



P.O. Box 1046
Cocoa, FL 32923

CDL DRIVER APPLICATION

This application is current for thirty (30) days only. All information must be completed, If a question does not apply, write NONE or "0".

PERSONAL

DATE APPLIED:

DATE AVAILABLE:

NAME ----- SOCIAL SECURITY # _____
LAST FIRST MIDDLE

OTHER NAMES USED _____ D.O.B. _____ EMAIL ADDRESS _____
MON / DAY / YEAR

ADDRESS _____ PHONE# _____
STREET CITY STATE ZIP

ALT. PHONE# _____
 NOTIFY IN CASE OF EMERGENCY _____ PHONE# _____

ARE YOU CURRENTLY EMPLOYED? YES NO HAVE YOU EVER APPLIED HERE BEFORE? YES NO DATE _____

HAVE YOU HAD ANY PREVIOUS ASSOCIATION WITH THIS COMPANY? YES No

DATES: FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____

WERE YOU REFERRED TO OUR COMPANY? YES NO BY WHOM? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO
 (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

DAYS AVAILABLE FOR WORK: MON TUE WED THU FRI SAT SUN HOURS AVAILABLE FOR WORK: _____

FOR HOW LONG: TEMP LONGTERM TEMP-TO-HIRE HOW MUCH WEIGHT CAN YOU COMFORTABLY LIFT? _____ lbs.

DO YOU HAVE YOUR OWN, RELIABLE TRANSPORTATION TO AND FROM WORK? YES NO DESIRED PAY RATE _____

RESIDENCE ADDRESS

LIST RESIDENCE ADDRESSES FOR THE PAST 3 YEARS

(1) FROM _____ TO _____
STREET CITY STATE ZIP

(2) FROM _____ TO _____
STREET CITY STATE ZIP

(3) FROM _____ TO _____
STREET CITY STATE ZIP

EDUCATION

TRUCK DRIVING SCHOOL

HAVE YOU ATTENDED TRUCK DRIVING SCHOOL? YES NO START DATE _____ GRADUATION DATE _____

NAME OF SCHOOL _____ LOCATION: _____
CITY STATE

GRADE, HIGH SCHOOL AND COLLEGE

HIGHEST GRADE COMPLETED: Grade School High School Vocational School / College

LAST SCHOOL ATTENDED _____

DATE LAST ATTENDED OR GRADUATION DATE _____

OTHER EDUCATION: _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES?

BRANCH _____ DATES: FROM _____ TO _____

LIST ANY SPECIAL SKILLS OR TRAINING THAT YOU RECEIVED _____

WORK EXPERIENCE • LIST BELOW PAST AND PRESENT EMPLOYERS FOR THE PAST THREE (3) YEARS OF EMPLOYMENT (AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS) **BEGINNING WITH YOUR PRESENT OR MOST RECENT. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING UNEMPLOYMENT!**

UNEMPLOYED: From _____ To _____ To verify, call: _____ Phone #: _____
Contact Name

EMPLOYER	FROM: (Month/Year)	TO: (Month/Year)
PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS/ CITY/ STATE/ ZIP	POSITION HEUD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many: _____ Comments: _____ Were you subject to Federal Motor Carrier Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		

UNEMPLOYED: From _____ To _____ To verify, call: _____ Phone#: _____
Contact Name

EMPLOYER	FROM: (Month/Year)	TO: (Month/Year)
PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS / CITY / STATE / ZIP	POSITION HEUD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
ACCIDENTS <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many: _____ Comments: _____ Were you subject to Federal Motor Carrier Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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Contact Name

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PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS/ CITY/ STATE / ZIP	POSITION HEUD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
ACCIDENTS <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many: _____ Comments: _____ Were you subject to Federal Motor Carrier Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO Was this position a Safety Sensitive Function subject to drug and Alcohol Testing <input type="checkbox"/> YES <input type="checkbox"/> NO		

Add additional sheet if necessary.

DRIVING & RELATED EXPERIENCE (Driver must complete this section also)

TYPE OF EQUIPMENT/SIZE	LENGTH OF EXPERIENCE	APPROXIMATE# OF MILES
TRACTOR AND SEMI TRAILER _____		
STRAIGHT TRUCK _____		
OTHER (ROLL-OFF, DUMP, FLATBED), _____		
DOUBLES/TRIPLES? _____		
FORKLIFTS, MOFFITT LIFTS, ETC _____		
LIST ANY WAREHOUSE EXPERIENCE _____		
IN WHAT STATES HAVE YOU DRIVEN REGULARLY? _____		WHAT AWARDS DO YOU Hold FOR SAFE DRIVING? _____

ACCIDENTS

List all accidents that you have been involved in during the past three (3) years, in any type of vehicle, and regardless of whether you feel they were chargeable or non-chargeable, if you have had no accidents in the past three years, write "none",

Date	Type of Vehicle	Whose fault?	Fatalities? Yes/ No	Injuries? Yes/ No	\$ Amount of All Damage	Date	Type of Vehicle	Whose fault?	Fatalities? Yes/ No	Injuries? Yes/ No	\$ Amount of All Damage

FAILURE TO USE ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION.

TRAFFIC VIOLATIONS

List all traffic violations (other than parking violations) that you have been convicted or forfeited bond or collateral during the past three (3) years. If you have had no traffic violations in the past three years, write "none".

DATE	CITY & STATE	CHARGE	PENALTY	Personal (POV) or Commercial (CMV)
				POV CMV
				POV CMV
				POV CMV
				POV CMV

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years.

FAILURE TO USE ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION.

CRIMINAL BACKGROUND INFO

Have you ever been convicted of DWI, DUI, Careless or Reckless Driving, 15mph over the posted speed limit, leaving accident scene, or using a commercial vehicle in commission of a felony?

DATE: _____ EXPLAIN: _____

Has your license or privilege to drive ever been suspended or revoked for any reason?

DATE: _____ EXPLAIN: _____

Have you ever been convicted of any misdemeanor other than a traffic violation*?

DATE: _____ EXPLAIN: _____

Have you ever been convicted of a felony*?

DATE: _____ EXPLAIN: _____

Disclosure of this information does not necessarily disqualify you from consideration.



REQUEST FOR INFORMATION
From Previous Employer

DATE: _____

Dear Sir/Madam:

The below named individual has made application to one of our companies for a position. We appreciate your time in completing, In confidence, the Information requested below. Thank You!

Name of Applicant: _____ Soc, Sec, No.: _____

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

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application.

Employee Signature _____ Date: _____

I understand that an electronic signature is legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

1) Employed from _____ to _____ as _____ at a wage/salary of _____

2) Did he/she drive a motor vehicle for you? [] Yes [] No

What type? Straight truck Tractor-Semitrailer Bus Other (Specify) _____

3) Was he/she a safe and efficient driver? Yes [] No

4) Was his/her general conduct satisfactory? [] Yes [] No

5) Was he/she involved in any accidents? [] Yes [] No

6) Was the driver's license ever suspended or revoked? Yes No If Yes, Explain _____

7) Reason for leaving: Discharged Resignation [] Layoff Military Duty

8) Eligible for rehire? Yes No

Please indicate your opinion by placing a check in the appropriate column?

Table with 5 columns: CHARACTERISTICS, EXCELLENT, GOOD, FAIR, POOR. Rows include Disposition, Tact, Ability to get along w/ others, Initiative, Safety Habits, Driving Skill, Attitude, Loyalty.

Any other remarks? _____

Completed by: _____ Signature Title Date

Attempt 1: _____
Attempt 2: _____
Attempt 3: _____



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Any other remarks? _____

Completed by: _____ Signature Title Date

Attempt 1: _____
Attempt 2: _____
Attempt 3: _____

DRIVER LICENSE STATUS

List all driver licenses that you presently hold or have held in the past.

Check One	State	License#	Expiration Date	Endorsements
POV CMV				
POV CMV				
POV CMV				
POV CMV				

ALCOHOL & CONTROLLED SUBSTANCE TESTING: MUST COMPLETE THIS SECTION FULLY

1) Have you tested positive for a controlled substance in the last two years*?
 2) Have you had an alcohol test with a breath alcohol concentration of 0.04 or greater In the last two years*?
 3) Have you refused a required test for alcohol or drugs In the last two years*?
 If yes to any of the above questions, please give the substance abuse professional's name, address and phone number for further reference?
 Name: _____ Phone#: _____
 Address: _____
 City State Zip
 * Disclosure of this information does not necessarily disqualify you from consideration.

AGREEMENT - Please read the following statement carefully.

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 also agree that falsified information or significant omissions may result in my disqualification now or at any time,

In connection with my application for qualification with my prospective employer, I understand that an investigative consumer report will be requested that will include information as to my character, credit history, work habits, performance, experience, drug and alcohol test results, drMng record and experience, as well as any reason for termination of my qualifications including any results from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or Information from various state agencies which maintain records concerning, credit record, criminal history, traffic offenses and accidents, as well as Information concerning my previous driving record requests made by others from such state agencies. I hereby aut!1orize NRG Concrete Placement to obtain the above described Information, and agree that such information, and my employment history with you if I am qualified, will be supplied to other companies which subscribe to consumer reporting services.

In accordance with Section(s) 382.405, 382.413 and 391.23 of the Federal Motor carrier Safety Regulations, I authorize any and all persons and/or institutions to provide any relevant information, including my alcohol and controlled substance testing/training, that may be required to complete my qualification and I agree to release them from any and all liability for supplying said Information.

Finally, prospective employers are required to notify driver applicants of their due process rights as specified in §391.23(1) regarding the information received as part of the background investigation. In accordance with section (i)(l) I understand my right to be expressly notified with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision and that I have the following rights regarding the investigative information that will be provided

- (i)(!)(i) The right to re\1ew information pro\1ded by pre\1ous employers;
- (i)(l)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected Information;
- (i)(l)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree
- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer-provided investigative Information must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this Information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested Information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature

Please type your full name: _____ Date: _____

Signature



P.O. Box 1046 | Cocoa, Florida 32923-1046 | (321) 636-2896 | FAX: (321) 631-4541

TO: WHOM IT MAY CONCERN

FROM: DEBRA D. MALLARD, PRESIDENT

SUBJECT: EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of V.A. PAVING, INC. to further the provision of equal employment opportunity, as stated in FHWA-1273, to all persons without regard to their race, color, religion, sex, sexual orientation, gender identity or national origin, physical or mental handicap or status as a disabled or Vietnam era veteran and to promote the full realization of equal employment opportunity through a positive, continuing program. Further, it is the policy of V.A. PAVING, INC. to assure that qualified or qualifiable applicants are employed and are treated during their employment without regard to their race, religion, sex, color, national origin, physical or mental handicap, or status as a disabled or Vietnam era veteran. Such action shall include: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other form of compensation, and selection for training, and/or on-the-job training. Disabled or handicapped persons and disabled veterans and veterans of the Vietnam era will be given the fullest consideration for employment and will be given equal opportunities to advance to positions for which they are qualified.

To facilitate the Company's Affirmative Action efforts on behalf of handicapped workers, disabled veterans, and veterans of the Vietnam era, individuals who qualify and wish to benefit from the Affirmative Action Plan are invited and encouraged to identify themselves to Company officials. This information is voluntary, and the refusal of employees to identify themselves as veterans or handicapped will not subject them to discharge or disciplinary action. Information obtained will be kept confidential except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations. Finally, identifiable handicapped employees and Vietnam-era and disabled veterans will be asked about any special job skills they may possess and to describe any accommodations or special adaptations they require to perform the job properly and safely.

V.A. PAVING, INC.

Debra D. Mallard, President



P.O. Box 1046 | Cocoa, Florida 32923-1046 | (321) 636-2896 | FAX: (321) 631-4541

Employment with V.A. Paving, Inc, is based on individual merit. Employment opportunities are open to all without regard to race, color, religion, sex, sexual preference, age, marital status, national origin, citizenship status, veteran status or physical or mental disability. Applicants must specify the position or positions he or she is interested in. As employers/government contractors, we comply with government regulations and Affirmative Action responsibilities, Solely to help us comply with government recordkeeping, reporting and other legal requirements, please complete the Applicant Register. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment form, We appreciate your cooperation.

Name _____
Date

1. Sex: Male Female
2. Race: White (non Hispanic) Hispanic
 Black (non Hispanic) Asian or Pacific Islander
 American Indian or Alaskan Native Other: _____
3. Are you a U.S. Armed Forces Veteran? Yes
 No

4. What particular position are you applying for?

5. How did you hear of possible job openings at V.A. Paving, Inc?

- | | |
|---|--|
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Ethnic Organization | <input type="checkbox"/> Self Interest/Walk In |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> School | |
| <input type="checkbox"/> Other (Please specify) _____ | |

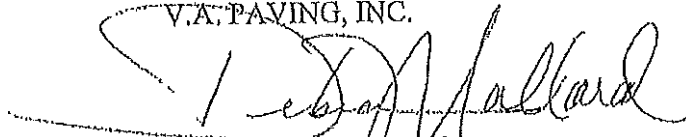


P.O. Box 1046 | Cocoa, Florida 32923-1046 | (321) 636-2896 | FAX: (321) 631-4541

HARASSMENT POLICY

It is the policy of V.A, Paving, Inc., that our offices and job sites are to be working environments free of harassment, intimidation, and coercion based on any worker's race, sex, religion, national origin, disability, or veteran status, t h is policy prohibits physical, verbal, visual, or written abuse, such as insults, graffiti, posters, pictures, suggestive comments, or demands of a sexual nature, racial, ethnic, or religious remarks or' slurs, or interfering with an individual's work performance, or creating an intimidating, hostile or offensive working environment.

It is our policy that kind of conduct does not belong in the work environment and will not be tolerated, Employees conduct, whether intentional or unintentional, that results in the harassment of other employees are not only in flagrant violation of company policy, but illegal. Since we vigorously oppose ANY form of harassment or harassing environment, such conduct will result in disciplinary action, including discharge. Any employee who feels that he or she is being subjected to harassment, intimidation, or other interference with the performance of their work is urged to immediately contact V,A, Paving, Inc, to ensure that this company policy is followed by all employees, including supervisors,

V.A. PAVING, INC.

Debra D. Mallard, President



Benefits Notification

As an employee of V. A. Paving, Inc, you will receive the following benefits at designated anniversary dates.

1. You immediately become eligible for our (6) six paid holidays. The holidays are as follows: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas.
2. After a period of 90 days, you will become eligible on the 1st day of the following month for m1r group health, dental and life it1surance. Example: "You are hired on the 5th of April; on August 1st you would become eligible". The company pays 100% of your coverage, if you desire health and dental coverage for your spouse and/or children you would be responsible for paying that amount which would be deducted from your paycheck weekly. Rates for this coverage will be offered at your request.
3. After you have been employed with V.A. Paving, Inc. for (90) ninety days yo11 become eligible for (40) forty hours, off cape scale, Paid Personal Time off. The hourly rate for this PTO would be figured at your current base rate.
4. After you have been employed with V. A. Paving, Inc. for (1) one year you become eligible for a (1) one week (40) forty hours, off cape scale, paid vacation. The hourly rate for this vacation would be figured at your current base rate.
5. After you have been employed (2) two years with the company, have a gross income of at least \$5,000.00 in each of those years, and expect to have a gross income of \$5,000.00 in the current year you become eligible to enroll in our Simple IRA Plan. This plan involves an employee contribution and an employer % contribution. This plan would be explained to you at a date closer to your anniversary date.



APPLICANT CONSENT FORM FOR SPECIFIC RELEASE

I certify **and declare under** penalty of perjury **under** relevant state and federal law that the information contained in my employment application is complete, truthful and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of review of my application for employment, I hereby voluntarily consent to and authorize, VA Paving Inc. or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may contain the following:

- *Identity Verification
- *Criminal background check
- *Credit Report
- *CDLIS
- *Motor vehicle Report
- * Sexual Offenders
- * SS Verification

I authorize all persons and organizations that may have information relevant to this research to disclose such information VA Paving Inc. or its authorized agents, and hold harmless all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

In accordance with the FAIR CREDIT REPORTING ACT, (Public Law 101-518), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-218), you are being informed that a consumer report may be obtained on you for employment purposes,

I acknowledge the receipt of the above disclosure and authorize the above named company to obtain a consumer report on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

Driver's/ Applicant's printed name	Date
Social Security Number	Date of Birth
Driver's License Number	State Issuing

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application, Electronic Signature

Please type your full name: _____ Date: _____ Sign: _____

The above named person has made application with our company for the position of Driver. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past seven years.

Name of Company	Address	City	State	zip
Printed Name of Person Requesting		Title		
Signature				

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with VA Paving Inc. ("Prospective Employer") Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you the Prospective Employer must provide you within three business days of taking adverse action oral, written, or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize VA Paving Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) **system to seek information regarding my commercial driving safety record and information regarding my safety inspection history.** I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and **remain, on my PSP report.**

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application, Electronic Signature Please type your Full Name
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSI report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

**Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 25,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DIIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them **DESTROYING** a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, dose your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.1 5(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than PA you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No.: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please type your full name: _____ Date: _____

Signature

Notes:

Permission to access Florida's CDL Self-Certification System

I, _____ grant permission to

VA Paving Inc. and/or their agents to access and process
my drivers' license information in the Florida's COL Self-Certification System for the sole
purpose of self-certification.

Driver's License No: _____

Driver's License Expiration Date: _____ Date of Birth: _____

Medical Examination Certification Expiration Date: _____

Last4 of SSN: xxx-xx-_____ Cell Phone: _____

Email: _____

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please type your full name: _____ Date: _____

Signature

ANNUAL CERTIFICATE OF VIOLATIONS AND REVIEW OF DRIVING RECORD

Company.VA Paving Inc.

Address P. O. Box 1046
Cocoa, FL 32923

Phone: 321-636-2565

Fax:

Driver Name: _____

License: _____

ST: _____

ANNUAL CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. Violations are listed below I have had no violations

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

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.

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided in this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please type your full name: _____ Date: _____ Signature _____

Reviewed By: _____ Title: _____

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewed By: _____ Date: _____

Note: Get an MVR from MVD.

Driver's Prior 7 Day On-Duty Record

Driver Name _____ Social Security Number _____

License Number _____ Type License _____ State _____

Instructions: The Department of Transportation regulations (395G)(2) required temporary personnel, casuals, and new hires to furnish a statement of the amount of time worked during the seven (7) consecutive days prior to employment. In the space provided below, show the number of on-duty hours worked during each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
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 relieved from work at

_____ on _____
Time Day Month Year

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please type your full name: _____ Date: _____ Signature: _____

Witness _____ Date _____
Company Representative Print & Sign

COMMERCIAL MOTOR VEHICLE DRIVER'S

CERTIFICATE OF COMPLIANCE WITH DOT CELL PHONE/TEXTING BANS

MOTOR CARRIERS: The restrictions in 49 CFR Part 392 on using a mobile telephone or texting while driving apply to every operator of a "commercial motor vehicle" as defined in **Section 390.5**, including interstate vehicles weighing or rated 10,001 pounds or more, vehicles placarded for hazardous materials, and certain vehicles designed or used for more than 8 passengers (including the driver). In-state operations of vehicles placarded for hazardous materials are also subject to the restrictions. Other in-state only operations may also be subject, depending on state rules.

DRIVERS: Part 392 of the Federal Motor Carrier Safety Regulations contains restrictions on texting and the use of hand-held mobile telephones while driving a commercial motor vehicle (CMV), including the following:

- Texting Ban (392.80): You may not manually enter text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.
- Hand-held cell phone ban (392.82): You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

Except as prohibited under company policy, you are allowed to use a hands-free phone, a CB radio, a navigation system, a two-way radio, a music player, or a fleet management system for purposes other than texting. Texting and hand-held cell phone use are only allowed if you need to contact emergency services or if you have stopped in a safe location off the road.

Penalties (383.51, 291.15, 49 CFR 386): CDL and non CDL drivers can be disqualified for 60 days or up to 120 days and/or face fines up to \$2,750 for each violation. Company can be fined up to \$11,000 for each violation as well.

It is understood that the above information is being provided to the employee in an effort by this company, to show good faith efforts to achieve compliance with the above --dted regulations. (49 CFR.81)

DRIVER CERTIFICATION: I certify that I have read, understood, and will abide by the above requirements and am subject to discipline, up to and including immediate termination, for violation.

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided in this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please print and sign: _____

Date: _____

Completed by Motor Carrier: _____

Representative Signature: _____ Date: _____



Name of Company: VA Paving Inc.

Pursuant to Anti-Drug and Alcohol Misuse Prevention Plan as mandated by The U.S. Department of Transportation (DOT), I _____ acknowledge I have been informed that the company's designated employer representative's name and contact information is as follows;

DER Name: Terri Hart

Title:

Address: P.O.Box1046
Cocoa, FL 32923

Phone: 321-636-2565

Email: terri.hart@vapaving.com

Hours Available:

Alternate Contact:

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please type your full name: _____ Date: _____ Signature: _____



VA Paving Inc. Hereafter referred to as "Employer" or "company"

**ACTIVE DRIVER & PRE-EMPLOYMENT
COVERED DRIVER CERTIFICATE OF RECEIPT
Controlled Substances and Alcohol Use and Testing Policy and Procedures Federal
Motor Carrier Safety Administration [FMCSA01]**

Federal Regulations require that each covered Driver shall sign a statement certifying that he/she has received a copy of the Federal Motor Carrier Safety Administration (FMCSA) **CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES**. The company should maintain the original of the signed certificate and may provide a copy of the certificate to the Driver. If there is any difference between the **COVERED DRIVER CERTIFICATE OF RECEIPT** and the Policy, the terms of the Policy will govern.

STATEMENT OF POLICY

Every covered driver is required to refrain from the use of prohibited controlled substances on and off duty. Every covered driver is required to refrain from the use of alcohol before (within 4 hours) and during the performance of safety-sensitive functions (operating on a public roadway a vehicle which requires a Commercial Driver's License).

Covered drivers will be tested for marijuana, cocaine, opioids, amphetamines, phencyclidine (PCP) and Ecstasy (MOMA). Covered drivers will also be tested for alcohol. Driver applicants will be subject to a pre-employment drug test. This Employer must receive a verified NEGATIVE result before driver applicants will be permitted to perform safety-sensitive functions.

REFUSAL TO TEST OR FAILED A DRUG/ALCOHOL TEST

I understand that I have refused to take a drug/alcohol test or failed a drug/alcohol test if I:

- (a)(!) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner-operator) to appear for a test when called by C/TPA (see §40.61(a));
- (2) Fail to remain at the testing site until the testing process is complete; Provided that an employee who leaves the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;
- (3) Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations; Provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences (see §40.63(c)) for a pre-employment test is not deemed to have refused to test;
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen (see §§40.67(1) and 40.69(g));
- (5) Fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see §40.193(d)(2));
- (6) Fail or decline to take an additional drug test the employer or collector has directed you to take (see, for instance, Sec.40.197 (b));
- (7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under Sec. 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment. If there was no contingent offer of employment, the MRO will cancel the test; or

- (8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- (9) For an observed collection, fail to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (10) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- (11) Admit to the collector or MRO that you adulterated or substituted the specimen,
- (12) For a breath alcohol test, refusing to sign the certification at Step 2 of the ATF 40.261 (a) (3).
- (b) As an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.
- (c) As an employee, if you refuse to take a drug test, you incur the consequences specified under DOT agency regulations for a violation of those DOT agency regulations. 40.191

CLEARINGHOUSE REGULATIONS

The purpose of VA Paving Inc. Policy update in advance of the Compliance Date of January 6, 2020 as mandated by § 382.601: 1) is part of the company's efforts to meet its *Employer Obligation to Promulgate a Policy on the Misuse of Alcohol and Use of Controlled Substance*; 2) to publish educational materials to drivers about the Clearinghouse and other regulatory changes contained in the Final Rule issued December 5, 2016; and 3) to notify drivers that drug and alcohol test information will be reported to the Clearinghouse beginning January 6, 2020 so as to encourage drivers to seek substance abuse treatment if they currently have a problem with the misuse of alcohol and/or use of controlled substance(s).

CONSEQUENCES OF PROHIBITED CONDUCT

Any driver who has a POSITIVE drug test result, and/or an alcohol test with a result of 0.04 OR GREATER, and/or has engaged in other conduct prohibited by this policy as set forth above, or as more fully set forth in 49 CFR Part 40, will be immediately removed from safety sensitive functions *and subject to disciplinary action up to and including termination, or a Last Chance opportunity, as set forth in the company Authority Policy applicable to all Drivers of VA Paving Inc.*

An applicant, who has a POSITIVE drug test result, or refusal or 110 show as determined by the company, will not be hired

ADDITIONAL ALCOHOL RELATED DISCIPLINARY ACTIONS: Removal from covered service and suspension will occur as set forth below and additional disciplinary action in accordance with company Policy applicable to all Drivers.

1. 0.02 - 0.039 Consequences.

- a. When the results of an alcohol (screen/confirmation) test indicate an alcohol concentration of 0.02 or greater, but less than 0.04, the Driver will be removed immediately from performing the covered functions for the remainder of his/her shift, but not less than eight hours, and may be subject to loss of pay for that period of time.*
- b. When a Driver has 011 alcohol (screen/confirmation) test conducted and the alcohol concentration is 0.02 or greater, but less than 0.04, 011 a subsequent test, the Driver will be removed immediately from performing the covered function and shall be suspended*

- c. *When a Driver has an alcohol (screen/confirmation) test result of an alcohol concentration 0.02 or greater, but less than 0.04, subsequent to a positive alcohol test (alcohol concentration of 0.04 or greater, then that Driver will be removed immediately from performing the covered function and shall be suspended*

2. *Other Alcohol Consequences.*

- a. *When a Driver refuses to report for assessment, evaluation, and/or referral for treatment with a substance abuse professional he/she will be removed immediately from performing the covered function.*
- b. *When a Driver, after assessment, is referred for rehabilitation and/or treatment and the Driver refuses to enter or successfully complete such a rehabilitation and/or treatment assessment program, he/she will be removed immediately from performing the covered function.*
- c. *A Driver who refuses to provide an adequate breath for alcohol testing without a valid medical explanation after he/she has received notice of the requirement to be tested in accordance with the requirements of the policy, or who engages in conduct that clearly obstructs the testing procedure will be removed immediately from performing the covered function.*
- d. *Pre-duty use (within 4 hours), use while on call, on duty use or possession of alcohol on company time, on company premises, or in company vehicles will result in immediate removal from performing the covered function.*
- e. *Use of alcohol following an accident for which an alcohol test is required, prior to the test being conducted or for up to eight hours after the accident will result in immediate removal from performing the covered function.*

VA Paving Inc.

ADDRESS: P.O. Box 1046
Cocoa, FL 32923

USDOT Number: 894859

DESIGNATED EMPLOYER REPRESENTATIVE (DER)

NAME: Terri Hart

OFFICE: 321-636-2565

MOBILE:

E-MAIL: terri.hart@vapaving.com

MEDICAL REVIEW OFFICER (MRO)

NAME: Dr. Neil J Dash/Doctors Review Services

ADDRESS: 546 Franklin Ave, Massapequa, NY 11758

PHONE: (800) 526-9341

FAX: (800) 547-2966

LABORATORY

NAME: Labcorp

ADDRESS: 1904 Alexander

Dr.

Research Triangle Park, NC 27709

SUBSTANCE ABUSE PROFESSIONAL (SAP)

NAME: Stephen Enzor

ADDRESS: P.O. Box 4611
Winter Haven, FL 33885

PHONE: (863) 287-7887

CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/IPA)

NAME: Business Services & Solutions
ADDRESS: 4150 West Okeechobee Road, Fort Pierce, FL
34947 PHONE: (863) 533-2191

VA Paving Inc.

'S INDEPENDENT AUTHORITY

The company is permitted by Federal regulations to require and enforce more stringent requirements relating to safety of operation and Driver safety and health including additional requirements relating to alcohol and controlled substances testing, which are as set forth in the company's Policy applicable to all Drivers, to the extent those policies do not conflict with DOT regulations or other policies of the company.

All drivers of VA Paving Inc. are required, as a safety rule and under DOT regulations, to pre-duty disclosure that they are taking ANY impairing affect therapeutic drug, prescription medication (including medical marijuana), over-the-counter medication, mind altering synthetic or designer drugs or substances which may have an effect on their ability to safely operate a commercial motor vehicle or the performance of safety-sensitive duties. It is an essential function of every driver's position at VA Paving Inc. to be able to work in a constant state of alertness and in a safe manner. If the fact that the driver is taking an impairing effect dmg, medication or substance is not disclosed pre-duty by a driver or the driver tests positive or is determined by the MRO to be a potential safety risk due to a drug, medication or substance, that driver will be subject to discipline, up to and including termination for violation of this safety rule. If disclosure is made, VA Paving Inc., in accordance with its authority under 49 CFR Part 391.11(a), reserves the right to send the driver for a Fitness-for-Duty evaluation to evaluate the medication for its possible adverse effects on the driver's ability to safely operate a commercial motor vehicle or the performance of other safety-sensitive duties, In determining whether the employee has a legally valid prescription so as to constitute a legitimate medical explanation, consistent with the Controlled Substances Act (CSA), the MRO will use the CSA standard when conducting his medical review (49 CFR Part 40.137). The claimed use of products containing cannabidiol (CBD) will not be accepted by the company as a medical excuse for a positive THC (marijuana) test.

111 advance of the operation of a commercial motor vehicle, or the performance of other safety-sensitive duties, or testing, drivers are strongly encouraged (and mandated by DOT Regulations) to have their own doctor make an individualized assessment of any safety related risks of the drug, medication or substance which they are taking, providing the doctor a copy of their job description or specific duties, and having the doctor render an opinion on the safety related risks. The driver need not disclose to their supervisor the drug, medication or substance, or the medical condition involved, to fulfill this pre-duty disclosure obligation of this safety policy, but may do so confidentially to the DER. All information provided will be kept separate from personnel files and in a confidential manner by the DER. The MRO will make the final determination on the driver's ability to safely operate a commercial motor vehicle or the safety related risks of any particular drug, medication or substance, although VA Paving Inc. shall make the final determination on whether the driver is qualified to drive/operate a commercial motor vehicle.

[Remainder of this page is intentionally left blank]

The company retains the right to change this CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES from time to time as necessary.

I hereby acknowledge receipt of the U.S. DEPARTMENT OF TRANSPORTATION (DOT), CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES.

PRINT DRIVER NAME (Last, First)

DRIVERCDL#
STATE OF ISSUE _____

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

DRIVER SIGNATURE

DATE

Driver Mobile Phone: _____ **Driver Email:** _____

This receipt is to be read and signed by the Driver. A copy of this receipt may be given to the Driver. The original of this receipt must be kept on file.

Witness Printed Name

Witness Signature

(This form is to be signed by Driver and retained in Driver's file.)

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION: BAN ON HAND HELD CELLULAR PHONES

49 CFR Parts 383,384,390,391, and 392 [Docket No. FMCSA-2010-0096] RIN 2137-AE65 Drivers of CMVs: Restricting the Use of Cellular Phones

I declare that at I have reviewed the Ban on Cellular Phones training materials attached as an appendix to the Policy and acknowledge the driver disqualifications, fines, and penalties for a Cellular phone violation.

DRIVER SIGNATURE

DATE

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

(This form is to be signed by Driver and retained in Driver's file.)



Pre-Employment Substance Testing Acknowledgment [FMCSA02]

I certify that I have been given a copy of **VA Paving Inc.** 's **CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY AND PROCEDURES**, and that I have read it and acknowledge that VA Paving Inc., under its administration of applicable regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, company Policy and in substantial compliance with applicable state statutes pertaining to a drug-free workplace, will be pre-employment testing for the purpose of determining the presence of, and content of, any or all of the following substances:

- 1. Amphetamines
- 2. Cannabinoids
- 3. Cocaine
- 4. Phencyclidine (PCP)
- 5. Opioids

I also understand and acknowledge that I may be subject to non-DOT screening and testing under company Policy as set forth in the Policy.

I further acknowledge that under applicable DOT regulations, and the Policy, results of said tests will be released to VA Paving Inc. to VA Paving Inc.'s Medical Review Officer, its Service Agents and as provided in the Policy.

I understand that a negative test is a pre-condition of employment with VA Paving Inc. and that the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements applicable to the company, if any.

MANDATORY DOT QUESTION:

During the past three (3) years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? (check one) YES NO

Currently Employed as a CDL Driver? (check one) YES NO

If Yes, list Employer(s): _____

I further agree that a reproduced copy of this form shall have the same force and effect as the original. have carefully read the foregoing and fully understand its contents.

Applicant Printed Name: _____ SS#: _____

Applicant Signature: _____ Date: _____

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness; of the information provided In this application, Electronic Signature I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Please print and sign: _____ Date: _____

Witness Printed Name: _____ Witness Signature: _____

NAMEOFEMPLOYER: VA Paving Inc.

USDOT #: 894859

FMCSA CLEARINGHOUSE ACCESS CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGMENT [FMCSA26]

I acknowledge that as part of my job duties working on behalf of the above Employer, a Federal Motor Carrier Services Administration (FMCSA) covered Employer, or Service Agent, that I have certain confidentiality and accuracy responsibilities, and access restrictions, concerning the FMCSA Clearinghouse database. Concerning my FMCSA Clearinghouse database access authorization, I acknowledge and agree as follows:

- 1) The Clearinghouse may only be accessed as authorized by the FMCSA Clearinghouse Final Rule, with the consent of the Driver, which I am to review at: www.fmcsa.dot.gov/regulations/commercial-drivers-1license-driver-and-alcohol-clearinghouse and the Clearinghouse Guidance on QUERIES AND CONSENT REQUESTS and Reporting Obligations;
- 2) The Final Rule requires persons reporting information to the Clearinghouse to do so truthfully and accurately and the Regulations prohibits anyone from reporting false information, inaccurate or misleading information, or information that *should* be known as false or inaccurate;
- 3) No one may disclose or disseminate any information obtained from the FMCSA Clearinghouse except in accordance with the Final Rule;
- 4) Employers are specifically prohibited from using information from the Clearinghouse for any other purpose other than to assess or evaluate whether a driver is prohibited from operating a Commercial Motor Vehicle (CMV);
- 5) An employer, employee, medical review officer, or service agent who violates any provision of the Final Rule shall be subject to the civil and/or criminal penalty provisions as provided for in the Final Rule;
- 6) Clearinghouse registration may be revoked for anyone who fails to comply with any of the prescribed rights and restrictions on access to the Clearinghouse, including but not limited to, submission of inaccurate information, misuse or misappropriation of access rights, or use of protected information from the Clearinghouse for a purpose other than whether a driver is prohibited from operating a CMV; and
- 7) Anyone making an inadvertent error should make a correction immediately upon discovering the error.

Read, Acknowledged and Agreed to this _____ day of _____, _____

Signature: _____ Print Name: _____

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application, Electronic Signature - Please type your Full Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms or Acceptance.

Title: _____ Email: _____

Mobile phone: _____ Direct phone: _____

NAME OF EMPLOYER: VA Paving Inc.

USDOT #: 894859

**FMCSA CLEARINGHOUSE
CDL DRIVER ACKNOWLEDGMENT OF TRAINING MATERIALS
[FMCSA25]**

I acknowledge that I have received from my Employer Federal Motor Carrier Services Administration (FMCSA) Clearinghouse training materials for CDL Drivers to help me better understand the new FMCSA Clearinghouse national database which goes live on January 6, 2020, and other helpful resources:

- 1) I understand that the Clearinghouse may only be accessed as authorized by the FMCSA Clearinghouse Final Rule which I am encouraged to review at: www.fmcsa.dot.gov/regulations/commercial-drivers-license-dug-and-alcohol-clearinghouse and Clearinghouse website: <https://clearinghouse.fmcsa.dot.gov/>
- 2) I have received the FMCSA Published Clearinghouse CDL Driver Education Sheets, and links to Driver's Factsheet Driver Brochure and Reporting Obligations;
- 3) I have been encouraged by my Employer to Register in the Clearinghouse beginning in October 2019, using my CDL #, State of Issue and Country of Issue so that I can review free of charge any information in the Clearinghouse Database on me;
- 4) I have been encouraged by my Employer to Subscribe to receive Clearinghouse email updates directly from the FMCSA;
- 5) I understand that after 1.6.2020, the Clearinghouse will contain information on all CDL driver drug and alcohol program violations, These violations include:
 - a. Report for duty/remain on duty for safety-sensitive function with alcohol concentration of 0.04 or greater or while using any drug specified in the regulations (Part40), other than those prescribed by a licensed medical practitioner .
 - b. Alcohol use while performing, or within four hours of performing, a safety-sensitive function
 - c. Alcohol use within eight hours of a post-accident alcohol test
 - d. Test positive for use of specified drugs
 - e. Refusing to submit to a required alcohol or drug test
 - f. Actual Knowledge by an Employer of Driver Substance Abuse
- 6) I acknowledge the Regulations require that in the event I am working for another FMCSA Covered Employer, and I have violated the alcohol and controlled substances prohibitions, I must notify in writing all current FMCSA Covered Employers of such violation(s) before the end of the business day following the day I received notice of the violation, or prior to performing any safety-sensitive function, whichever comes first. I understand that failure to do so may subject me to FMCSA fines and penalties.
- 7) *I have been encouraged by my Employer to get help now if I have a substance abuse problem.*

Read, Acknowledged and Understood this _____ day of _____

Driver Signature: _____ Print Name: _____

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application, Electronic Signature - Please type your Full Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms or Acceptance.

CDL # _____ State of Issue _____ Country of Issue _____

DOB (Date of Birth). Format is MM/DD/YYYY _____

Personal Email: _____

Mobile phone: _____

NAME OF EMPLOYER: VA Paving Inc.

USDOT #: 894859

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse for the Duration of Employment
[FMCSA24] Page 1 of 4

I, the "Driver" whose name appears below, hereby provide consent to VA Paving Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Driver consents to unlimited multiple limited queries, for the duration of employment.

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

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

Read, Acknowledged and Consented to this _____ day of _____

Driver Name & Signature: _____

TERMS OF ACCEPTANCE and SIGNATURE I, the applicant for this form, warrant the truthfulness of the information provided in this application. Electronic Signature - Please type your Full Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms or Acceptance.

Last Name: _____

First Name: _____

CDL # _____ State of Issue _____ Country of Issue _____

DOB (Date of Birth). Format is MM/DD/YYYY _____

Personal Email: _____

Mobile phone: _____

(Use above information gathered to complete employer batch excel sheet for Clearinghouse limited annual query. See Pages 2-4 for Instructions for **FMCSA Drug and Alcohol Clearinghouse Driver Queries: Batch Upload.**)

Company Applying To: _____

Driver Name: _____ DOB: _____

Driver's License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

PLEASE ONLY CHECK ONE OF THE OPTIONS

BELOW AND SIGN ON PAGE 3

I AM CURRENTLY REGISTERED IN THE FMCSA CLEARINGHOUSE

I AM NOT CURRENTLY REGISTERED IN THE FMCSA CLEARINGHOUSE, BUT I WILL REGISTER MYSELF WITHIN THE NEXT 24 HOURS,

I AM NOT CURRENTLY REGISTERED IN THE FMCSA CLEARINGHOUSE AND WOULD LIKE BUSINESS SERVICES AND SOLUTIONS ASSISTANCE IN SETTING UP MY PERSONAL FMCSA CLEARINGHOUSE ACCOUNT, I AGREE TO THE BELOW TERMS OF THE FMCSA CLEARINGHOUSE AND GIVE BUSINESS SERVICE AND SOLUTIONS THROUGH THE EMPLOYER I AM APPLYING TO, PERMISSION TO REGISTER ME AND APPROVE MY PRE-EMPLOYMENT QUERY,

FMCSA IT Rules of Behavior

As a user of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse, I understand that I am personally responsible for the use and any misuse of my system account and password, I also understand that by accessing a U.S. Government Information system, I must comply with the following requirements:

1. The Drug and Alcohol Clearinghouse is authorized for official use only.
2. The Drug and Alcohol Clearinghouse may not be used (i) for a purpose that violates any Federal law; (ii) for mass mailings of personal messages/statements; (iii) for commercial purposes, financial gain, or to support "for profit" non-Government activities; or (iv) to engage in any DOT or FMCSA-discrediting activities (e.g., gambling; viewing of adult content), "FMCSA-discrediting activities" also include seeking, transmitting, collecting, or storing defamatory, discriminatory, obscene, harassing, or intimidating messages or materials.
3. FMCSA reserves the right to monitor the activity of any machine connected to its infrastructure.
4. Drug and Alcohol Clearinghouse is the property of the Federal Government and FMCSA owns the data stored in this system.

5. Non-public Information that was obtained via the Drug and Alcohol Clearinghouse may not be divulged outside of authorized channels without the express permission of the owner of that Information.
6. Any activity that violates Federal laws for Information protection (e.g., hacking, spamming) is prohibited.
7. Users must lock the computer if they are away from the desk and use a password-protected screensaver to automatically lock the computer.
8. Drug and Alcohol Clearinghouse accounts are linked to your login.gov profile solely for the use of the individual for whom they were created. Your login.gov passwords or any other authentication mechanisms must never be shared or stored in printed form in any place accessible. If stored **digitally**, a password must not be stored in a clear-text or a readable format. You may store your login.gov "just in case" information in printed or digital form.
9. The Drug and Alcohol Clearinghouse uses login.gov to authenticate you. login.gov has password format requirements and a password expiration policy that must be followed, login.gov passwords do not expire because login.gov uses multi-factor authentication. Multi-factor authentication expires every 30 days. See <https://www.login.gov/help/changing-settings/turn-off-two-factor-authentication/> for more information.
10. Any security problems or password compromises must be reported immediately to the FMCSA Information System Security Manager at FMCSASecIrrity@dot.gov.
11. Users must protect all confidential/sensitive and privacy information from disclosure.
12. Hard copies of confidential/sensitive and privacy information must be shredded and destroyed.
13. I agree to accept any written communication from FMCSA relating to my participation on Drug and Alcohol Clearinghouse by electronic mail at the email address(es) I provide to FMCSA. Such electronic communication shall be complete upon its transmission by FMCSA.
14. I understand that Federal law provides for punishment under Title 18 of the U.S. Code, including a fine and up to 10 years in prison for the first offense for anyone who:
 1. Intentionally accesses a Government Information system without authorization, or exceeds authorized access, and obtains information that requires protection against unauthorized disclosure.
 2. Intentionally accesses a Government Information system without authorization, or exceeds authorized access, and impacts the Government's operation, including availability of that system.
 3. Intentionally accesses a Government Information system without authorization, or exceeds authorized access, and alters, damages, or destroys information therein.
 4. Intentionally accesses a Government Information system without authorization, or exceeds authorized access, and obtains anything of value.
 5. Prevents authorized use of a Government Information system.

15. Users must only use Sensitive Personally Identifiable Information (SPII) on encrypted laptops, mobile devices, and storage media devices, SPII is a subset of PII which if lost, compromised or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. (e.g., DoB, SSN, and Driver's License).
16. Users of FMCSA IT systems using non-FMCSA furnished equipment to access FMCSA IT systems must install and maintain antivirus and anti-spyware tools on said equipment.

Drug and Alcohol Clearinghouse Terms of Use

I am capable and willing to comply with the requirements under of 49 CFR 382 Subpart G, Requirements and Procedures for Implementation of the Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse).

I agree to accept any written communication from FMCSA relating to the Clearinghouse by electronic mail at the email address(es) I provide to FMCSA or by physical letters sent via United States Postal Service, including any notice of proposed removal from the Clearinghouse and any information addressing my obligations as an authorized user of the Clearinghouse. Such communication shall be considered complete upon its transmission by FMCSA.

I understand that by utilizing the Clearinghouse, I am participating in covered transactions and am required to comply with the suspension and debarment regulations at 2 C.F.R. part 180 and that I am required to comply with the regulations at 49 CFR part 382, I certify that I will comply with the information use and disclosure requirements set forth in 49 C.F.R. part 382, I agree that I will not access information in the Clearinghouse without authorization; share, distribute, publish, or otherwise release information unless specifically authorized by law; and I will not report inaccurate or misleading information to the Clearinghouse. I understand that by submitting information to the Clearinghouse I am participating in covered transactions and that submitting false or misleading statements may subject me to administrative, civil, or criminal penalties, including prosecution under 18 U.S.C. § 1001 or government-wide suspension and debarment under 2 C.F.R. part 180. I understand that failure to comply with the Clearinghouse Rules of Behavior and Terms of Use may result in revocation of my Clearinghouse registration under 49 C.F.R. § 382.713.

I accept the FMCSA Privacy Policy (see <https://www.transportation.gov/dot-website-privacy-policy>),

I affirm that all the information provided is true and accept all of the terms above.

Print & Sign: _____

Date: _____

Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE

Registration and
Requirements

FOR CDL DRIVERS

- ✓ Record
- ✓ Consent
- ✓ Query
- ✓ Safety



What is the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse?

A secure, online database that gives employers and other authorized users real-time information about commercial driver's license (CDL) and commercial learner's permit (CLP) holders' drug and alcohol program violations, thus improving safety on our Nation's roadways.

Which drivers are covered by the Clearinghouse?

Any driver who holds a CDL (referred to as a CDL driver,) and meets the requirements of the CDL standards (49 CFR Part 383) and the FMCSA Drug and Alcohol Testing Program (Part 382). References to CDL drivers also include CLP drivers.



Are you a self-employed driver?

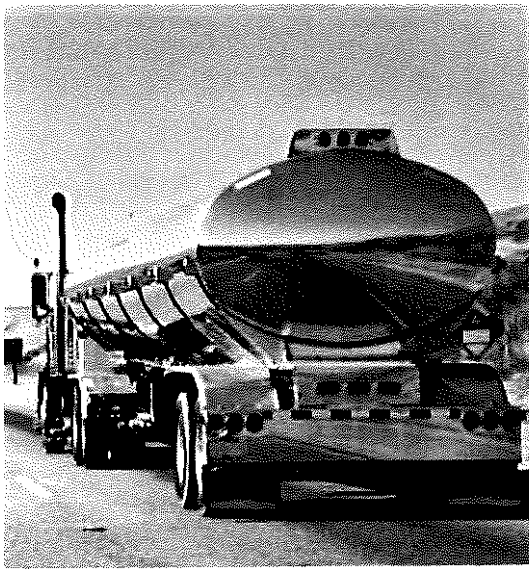
You may be subject to employer Clearinghouse requirements.

If you operate a commercial motor vehicle (CMV) for your own company and operate under your own authority (referred to as an owner-operator, often a single-driver operation), you are also subject to the Clearinghouse requirements for employers, and should register in the Clearinghouse as an employer. When asked, you should indicate in your registration that you are an owner-operator. Once registered, you can add a driver role by entering and verifying your CDL information.

LEARN MORE

Visit FMCSA's Learning Center for resources about the Clearinghouse, including step-by-step instructions on how to register, respond to query consent requests, and more.

<https://clearinghouse.fmcsa.dot.gov/learn>



How do CDL drivers use the Clearinghouse?

Registered CDL drivers can take the following actions in the Clearinghouse:

- Provide electronic consent to release detailed drug and/or alcohol violation information in your Clearinghouse record to current or prospective employer, (when an employer conducts a full query).
- Review drug and alcohol program violations, if any, in your own Clearinghouse record and initiate the process to revise or remove incorrectly entered information.
- Identify a substance abuse professional (SAP) to report on return-to-duty (RTD) activities. If you have an unresolved drug and alcohol program violation in your Clearinghouse record,

Note: To complete these actions in the Clearinghouse, registered drivers must enter and verify their current CDL information.

Questions?

Visit do.tn.gov/CDL

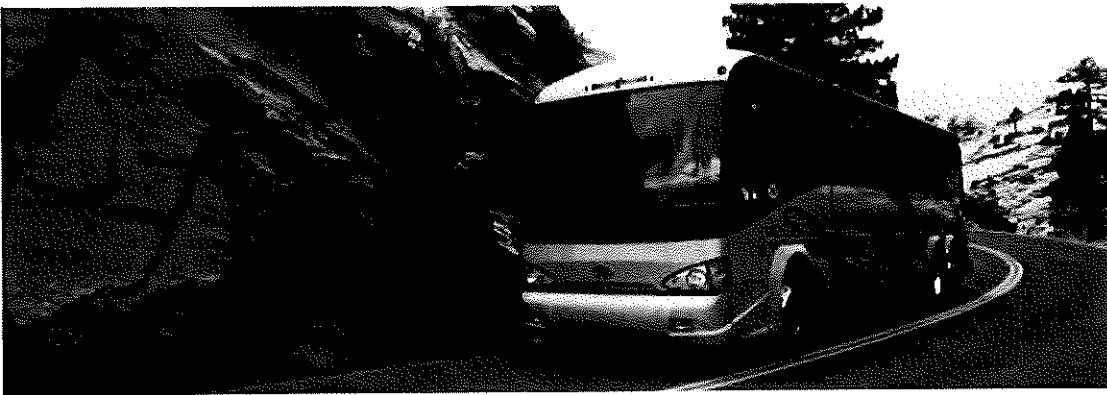
Why register?

Employers of CDL drivers must query the Clearinghouse to verify that a current or prospective driver is not prohibited from operating CMVs or performing other safety-sensitive functions due to an unresolved drug and alcohol program violation.

This means that:

- If you apply for a job to perform a safety-sensitive function, such as operate a CMV, the employer is required to send you a consent request to conduct a full query. This full query allows the employer to view any violation information in your Clearinghouse record.
- If you are currently employed, your employer may request your consent to conduct a full query to view your Clearinghouse record at any time.
- Failing to consent to a query will result in a driver being prohibited from performing safety-sensitive functions for the employer conducting the query.

Be ready to respond to employer consent requests. Register and verify your CDL information today.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL
CLEARINGHOUSE

<https://clearinghouse.fmcsa.dot.gov>

FATCA: MCC 19-005, MAY 2021