alcohol or controlled substances for 8 hours following the accident, or until the testing has occurred
5. No Employee shall refuse to submit to any of the required testing as outlined in this policy

If the Company has actual knowledge, or has reason to believe, the Employee has engaged in prohibited conduct, the Company may require the Employee to submit to drug and/or alcohol testing.

If the Employee engages in prohibited conduct, the Employee is not qualified to operate a commercial motor vehicle, or perform a safety-sensitive function, and shall immediately be removed from duty. The Company may take actions against the Employee up to and including termination.

➔ **SUBSTANCE ABUSE EVALUATION**

Any Employee who engages in prohibited conduct shall be provided with the name, address and phone number of a qualified Substance Abuse Professional (SAP). If the Employee desires to become re-qualified, he/she must be evaluated by the SAP and submit to any treatment prescribed, at their own expense. At the discretion of the Company, the Employees position with the Company may be kept open, but no guarantees shall be expressed by the Company, and all cases shall be reviewed on merit.

➔ **AUTHORIZATION FOR PREVIOUS TEST RECORDS**

Federal regulations require the Company to obtain previous employer drug and alcohol testing records for a period over the previous 2 years, as a condition of employment. The Employee-Applicant shall provide written authorization to the Company to obtain such records as part of their original application packet.

➔ **DRUG URINALYSIS**

Controlled substance testing shall be performed through urinalysis. Urinalysis will test for drugs, or metabolites, of the following controlled substances:

Marijuana	Cocaine	Opiates
Amphetamines	Phencyclidine (PCP's)	

The urinalysis procedure starts with the collection of a urine specimen. The Company will have urine specimens collected at an approved laboratory.

All laboratory results will be reported to a Medical Review Officer (MRO) designated by the Company. Negative results shall be reported by the MRO to the Program Administrator, or to a designated Company official. Prior to reporting a positive test result to the Program Administrator, or designated Company official, the MRO will attempt to contact the Employee directly, at which time the Employee may request of the MRO to have a secondary vial to be tested by a different SAMSHA-certified laboratory than tested the primary specimen. The Employee making the request for the testing of the second vial must prepay all expenses associated with the test. The request for secondary testing must be made within 72 hours of the Employee being notified of a positive test result

Pursuant to DOT regulations, all test results will be kept strictly confidential, unless consent for the release of the test results has been obtained.

➔ **ALCOHOL TESTING**

A certified Breath Alcohol Technician (BAT), using an Evidential Breath Tester (EBT), will perform alcohol testing.

If the Employees blood alcohol content is 0.04% or greater, the Employee will be re-tested for confirmation. If an Employees blood alcohol is indeed 0.04% or greater, the Employee will be placed off-duty for a period of not less than 24-hours. The Employee may not return to any safety-sensitive function until evaluated by a Substance Abuse Professional (SAP), and any required treatment has been completed.

As with drug testing results, all alcohol testing results will remain strictly confidential, unless consent for the release of the test results has been obtained.

➔ **COMPANY STATEMENT**

While the Company has no intention of interfering with the private lives of their Employees, the Company does expect that the Employees will not use illegal drugs, and will not report to work in a condition impaired by drugs, alcohol, or any other substance.

Any questions or concerns regarding this policy should be directed to one of the following:

Brad Backo	607-729-3090
Ron Bullock	607-729-3090



# ACKNOWLEDGMENT

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This Policy is not intended, nor should it be construed, as a contract between the Company, **ASRC, Inc.**, and the Employee. This Policy may be changed at any time at the sole discretion of the Company.

I acknowledge receipt of the

## **CONTROLLED SUBSTANCES / ALCOHOL-USE TESTING PROGRAM**

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I understand that any violation of any provision of this Policy may lead to disciplinary action, up to and including, termination of employment.

In addition, I agree to familiarize myself with the rules and regulations herein, and understand that this Acknowledgment will become a part of my Driver Qualification File.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Name (printed)