



CORPORATE OFFICE
 8655 Hudson Blvd. N. #100
 Lake Elmo, MN 55042
 Phone: 800-657-6936
 Fax: 651-739-1523

DRIVERS 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, veteran status, non-job-related disability, or any other protected group status. **INSTRUCTIONS TO APPLICANT:** Please print answers to all questions and sign in both places on the last page.

PERSONAL INFORMATION

Name:		Date:	Phone Number:	
Date of Birth:	Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security #:	
Address:		City:	State:	Zip Code:
How long at this address?		Email Address:		

PREVIOUS ADDRESSES FOR PAST 10 YEARS

Address:		City:	State:	Zip Code:
Phone Number:		How long at this address?		
Address:		City:	State:	Zip Code:
Phone Number:		How long at this address?		
Address:		City:	State:	Zip Code:
Phone Number:		How long at this address?		

POSITION

Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
How did you hear about this company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other If other, please explain:			
Who referred you?		Desired pay: \$	
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the bonding company?			
Is there any reason you might not be able to perform the functions of the job for which you have applied (as described in the attached job description)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain if you wish:			
Would you be willing to take a physical examination and pre-employment drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

EMPLOYMENT HISTORY RECORD FOR PAST 10 YEARS All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 10 years. Start with your present or most recent job and work backwards in order. List complete mailing address, street number, city, state and zip code.

Current or Most Recent Employer					
Name:		Supervisor:		Phone Number:	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		City:	State:		Zip Code:
Position Held:		From: (mo/yr)	To: (mo/yr)		Rate of Pay: \$
Why do/did you want to leave? Explain:					
What type of driving experience?					
Were you subject to FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Second to Last Employer					
Name:		Supervisor:		Phone Number:	
Address:		City:	State:		Zip Code:
Position Held:		From: (mo/yr)	To: (mo/yr)		Rate of Pay: \$
Why do/did you want to leave? Explain:					
What type of driving experience?					
Were you subject to FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Third to Last Employer					
Name:		Supervisor:		Phone Number:	
Address:		City:	State:		Zip Code:
Position Held:		From: (mo/yr)	To: (mo/yr)		Rate of Pay: \$
Why do/did you want to leave? Explain:					
What type of driving experience?					
Were you subject to FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Fourth to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			
What type of driving experience?			
Were you subject to FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Fifth to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			
What type of driving experience?			
Were you subject to FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Sixth to Last Employer			
Name:	Supervisor:	Phone Number:	
Address:	City:	State:	Zip Code:
Position Held:	From: (mo/yr)	To: (mo/yr)	Rate of Pay: \$
Why do/did you want to leave? Explain:			
What type of driving experience?			
Were you subject to FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DRIVING RECORD/EXPERIENCE LICENSE (List all drivers licenses/permits held in past 5 years)

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified to drive by Federal Regulations? Yes No

If the answer to any of the above is yes, please explain:

TRAFFIC CONVICTIONS/FORFEITURES (List all car, truck etc. moving traffic convictions and forfeitures for the past 3 years. If you do not have any, write "none")

Date	Location (State)	Charge	Expiration Date	Penalty

ACCIDENT RECORD (List all accidents with truck, car, etc. for the past 3 years. Include preventable and non-preventable. If you do not have any, write "none")

Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, etc.)	Indicate preventable or non-preventable	Fatalities	Injuries	Amount of Property Damage

DRIVING EXPERIENCE

Class of Equipment	Check Type of Equipment	Dates from M/Y to M/Y	Approximate number of miles total
Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer		
Tractor and Semi Trailer	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer		
Tractor – Two Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer		
Tractor – Three Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer		
Motorcoach – School Bus			
Other			

List states operated in for last five years:

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

Which safe driving awards do you hold and from whom?

EDUCATION

Check Highest Grade Completed
 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th College

Last School Attended

Name:	City:	State:
Driving School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date:	

MILITARY STATUS

Have you served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch did you serve?	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Occupation	Years Known

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature:	Date:
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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature:	Date:
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FOR COMPANY USE

PAST EMPLOYERS CONTACTED		
1.	2.	3.
Notes on Prospective Employee/References Checked:		
<input type="checkbox"/> Applicant Hired <input type="checkbox"/> Applicant Rejected		
Date Employed:	Location Employed:	
Signature of Person Doing Hiring:		Date:

Linehaul Truck Driver

Reports To: PM Operations Manager

Department: Operations

Classification: Hourly employee

**NOTE: This document describes the position currently available. It is not an employment contract. Our company reserves the right to modify job duties or job descriptions at any time.*

JOB SUMMARY:

The Linehaul Driver is responsible to drive routes in the regional area of Minnesota, North Dakota, Wisconsin, or Iowa to transport, pick up and deliver general commodities. Performs daily pre-trip and post-trip inspections of commercial motor vehicle, complete and submit the vehicle condition reports at the end of each shift, and secure receipts for loads dropped off or loads received.

ESSENTIAL FUNCTIONS/PERFORMANCE METRICS (include but not limited to):

- *This position is safety-sensitive and does require pre-employment and random drug screening.*
- Safety is the number one priority and consideration in driving and delivery even during the busiest and most stressful times;
- Monitor performance of your commercial motor vehicle to ensure it is in proper working order and in good condition before and after shift (pre-and post-trip inspections);
- Make deliveries to other destinations ensuring supplies are properly transported from one location to another; while understanding most efficient route to reach the end stop;
- Ensure proper load securement prior to and during transportation;
- Maintain proper cleanliness of interior and exterior of the truck at all times.

CORE VALUES:

The Linehaul Driver is expected to adhere to the Valley Cartage core values of: Fun, Integrity, Serves, Honesty, Passionate, Innovative, Excellence, and above all Safety.

EDUCATION and/or EXPERIENCE:

- High school diploma or equivalent;
- Must have a Commercial Driver's License (CDL);
- Must have 2 years or equivalent of commercial truck driving experience;
- Must not have more than two moving violations or accidents within the most recent 36-month period as verified by a current Motor Vehicle Record (MVR);
- No DWI convictions, suspensions, or revocations of license due to moving violations or accidents;
- Must have a valid DOT medical card.

BASIC KNOWLEDGE AND COMPETENCY:

- Learned knowledge in FMSCA and DOT regulations, with particular attention to HazMat;
- Ability to speak and understand the English language including the meaning and spelling of words and proper grammar;
- Practical knowledge of the truck and its components, and the basic maintenance requirements for safe operation.

CRITICAL SKILLS:

- Speak clearly and communicate with others to convey information effectively;
- Calculate basic figures and amounts;
- Solve practical problems and deal with a variety of situations where only limited time exists;
- Interpret a variety of instructions furnished in written, oral, diagram, or schedule form;
- Write reports or logs and effectively present information;
- Demonstrate the maneuvering of tractor/trailer into and out of minimum clearance spaces, using mirrors to back distances up to but not limited to 120 feet;
- Read and comprehend a street atlas or utilize GPS effectively;
- Work independently and be reliable, responsible, and dependable in fulfilling obligations.

WORK ETHIC:

- Support mission and core values of the company;
- Be honest and ethical;
- Be willing to work hours needed to complete the job.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to walk; sit; and use hands to finger, handle, or feel. The employee is occasionally required to stand; reach with hands and arms; climb or balance; and stoop, kneel, crouch, twist, or crawl. The employee must occasionally have the ability to lift 100-pound cartons to a height of 4-5 feet and load or unload off the truck. The employee must frequently pull on a pallet jack with materials on it weighing up to 3,000 pounds. The employee is regularly required to drive. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus. The employee may work from 10 hours to 14 hours per day as needed.

WORKING CONDITIONS:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing duties of this job the employee will regularly be exposed to outside weather conditions. This also means the employee is regularly required to drive in all sorts of weather. The employee is required to drive tractors with and without air conditioning. The employee is required to travel in busy and congested roads and highways. The employee is also subjected to noise and to being around tractors, trailers, and forklifts as well as various other material moving machines.

P&D Truck Driver

Reports To: Terminal Manager or City Dispatch Department: Operations

Classification: Hourly employee

**NOTE: This document describes the position currently available. It is not an employment contract. Our company reserves the right to modify job duties or job descriptions at any time.*

JOB SUMMARY:

The P&D Driver is responsible to drive routes in the regional area of Minnesota, North Dakota, Wisconsin, or Iowa to transport, pick up and deliver general commodities. Performs daily pre-trip and post-trip inspections of the commercial motor vehicle, complete and submit the vehicle condition reports at the end of each shift, and secure receipts for loads dropped off or loads received.

ESSENTIAL FUNCTIONS/PERFORMANCE METRICS (include but not limited to):

- *This position is safety-sensitive and does require pre-employment and random drug screening.*
- Safety is the number one priority and consideration in driving and delivery even during the busiest and most stressful times;
- Monitor performance of your commercial motor vehicle to ensure it is in proper working order and in good condition before and after shift (pre-and post-trip inspections);
- Make deliveries to customers ensuring supplies are properly transported from one location to another, while understanding most efficient route to reach the destination;
- Ensure proper load securement prior to and during transportation;
- Maintain proper cleanliness of interior and exterior of the truck at all times.

CORE VALUES:

The P&D Driver is expected to adhere to the Valley Cartage core values of: Fun, Integrity, Serves, Honesty, Passionate, Innovative, Excellence, and above all Safety.

EDUCATION and/or EXPERIENCE:

- High school diploma or equivalent;
- Must have a Commercial Driver's License (CDL);
- Must have 2 years or equivalent commercial truck driving experience;
- Must not have more than two moving violations or accidents within the most recent 36-month period as verified by a current Motor Vehicle Record (MVR);
- No DWI convictions, suspensions, or revocations of license due to moving violations or accidents;
- Must have a valid DOT medical card;

BASIC KNOWLEDGE AND COMPETENCY:

- Learned knowledge in FMSCA and DOT regulations, with particular attention to HazMat;
- Ability to speak and understand the English language including the meaning and spelling of words and proper grammar;
- Practical knowledge of the truck and its components, and the basic maintenance requirements for safe operation.

CRITICAL SKILLS:

- Speak clearly and communicate with others and convey information effectively;
- Calculate basic figures and amounts;
- Solve practical problems and deal with a variety of situations where only limited time exists;
- Interpret a variety of instructions furnished in written, oral, diagram, or schedule form;
- Write reports or logs and effectively present information;
- Demonstrate the maneuvering of tractor/trailer into and out of minimum clearance spaces, using mirrors to back distances up to but not limited to 120 feet;
- Read and comprehend a street atlas or utilize GPS effectively;
- Work independently and be reliable, responsible, and dependable in fulfilling obligations.

WORK ETHIC:

- Support mission and core values of the company;
- Be honest and ethical;
- Be willing to work hours needed to complete the job.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to walk; sit; and use hands to finger, handle, or feel. The employee is occasionally required to stand; reach with hands and arms; climb or balance; and stoop, kneel, crouch, twist, or crawl. The employee must occasionally have the ability to lift 100-pound cartons to a height of 4-5 feet and load or unload off the truck. The employee must frequently pull on a pallet jack with materials on it weighing up to 3,000 pounds. The employee is regularly required to drive. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus. The employee may work from 10 hours to 14 hours per day as needed.

WORKING CONDITIONS:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing duties of this job the employee will regularly be exposed to outside weather conditions. This also means the employee is regularly required to drive in all sorts of weather. The employee is required to drive tractors with and without air conditioning. The employee is required to travel in busy and congested roads and highways. The employee is also subjected to noise and to being around tractors, trailers, and forklifts as well as various other material moving machines.

Outlying P/D Driver

Reports To: Terminal Manager

Department: Operations

Classification: Hourly employee

JOB SUMMARY:

Drives assigned route in the regional area of MN, ND, WI and IA to transport, pick up and deliver general commodities. Will perform daily pre-trip and post-trip inspections of vehicle, complete and submit the vehicle conditions reports at the end of each shift, and secure receipts for load dropped off or loads received.

ESSENTIAL FUNCTIONS/PERFORMANCE METRICS (include but not limited to):

- **P/D Capacity**
- **DOT – P/D Equipment**
- **Accountability**
- **Fuel Efficiencies**
- **Safety**

CORE VALUES

- **FUN**
Create an atmosphere where employees enjoy working together, through displays of positive energy, great humor and professional etiquette between co-workers and customers.
- **INTEGRITY**
Staying true to your word and being real in every situation.
- **SERVES**
Willingness to help others without reservation and treating others the way you want to be treated
- **HONESTY**
Doing the right thing by being upfront and truthful at all times.
- **PASSIONATE**
Motivated and driven to be successful by doing what you love to do.
- **INNOVATIVE**
Willingness to accept and implement change for the better of our company and customers.
- **EXCELLENCE**
Going above and beyond every day to be the best in our business and as individuals.

- **EDUCATION and/or EXPERIENCE:**
- High school diploma or equivalent
- Must have a Commercial Driver's License (CDL)
- Must have 2 years or equivalent commercial truck driving experience
- Must not have more than two moving violations or accidents within the most recent 36-month period as verified by a current Motor Vehicle Record (MVR)
- No one with a DWI/DUI conviction, no suspensions, no revocations of license due to moving violations or accidents
- Must have a valid DOT medical card

KNOWLEDGE AND COMPETENCY:

- The English language including the meaning and spelling of words and proper grammar
- The truck and its components and the basic maintenance requirements for safe operation

ABILITY TO:

- Speak clearly and communicate with others and convey information effectively
- Calculate basic figures and amounts
- Solve practical problems and deal with a variety of situations where only limited time exists.
- Interpret a variety of instructions furnished in written, oral, diagram, or schedule form
- Demonstrate the maneuvering of tractor/trailer into and out of minimum clearance spaces, using mirrors to back distances up to, but not limited to, 120 feet.
- Read and comprehend a street atlas
- Work independently and be reliable, responsible and dependable in fulfilling obligations
- Become forklift certified

WORK VALUES:

- Attend seminars, schools, and training for continuing education in the transportation industry
- Support mission and core values of the company

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to walk; sit; and use hands to finger, handle, or feel. The employee is occasionally required to stand; reach with hands and arms; climb or balance; and stoop, kneel, crouch, twist, or crawl. The employee must occasionally have the ability to lift 100-pound cartons to a height of 4-5 feet and load or unload off the truck. The employee must frequently pull on a pallet jack with materials on it weighing up to 3,000 pounds. The employee is regularly required to drive. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus. The employee is required to work anywhere from 10 hours to 16 hours per day as needed.

WORKING CONDITIONS:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing duties of this job the employee will regularly be exposed to outside weather conditions. This also means the employee is regularly required to drive in all sorts of weather. The employee is required to drive tractors with and without air conditioning. The employee is required to travel in busy and congested roads and highways. The employee is required to travel in busy and congested roads and highways. The employee is subject to noise, vibration, dust, heat and cold.

**NOTE: This document describes the position currently available. It is not an employment contract. Our company reserves the right to modify job duties or job descriptions at any time.*

POSITION DESCRIPTION ACKNOWLEDGEMENT

I have read and understand the drivers job description. By signing below, I acknowledge that I am physically capable of doing all the duties assigned without any accommodations being made.

Print Name:	Date:
Signature:	

Please return only this sheet and keep the job description for yourself when you drop off your application for employment.



VALLEY CARTAGE COMPANY

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1. of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print Name:	Date:
Signature:	Social Security #:



CONSENT FOR BACKGROUND HISTORY FOR VALLEY CARTAGE

In connection with your application for employment with Valley Cartage, it may obtain one or more reports regarding driving, and or criminal background history from a consumer reporting agency and/or other sources. If Valley Cartage uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, we will at your request provide you with a copy of the report upon which its decision was based on. If any adverse action is taken against you based upon a background report, Valley Cartage will notify you that the action has been taken and that the background report was the reason for the action. Valley Cartage cannot obtain background reports from a consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that Valley Cartage may obtain such a background reports, please read the following and sign below.

I authorize Valley Cartage to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Valley Cartage might contact in the course of conducting a reference check or background investigations of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Valley Cartage. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the requested organizations or their managers or representatives.

In exchange for Valley Cartage consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal action of any kind against any organization or individual that provides work-related information about me to Valley Cartage or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims or legal actions against Valley Cartage or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above notice regarding background reports provided to me by Valley Cartage and I understand that if I sign this consent form, Valley Cartage and/or any entity it retains to obtain such background reports may obtain reports of my driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Valley Cartage and its employees, agents, and affiliates to obtain the information authorized above.

Print Name:	Date:
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 Valley Cartage ("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 DataQ's 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.

PSP AUTHORIZATION

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

I authorize Valley Cartage ("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 DataQ's 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.

Print Name:	Date:
Signature:	

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 PSP 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.

UPDATED 12/22/2015

Valley Cartage Company, Inc. Minimum Driver Underwriting Guidelines for Hiring / Retention

Drivers(S)

- A.** Must meet all Federal Motor Carrier guidelines.

- B.** Must have a Commercial Driver License with proper endorsements. No current license suspension or revocation. (A work permit is not acceptable)

- C.** No major disqualifying traffic violations within the last three years. You will find a list of major violations on the next page.

- D.** No more than two or three depending on age, minor violations in the past 36 months. You will find a list of minor violations on the next page.

- E.** A minimum of two (2) years' experience in the operation of tractor/trailer equipment.
 - F.** Must be 23 years old. (Drivers 25 years old and older are encouraged.)

 - G.** Must not have more than two (2) chargeable accidents in the past 36 months.

Common Major and Minor Violations/CHRG Accidents

No driver shall have one (1) of these major violations in the last three years:

1. Attempt to elude an officer, any alcohol related violations including: DWI, DUI, operating under a controlled substance, implied consent, not a drop, possession of an open container.
 2. Inattentive or careless driving
 3. Failure to stop after an accident
 4. Failure to stop for a school bus
 5. Hit and run
 6. Operating after revocation
 7. Operating without driver's license
 8. Operating while suspended
 9. Racing
 10. Reckless driving
 11. Unnecessary acceleration (spinning doughnuts, exhibition of power, squealing tires)
 12. Driving on the wrong side of the highway.
-

No driver under the age of 25 shall have two (2) and no driver over the age of 26 shall have more than three (3) of these minor violations in the last three years:

1. Speeding (1-19 mph over the posted speed limit)
 2. Too fast for conditions
 3. Improvident speed
 4. Backing illegally
 5. Deviating from lane of traffic
 6. Following too closely, passing illegally, child safety restraint, no seat belt
 7. Driving over walk, defective speedometer, and failure to dim lights
 8. Failure to signal, failure to obey traffic sign or signal, failure to yield
 9. Failure to keep vehicle under control, improper brakes or lights
 10. Illegal turn, obstructing traffic, obstructing view of control
 11. Transporting a person or vehicle illegally
-

No driver shall have more than two (2) of these chargeable accidents in the last three (3) years:

1. Property Damage
2. Bodily injury
3. Fatal and non-fatal accident



Acknowledgement of Minimum Driver Underwriting Guidelines for Hiring/Retention

I have read the guidelines for driver hiring/retention and I understand the information provided within the policy. I understand all the requirements for qualification and the information provided as examples. I understand that; if for any reason, I do not meet said requirements that disciplinary action may be taken including the possibility of termination.

Print Name:	Date:
Signature:	



VALLEY CARTAGE – SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I hereby authorize my previous employer noted below to release and forward the information requested by sections 2 and 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from today's date.

Print Name:		Date:	Date of Birth:
Signature:			Social Security #:
Previous Employer Information			
Name:			
Address:	City:	State:	Zip Code:
Telephone #:	Fax#:	Email:	

Please return this filled out form to:

Valley Cartage Company Attn: Safety
 8665 Hudson Blvd. N. #100
 Lake Elmo, MN 55042
 Phone: 800-657-6936
 Fax: 651-739-1523
 Email: Safety@ValleyCartage.com

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

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Was the applicant named above employed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title:	Dates of employment ((M/Y) to (M/Y)):
Did he/she drive a motor vehicle for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify):
Reason for leaving your employ:	<input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Is there any accident/performance history to report? Yes No If you selected yes, please fill out the table below.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

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

Any other remarks:

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY If the driver was NOT subject to Department of Transportation (DOT) testing requirements while employed by this employer, please check here:

If prospective employer did not provide signed release from driver (§40.321(b)) and therefore drug/alcohol information cannot be provided, please check here:

Driver was subject to DOT testing requirements from (M/Y) to (M/Y):

This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 (if NO, skip this section) Yes No

Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No

Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No

Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No

Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No

If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including a return-to-duty and follow-up tests? Yes No N/A
If yes, please send documentation back with this form.

For a driver who successfully completed an SAP rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
 Yes No

Sections completed by:			
Printed Name:		Company:	
Address:	City:	State:	Zip Code:
Signature & Title:			

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on the first page. The previous employer should keep a record of each request for one year, including the date, party to whom it was released, and a summary identifying what was provided.

SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER	
This form was (check one) <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other:	
By:	Date:
Second attempt to collect information (date):	
Failure to contact previous employer—30 days allowed (date):	
Information received from:	
Signature:	Date:

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

The prospective employee is required by Sec.40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Print Name:	Date:
Signature:	
Witnessed by (Signature):	Date:

DRUG & ALCOHOL TESTING POLICY FOR DRIVERS 4-01-05

Purpose

It is the policy of VALLEY CARTAGE & WAREHOUSING (hereinafter the “Company”) that its drivers be free of substance and alcohol abuse. Consequently, the use of illegal drugs by drivers is prohibited. Further, drivers 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 and to reduce accidents, injuries and fatalities.

Consequences of Policy Violation

Any driver who becomes unqualified or engages in prohibited conduct as set forth herein may be subject to severe disciplinary action up to and including termination of employment.

Prohibited Conduct

The following shall be considered “prohibited conduct” for purposes of this policy.

- No driver shall report for duty or remain on duty while having an alcohol concentration of .04 or greater.
- No driver shall be on duty or operate a commercial motor vehicle while the driver possesses alcohol unless the alcohol is manifested and transported as part of a shipment.
- No driver shall use alcohol while performing safety-sensitive functions.
- No driver shall perform safety-sensitive functions within four (4) hours after using alcohol.
- No driver required to take a post-accident alcohol test shall use alcohol for eight (8) hours following the accident or until he or she undergoes a post-accident alcohol test, whichever occurs first.
- No driver shall refuse to submit to a post-accident, random, reasonable suspicion, return-to-duty or follow-up alcohol or drug test.
- No driver shall report for duty or remain on duty when the driver uses any controlled substance, except when use is pursuant to the instructions of a physician who has advised the driver that the substance does not adversely affect the driver’s ability to operate a commercial motor vehicle.

If a driver engages in prohibited conduct, the driver is not qualified to drive a commercial motor vehicle and shall be immediately removed from service.

Refusal to Test

Refusal to submit to the types of drug and alcohol tests employed by the company will be grounds for refusal to hire driver applicants and to terminate employment of existing drivers. A refusal to test is defined to be conduct that would obstruct the proper administration of a test. Refusing to sign step 2 of the alcohol form is considered a refusal to test. A delay in providing urine, breath or saliva specimen could be considered a refusal to test. If a driver cannot provide a sufficient quantity of urine or breath, a physician of the company’s choice will evaluate him/her. If the physician cannot find a legitimate medical explanation for the inability to provide a specimen (either breath or urine), it will be considered a refusal to test. In that circumstance, the driver has violated one of the prohibitions of the regulations.

Types of Tests

Pursuant to regulations promulgated by the Department of Transportation (DOT), the Company has implemented six circumstances for drug and alcohol testing: (1) pre-employment (drug testing only), (2) post-accident testing, (3) random testing, (4) reasonable suspicion testing, (5) return to duty testing and (6) follow-up testing.

Pre-Employment Testing

All applicants for driving positions must submit to urine drug tests. A driver/applicant is not required to submit to a urine drug test if (1) the Company can verify that the driver has participated in a valid drug testing program within the preceding thirty (30) days; (2) while participating in that program was either tested within the past six (6) months or participated in a random selection program for the previous twelve (12) months; and (3) no prior employer has knowledge that the driver violated any part of the regulations within the last six months.

Random Testing

The company conducts random drug and alcohol testing. The Company or its agents will submit all drivers' names to a random selection system. The random selection system provides an equal chance for each driver to be selected each time random selection occurs. Random selections will be reasonably spread throughout the year. The Company will drug test, at a minimum, 50 percent of the average number of driver positions in each calendar year or at a rate established by the Department of Transportation for the given year. The Company will select, at a minimum, 10 percent of the average number of driver positions in each calendar year for random alcohol testing, or at the rate established by the DOT for the given year. Random selection, by its very nature, may result in drivers being selected in successive selections or more than once a calendar year. Alternatively, some drivers may not be selected in a calendar year.

If a driver is selected at random, for either drug or alcohol testing, a Company official will notify the driver. Once notified, every action the driver takes must lead to a collection. If the driver engages in conduct that does not lead to a collection as soon as possible after notification, such conduct may be considered a refusal to test.

Post-Accident Testing

The driver must submit to drug and alcohol testing any time he or she is involved in an accident where (1) a fatality is involved; or (2) the driver receives a citation for a moving violation arising from the accident, and any party involved requires immediate treatment for an injury away from the accident scene, or if any vehicle involved incurs "disabling damage" (i.e., must be towed away). Following any accident, the driver must contact the Company as soon as possible. The driver has been presented with an information card setting forth certain instructions for post-accident drug and alcohol testing. The driver shall follow the instructions contained on the information card as well as any additional instructions from the Company or its representatives.

Any time a post-accident drug or alcohol test is required, it must be performed as soon as possible following the accident. If no alcohol test can be made within eight (8) hours, attempts to perform an alcohol test shall cease. If no urine collection can be obtained for purposes of post-accident drug testing within thirty-two (32) hours, attempts to make such collection shall cease.

In the event that federal, state or local officials conduct breath or blood tests for the use of alcohol and/or urine tests for the use of controlled substances following an accident, these tests may meet the requirements of this section, provided the tests conform to applicable federal, state, or local requirements. The Company may request testing documentation from such agencies, and may ask the employee to sign a release allowing the Company to obtain such test results.

In the event a driver is so seriously injured that the driver cannot provide a sample of urine, breath or saliva at the time of the accident, the driver may provide necessary authorization for the Company to obtain hospital records or other documents that would indicate the presence of controlled substances or alcohol in the driver's system at the time of the accident.

Reasonable Suspicion Testing

Reasonable suspicion for requiring a driver to submit to drug and/or alcohol testing shall be deemed to exist when a driver manifests physical or behavioral symptoms or reactions commonly attributed to the use of controlled substances or alcohol. Such driver conduct must be witnessed by at least one supervisor trained in compliance with §382.603. Should a supervisor observe such symptoms or reaction, the driver must submit to testing.

Substance Abuse Evaluation. Return to Duty, and Follow Up Testing

Any driver who engages in prohibited conduct shall be provided with the names, addresses and telephone numbers of qualified substance abuse professions (SAPs). If the driver desires to become requalified, the driver must be evaluated by a SAP and submit to any treatment the SAP prescribes. Following evaluation and treatment, if any, in order to become requalified, the driver must submit to and successfully complete a return-to-duty drug and/or alcohol test.

Such driver is also subject to follow-up testing. Follow-up testing is separate from and in addition to the Company's reasonable suspicion, post-accident and random testing procedures. The schedule for follow-up testing shall be unannounced and in accordance with the instructions of the SAP. Follow-up testing may continue for a period of up to sixty (60) months following the driver's return to duty. No fewer than six (6) tests shall be performed in the first

twelve (12) months of follow-up testing. The costs of any SAP evaluation or prescribed treatment shall be borne by the driver. The Company does not guarantee or promise a position to the driver should he/she regain qualified status.

Authorization for Previous Test Records

Within 14 days of performing a safety-sensitive function DOT regulation requires that the Company obtain certain drug and alcohol testing records from driver's previous employers for the previous three years. The Company will verify that no prior employer of the driver has records indicating a violation of any DOT rule pertaining to controlled substance or alcohol use within the previous three years. As a condition to employment, the driver shall provide the Company with a written authorization for all previous employers within the past two years to release such drug and alcohol testing records, as the regulations require.

Drug Urinalysis

Drug testing will be performed through urinalysis. Urinalysis will test for the presence of drugs and/or metabolites of the following controlled substances: (1) marijuana, (2) cocaine, (3) opiates, (4) amphetamines, and (5) phencyclidine (PCP).

The urinalysis procedure starts with the collection of a urine specimen. Urine specimens will be submitted to a SAMHSA-certified laboratory for testing. As part of the collection process, the specimen provided will be split into two vials: a primary vial and a secondary vial. The SAMHSA-certified laboratory will perform initial screenings on all primary vials. In the event that the primary specimen tests positive, a confirmation test of that specimen will be performed before being reported by the laboratory to the MRO as a positive.

All laboratory results will be reported by the laboratory to a Medical Review Officer (MRO) designated by the Company. Negative test results shall be reported by the MRO to the Company. Before reporting a positive test result to the Company, the MRO will attempt to contact the driver to discuss the test result. If the MRO is unable to contact the driver directly, the MRO will contact the Company management official designated in advance by the Company, who shall, in turn, contact the driver and direct the driver to contact the MRO. Upon being so directed the driver shall contact the MRO immediately or, if after the MRO's business hours and the MRO is unavailable, at the start of the MRO's next business day. In the MRO's sole discretion, a determination will be made as to whether a result is positive or negative. If, after failing to contact the MRO after 5 days, or if the driver cannot be contacted at all within 30 days, the MRO may verify the test as positive. After any positive verification, the driver may petition the MRO to reopen the case for reconsideration.

Pursuant to DOT regulations, individual test results for driver/applicants and drivers will be released to the Company and will be kept strictly confidential unless consent for the release of the test results has been obtained. Any individual who has submitted to drug testing in compliance with this policy is entitled to receive the results of such testing upon timely written request.

An individual testing positive may make a request of the MRO to have a secondary vial tested. The secondary vial must be tested by a different SAMHSA-certified lab than tested the primary specimen. The individual making the request for a test of the second specimen must pre-pay all costs associated with the test. The request for testing of a secondary specimen is timely if it is made to the MRO within 72 hours of the individual being notified by the Company of a positive test result.

Alcohol Tests

The Company will perform alcohol-testing using a device that is on the National Highway Traffic Safety Administration's (NHTSA) Conforming Products List (CPL) and meets the DOT's testing requirements. This may be a breath-testing device or a saliva-based testing device, and may be provided through a vendor or agent. The device will be operated by a technician who is certified and trained on the specific device he or she will be operating. The driver shall report to the alcohol-testing site as notified by the Company. The driver shall follow all instructions given by the alcohol technician.

Any initial test indicating a blood alcohol concentration (BAC) of .02 or greater will be confirmed on an evidential breath testing device (EBT) operated by a breath alcohol technician (BAT). The confirmation test will be performed no

sooner than 15 minutes and no later than 30 minutes following the completion of the initial test. In the event the confirmation test indicates a BAC of .02 to .0399, the driver shall be removed from duty for 24 hours or until his/her next scheduled on-duty time, whichever is longer. Drivers with tests indicating a BAC of .04 or greater are considered to have engaged in prohibited conduct, which may result in disciplinary action up to and including termination. All alcohol tests shall be performed just prior to, during or just after duty.

Training

The Company shall ensure supervisors designated to determine whether or not reasonable suspicion exists to require a driver to undergo testing under §382.307 receive at least 60 minutes of training on recognizing alcohol misuse, and receive at least 60 minutes of training on recognizing controlled substances use. The training shall cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and use of controlled substances.

Educational materials

The Company shall provide educational materials that explain the requirements of §382.601, consequences of violating the regulations and the employer's policies and procedures with the respect to meeting these requirements.

The materials supplied to drivers may include information on additional employer policies with respect to the use or possession of alcohol or controlled substances, for example, the consequences for a driver found to have a specified alcohol or controlled substances level based on the employer's authority independent of §382.601. The Company shall ensure each driver is required to sign a statement certifying that he or she has received a copy of these materials described in §382.601.

This policy is not intended nor should it be construed as a contract between the Company and the employee. This policy may be changed at any time at the sole discretion of the Company.

EMPLOYEE ASSISTANCE PROGRAM

The Company Employee Assistance Program consists of the following:

1. Training for management, supervisors, and employees affected by Federal Highway Administration drug testing regulations (Safety is the primary issue). The training is documented and filed in driver qualification files.
2. Ongoing drug awareness and educational materials such as posters, payroll envelope stuffers, etc.
3. Posting on Company bulletin boards of phone numbers of community-based telephone hot-line numbers offering referrals for drug and/or alcohol problems.

The cost of the evaluation and recommended program is at the employee's expense or pursuant to a health benefit plan.



**ACKNOWLEDGEMENT OF RECEIPT OF WRITTEN DRUG AND ALCOHOL TESTING
POLICY AND EDUCATIONAL MATERIALS CONCERNING FEDERAL HIGHWAY
ADMINISTRATION DRUG AND ALCOHOL TESTING REGULATIONS PROVIDED BY
VALLEY CARTAGE COMPANY, INC.**

As part of this policy and in accordance with Federal Highway Administration regulations, I understand that I am subject to drug and/or alcohol tests that will be performed (1) during the application process (2) at random (3) for reasonable suspicion (4) for post-accident (5) return to work and (6) follow-up. I understand that a drug/alcohol free finding is necessary for me to be considered for employment and/or in consideration of my continued employment.

I acknowledge that I have received educational material covering the Federal Highway Administration Drug and Alcohol Testing regulation found in the Federal Motor Carrier Safety Regulations 49 CFR, Part 382 “controlled Substances and Testing”.

I authorize the specimens of my urine and/or breath be obtained for the purpose of determining the presence of illegal drugs and/or alcohol. I understand and agree that the test results will be released to the Company Medical Review Officer and to the Company Drug/Alcohol Testing Program Coordinator.

Print Name:	Date:
Signature:	

