

APPLICATION FOR QUALIFICATION (Part I)



Mercer Trucking Company P O Box 11585 Spokane Valley, WA 99211

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety regulations and the Company named above.

Instructions to applicant

Please answer all questions. If the answer to any question is "**no or none**", do not leave them blank, but write "**no or none**"

Date: _____

Position applying for; Check one: Driver Contractor Contractor's Driver

Name: _____

(First) (Middle) (Last)

Phone Number: () Cell Phone Number ()

E-Mail _____

* Age ___ Date of birth _____ Social Security Number ____ - ____ - ____.

* The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration date: _____

Incase of Emergency Notify _____ Phone # _____
(Name)

Current and Three Years Previous Addresses:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you worked for this company before? Yes no

If yes, give dates: From [] to []

Reason for leaving? _____

Education history

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post-Graduate: 1 2 3 4

Driving Experience

Dates

Class of Equipment	From	To	Approximate Number of Miles (total)
Straight Truck			
Tractor and Semi-trailer			
Tractor and two trailers (doubles)			
Tractor and Three trailers (triples)			
Total CDL experience	Total years /		Total Miles/

List special courses / training completed (PTD / DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Date Received CDL certification: month _____ year _____

Accident Record for the past three years (attach sheet if more space is needed)

Date of Accident	Nature of accidents (Head on, rear end, upset, etc)	Location of Accident	# of # of people	
			Fatalities	Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description) ? Yes No
- D. Have you ever been convicted of a felony? Yes No
- If the answer to A,B,C, or D is "Yes", give details _____

Personal References

List three Persons for references (other than family members), who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Employment History (continued)

Give a complete record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ to _____ Name _____
Position held _____ Address _____
(street) (city) (state/zip)
Reason For Leaving _____ Phone # () _____
Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ to _____ Name _____
Position held _____ Address _____
(street) (city) (state/zip)
Reason For Leaving _____ Phone # () _____
Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ to _____ Name _____
Position held _____ Address _____
(street) (city) (state/zip)
Reason For Leaving _____ Phone # () _____
Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ to _____ Name _____
Position held _____ Address _____
(street) (city) (state/zip)
Reason For Leaving _____ Phone # () _____
Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

* The federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on highway or interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more. (2) is designed or used to transport nine or more passengers: or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

To be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

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

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

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It Is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Applicant Signature _____ **Date** _____

Remarks (for office use only)

MERCER TRUCKING COMPANY, INC.
LIFETIME CONVICTION DISCLOSURE STATEMENT

As part of my application for a position with Mercer Trucking Company as a truck driver, I understand I may be required to cross the Canadian border in the course of my employment. Criminal convictions have been used as the basis to deny entry into Canada. In recognition of this fact, I hereby disclose that I have the following criminal convictions. Please include misdemeanor offenses if they involve firearms, domestic violence, DUI's, and juvenile offenses. If none, please state "NONE".

OFFENSE	DATE
<hr/>	
EXPLAIN	
<hr/>	
<hr/>	

OFFENSE	DATE
<hr/>	
EXPLAIN	
<hr/>	
<hr/>	

OFFENSE	DATE
<hr/>	
EXPLAIN	
<hr/>	
<hr/>	

I understand a failure to answer this disclosure truthfully may be grounds for termination of my employment. I understand that listing any and all convictions will not necessarily prevent me from being employed by Mercer Trucking Company Inc. This information will be kept confidential and not shared with any other parties without my consent.

SS# _____ PRINT NAME _____
DATE _____ SIGNATURE _____

DISCLOSURE and RELEASE

In connection with my application for employment with Mercer Trucking Company, I understand consumer reports which may contain public record information may be requested from third parties. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies and state provided driving records. I also understand that a claims history report may be requested from Great West Casualty Company. This report may include the following information with regard to my driving history, accident dates, state of accident location and a brief description of the accident.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY A THIRD PARTY TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to a third party, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information. I also reserve the right to the names of any recipients who have received the above information within the two year period preceding my request. I also have the right to make a request to Great West Casualty Company, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request. I hereby authorize procurement of consumer reports. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

SS# _____ PRINT NAME _____
DATE _____ SIGNATURE _____

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER
INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of motor carrier for a continuous period which began before January 1, 1971.

- * (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years.
- * (a)(2) an investigation of the driver's employment record during the preceding three years.
- * (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- * (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- * (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of employment application and any accidents the previous employer may wish to provide.
- * (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application on a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within 5 business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 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.

Drivers wishing to request correction of erroneous information in records must request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of the document.

Driver's Signature _____ Date _____
Driver Name (printed) _____



Phone (800)541-3529 Fax (509)533-5103

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to MERCER TRUCKING CO., INC. for purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

I hereby authorize my previous employer to release and forward all information on my Alcohol and Controlled Substances Testing/Training records and any other records requested to MERCER TRUCKING CO., INC. in compliance with Section 382.405 (f through h) and Section 382.413 (a through g).

SS# _____ (print full name) X _____

Date _____ (applicant's signature) X _____

APPLICANT- DO NOT COMPLETE ANYTHING BELOW THIS LINE

Dear Sir/Madam:

The below individual has applied to MERCER TRUCKING CO., INC. for a position as a Driver and states that he/she was employed by _____ as _____

from _____ to _____.

Name of applicant _____ Social Security # _____

We appreciate your time in completing, in confidence, the information requested below.

Sincerely, MERCER TRUCKING CO., INC.

1. Employed from _____ to _____ as _____ (OTR/REGIONAL/LOCAL DRIVER)

2. Did he/she drive a commercial vehicle for you? ___ Yes ___ No
Straight Truck ___ Tractor/Semi-Trailer ___ Bus ___ Other? (Specify) _____

3. Was he/she Subject to FMCSR's? ___ Yes ___ No Was he/she Subject to DOT D&A ___ Yes ___ No

4. Reason for leaving you company: Discharged _____ Resignation _____ Lay Off _____ Military Duty _____

5. Was his/her general conduct satisfactory? _____ Eligible for Rehire? _____

Driving Record Request

Driving records are available for a **\$13 non-refundable fee for each record.**

For validation only

106-060-421-0005

- **To purchase your own driving record online** login to License eXpress at dol.wa.gov/licenseexpress.html. You can print it or save it and it's available for 24 hours if you need to print it again.
- **To purchase by mail, use this form.** If you are requesting a driving record for an employee, prospective employee, or volunteer, you must get an **Abstract of Driving Record Release of Interest** form from the driver before making your request. Keep the Release of Interest in your files. Do not mail it to us.

We will send the record to you or the individual or company you indicate below. Allow 10 business days for processing.

Mail this form and the non-refundable fee for each record in a check or money order payable to Department of Licensing to:

Driver Records
 Department of Licensing
 PO Box 3907
 Seattle, WA 98124-3907

If you have additional questions, contact customer service at (360) 902-3900, option 6.

Requestor information

PRINT or TYPE Requestor name		(Area code) Daytime telephone number
How would you like the driving record(s) sent? <i>(Choose one)</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		<i>*We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.</i>
Email or (Area code) Fax number delivery information		
U.S. mail delivery <i>(Individual/Company name)</i>		
Mailing address <i>(Street address or PO Box, City, State, ZIP code)</i>		

Drive record requested

PRINT or TYPE Name <i>(Last, First, Middle initial)</i>	
Date of birth	Washington driver license number
Type of record requested <i>(If more than one record type selected, include \$13 for each additional record)</i>	
Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:	
<input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies.	
<input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies.	
<input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies.	
<input type="checkbox"/> Employment record —Used by employers to determine employment eligibility.	
<input type="checkbox"/> Volunteer/Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.	
<input type="checkbox"/> Complete record —A complete driving record of the person named on the driving record.	

I certify under penalty of perjury that I am entitled by federal or state laws to obtain an abstract of the driver record of the individual requested.

Date and place signed (city or county)

X

Signature

If requesting additional drive records, attach separate sheets using this format. **Include \$13 non-refundable per record.**

RCW 46.52.130, 18 USC Chapter 123

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name Mercer Trucking Company Inc.	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name Curtis Bowe	Title Operations/Safety
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____	X _____
Date and place signed	Authorized representative signature

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from		
<input checked="" type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment		
<input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed		
<input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Mercer Trucking Company Inc.		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
_____		_____
Signature		Date



Phone (800)541-3529 Fax (509)533-5103

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to MERCER TRUCKING CO., INC. for purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

I hereby authorize my previous employer to release and forward all information on my Alcohol and Controlled Substances Testing/Training records and any other records requested to MERCER TRUCKING CO., INC. in compliance with Section 382.405 (f through h) and Section 382.413 (a through g).

SS# _____ (print full name) X _____

Date _____ (applicant's signature) X _____

APPLICANT- DO NOT COMPLETE ANYTHING BELOW THIS LINE

Dear Sir/Madam:

The below individual has applied to MERCER TRUCKING CO., INC. for a position as a Driver and states that he/she was employed by _____ as _____

from _____ to _____.

Name of applicant _____ Social Security # _____

We appreciate your time in completing, in confidence, the information requested below.

Sincerely, MERCER TRUCKING CO., INC.

1. Employed from _____ to _____ as _____ (OTR/REGIONAL/LOCAL DRIVER)
2. Did he/she drive a commercial vehicle for you? ___ Yes ___ No
Straight Truck ___ Tractor/Semi-Trailer ___ Bus ___ Other? (Specify) _____
3. Was he/she Subject to FMCSR's? ___ Yes ___ No Was he/she Subject to DOT D&A ___ Yes ___ No
4. Reason for leaving you company: Discharged _____ Resignation _____ Lay Off _____ Military Duty _____
5. Was his/her general conduct satisfactory? _____ Eligible for Rehire? _____

**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 _____ (“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 _____ (“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.

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 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.

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

LAST UPDATED 12/22/2015

DRIVER APPLICANT DRUG AND ALCOHOL (PRE-EMPLOYMENT STATEMENT)

CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past 2 years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of return-to-duty process.

(See section 40.25(b)(5) and (e).

Applicant Name: _____ **SS Number** _____
(Please print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 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?
 Yes No
2. If you have answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?
 Yes No

My signature below certifies that the information provided is true and correct.

Applicant signature: _____ **Date:** _____

**CONTROLLED SUBSTANCE & ALCOHOL TESTING
INFORMATION ACKNOWLEDGEMENT / CONSENT FORM**

As a condition of employment with Mercer Trucking Company, Commercial Motor vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-accident – Section 382.303	Random-Section 382.305	Reasonable Suspicion - Section 382.307
Return to duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until the driver completes the Substance Abuse Professionals (SAP) evaluation and referral to educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: Also refer to DOT / SAP database for current list of DOT certified SAP's.

Name	Address	Phone #
Adept Assessment / Shana Windhorst	1321 N Ash St/ Spokane, WA	(509) 327-3120
William Ellis	Yakima, WA	(509) 452-1000
Tara Mohoney	Ellensburg, WA	(541) 276-1022
Kim Funderburk	Richland, WA	(509) 240-2644

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

Further, I understand it is the policy of Mercer Trucking Company, Inc. that all persons, men or women, considered for employment with this company will, at Mercer's expense, have a pre-employment physical and drug test at the office of our designated medical provider.

The results of these tests will be strictly confidential. The only parties to know the results of these tests will be the attending physician, the drug lab technician, the prospective applicant, Steven E. Hanning, President of Mercer Trucking, Mike Mitchell, Operations Manager and may be forwarded to a third party administrator without further consent.

The results of these tests, positive or negative, will in no way guarantee employment with this company.

I _____ have read the above controlled substances and
(Print name)
alcohol testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Applicant's signature)

(date)

(Employer Representative)

(copy must be given to applicant)

**CONTROLLED SUBSTANCE & ALCOHOL TESTING
INFORMATION ACKNOWLEDGEMENT / CONSENT FORM**

As a condition of employment with Mercer Trucking Company, Commercial Motor vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-accident – Section 382.303	Random-Section 382.305	Reasonable Suspicion - Section 382.307
Return to duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: Also refer to DOT / SAP database for current list of DOT certified SAP's.

Name	Address	Phone #
Adept Assessment / Shana Windhorst	1321 N Ash St/ Spokane, WA	(509) 327-3120
William Ellis	Yakima, WA	(509) 452-1000
Tara Mohoney	Ellensburg, WA	(541) 276-1022
Kim Funderburk	Richland, WA	(509) 240-2644

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

Further, I understand it is the policy of Mercer Trucking Company, Inc. that all persons, men or women, considered for employment with this company will, at Mercer's expense, have a pre-employment physical and drug test at the office of our designated medical provider.

The results of these tests will be strictly confidential. The only parties to know the results of these tests will be the attending physician, the drug lab technician, the prospective applicant, Steven E. Hanning, President of Mercer Trucking, Mike Mitchell, Operations Manager and may be forwarded to a third party administrator without further consent.

The results of these tests, positive or negative, will in no way guarantee employment with this company.

I _____ have read the above controlled substances and alcohol testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

(Print name)

(Applicant's signature)

(date)

(Employer Representative)

(applicant copy)