



## Driver Application for Employment Instructions

Each application form must be completed by the applicant, must be signed by the applicant, and contain the following information

- The applicant's name, address, date of birth, and social security number
- The addresses at which the applicant has resided during the **three years** preceding the date on the application
- Indicate the date on which the application was submitted
- The issuing state, number, and expiration date of each unexpired motor vehicle operator's license or permit that has been issued to the applicant
- Describe the nature and extent of the applicant's experience in the operation of motor vehicles, including the types of motor vehicles that applicant has operated
- A list of all motor vehicle accidents in which the applicant was involved during the **three years** preceding the date the application was submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused
- A list of all violations of motor vehicle laws or ordinances (other than parking) of which the applicant was convicted or forfeited bond or collateral during the **three years** preceding the date of the application
- A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant or a statement that no such denial, revocation, or suspension has occurred
- A list of the names and addresses of the applicant's employers for **10 years** preceding the date of application for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reason for leaving such employment
- The following certification and signature line, which must appear at the end of the application form and be dated and signed by the applicant: *"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."*



**DRIVER'S APPLICATION FOR EMPLOYMENT** (Please use pen)

*Frate Inc. is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status.*

Please exclude any information, which may indicate your race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle  
 (List addresses of residency for the past three years)

Current Address \_\_\_\_\_  
 Street City  
 State Zip Phone Number How long \_\_\_\_\_

Previous Address \_\_\_\_\_  
 Street City State Zip How long \_\_\_\_\_

Previous Address \_\_\_\_\_  
 Street City State Zip How long \_\_\_\_\_

Previous Address \_\_\_\_\_  
 Street City State Zip How long \_\_\_\_\_

Date of Birth (required for commercial drivers) \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?  YES  NO  
 If yes, please explain (a conviction is not an absolute bar to employment but will be considered as it relates to fitness and \_\_\_\_\_ ability \_\_\_\_\_ to \_\_\_\_\_ perform \_\_\_\_\_ the job. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Accident History

Accident record for past 3 years or more (attach sheet if additional space is needed). If none, write NONE

Dates	Nature of accident (Head on, rear-end, upset, etc.)	Fatalities	Injuries

### Traffic convictions and Forfeitures

Traffic Convictions and forfeitures for the past 3 years (other than parking violations). If none, write NONE

Location	Date	Charge	Penalty

(Attach sheet if additional space is needed)

### License Information

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below

\_\_\_\_\_ 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

If the answer to A or B is YES, attach statement-giving details.

### Driving Experience (if none, write NONE)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight truck				
Tractor and Semi Trailer				
Tractor—two trailers				
Motorcoach—School bus				
Other				

List States operated in for the last 5 years \_\_\_\_\_

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

Which safe driving awards do you hold and from whom? \_\_\_\_\_

### Education Information

School Name -- High School, College, Technical	City	State	Graduated
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO

If you did not graduate from high school, did you complete the G.E.D.? [ ] YES [ ] No

**EXPERIENCE AND QUALIFICATIONS—OTHER**

Show any trucking, transportation, or other experience that may help in your work for this company:

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List education, training courses and prior military other than those shown elsewhere in this application:

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List special equipment or technical materials you can work with (other than those already shown):

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**TO BE READ AND SIGNED BY APPLICANT**

Please read this section.

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

I understand and agree that Frate Inc. or its authorized representative may verify all information furnished in this application. I waive any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to Frate Inc. I further authorize all individuals and organizations named in this application to give Frate Inc. all information relative to such verification. I hereby release such individuals and organizations and Frate Inc. from any and all liability for any claim or damage resulting therefrom.

I understand that Frate Inc. is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. If hired, nothing in this application shall restrict my right as an employee or Frate has the right as an employer to terminate my employment at any time.

Signature (sign, do not print) \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR DRUG TESTING**

I understand, as required by Federal Motor Carrier Safety Regulation (FMCSR) Part 382.405 (f and h) through 382.413, the company shall obtain, pursuant to my consent acknowledged with my signature below, information on my alcohol test with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, if any, which were maintained by my previous employers.

I hereby consent to submit to pre-employment, random, post-accident, and reasonable suspicion drug and alcohol testing as required by FMCSR Part 382, Subpart C and Frate Inc. policy.

Signature (sign, do not print) \_\_\_\_\_ Date \_\_\_\_\_

*Frate, Inc.*  
*1335 Donaldson Highway, Erlanger, KY 41018*  
*Erlanger, KY 41018*  
*859-586-3800/859-586-2601*

ADDITIONAL EMPLOYMENT DATA

EDUCATION:

HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE COMPLETED: 9 10 11 12

EDUCATION CONTINUED:

TRADE SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DATES: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DATES: \_\_\_\_\_

OTHER JOB-RELATED SCHOOLING, LICENCES, CERTIFICATIONS, ETC.:

INSTITUTION NAME: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

## NOTICE REGARDING BACKGROUND INVESTIGATION

### IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

Frate Inc. may, upon execution of this authorization, investigate the information contained in your employment application and/or other background information, the results of which will be used as one factor in making employment decisions. Thus, you may be the subject of "consumer reports" and/or "investigative consumer reports" requested by the Company from an outside agency. These reports may be obtained at any time after receipt of your authorization and throughout your employment.

A "consumer report" may contain information obtained from an outside agency on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living, which will be used to establish your eligibility for employment. An "investigative consumer report" may contain information about your character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others who may have knowledge concerning any such items of information.

Pursuant to the Fair Credit Reporting Act, you have certain rights, which are explained in the attached "A Summary of Your Rights Under the Fair Credit Reporting Act." You have the right, upon written request made within a reasonable time after receipt of this notice, to obtain information from the Company:

- (1) As to whether an investigative consumer report has been requested;
- (2) If an investigative consumer report has been requested, written disclosure of the nature and scope of the investigation requested, and;
- (3) The name and address of the outside agency to who requests for any of these reports has been made.

In the event that information from the report is utilized in whole or in part in making an adverse employment decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these forms.

I hereby authorize the Company to obtain "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and throughout my employment.

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Availability to work sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the times and days available to work

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
	*** Please note this is availability sheet not a request sheet

Activities that may conflict with information above:

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Thanks for your cooperation-----Frate Holding









**\*\*\*\*\*Please fill out the top portion of the following duplicate sheets for past employers that you have worked for in trucking industry for the last three years, as this is a DOT requirement to have in your personal and DOT work file.**

## Request for Information from Drivers Previous Employer

The below named applicant is being considered for employment with Frate Inc. as listed your organization as a former employer. Per 391.23, 382.413 / 40.25 and 390.5 of the Federal Motor Carrier Safety Regulations, potential employers must obtain verification and previous employers must furnish information on employment, drug and alcohol testing results, and vehicle accidents from the previous three years. This information must be obtained within 30 days of a safety-sensitive function performed by the driver. Please furnish this information within the regulated time frame. Information provided will be treated in confidence. Please complete and fax this form to: 859-

Applicant Name	Social Security #
Previous Employer	Telephone #
Address	Fax #
City	State / Zip
Applicant Signature	Date

### Record of Employment (To be completed by previous employer)

Position held: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
(Mo./Yr.) (Mo./Yr.)

What type of equipment driven: Tractor/trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Doubles \_\_\_\_\_ Other \_\_\_\_\_

**Accident information:** A list of all accidents as defined in 390.5 of the FMCSR (Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003)

Date of accident/s: \_\_\_\_\_ (Use back of form to supply information for multiple accidents)

City or town, or most near, where accident occurred and the State: \_\_\_\_\_

Number of injuries: \_\_\_\_\_ Number of fatalities: \_\_\_\_\_

Were hazardous materials, other than fuel spill from the fuel tanks of motor vehicle involved in the accident, released? \_\_\_\_\_

**Furnish copies of all accident reports required by State or other governmental entities or insurers**

Has this person ever tested positive for drugs or alcohol? [ ] YES [ ] NO

Has this person ever refused to submit to a drug or alcohol test? [ ] YES [ ] NO

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the past two years? [ ] YES [ ] NO

Has applicant violated any other DOT agency's drug and alcohol regulations? [ ] YES [ ] NO

Have you received information from a previous employer that this applicant Violated any DOT drug and alcohol regulations? [ ] YES [ ] NO

If you answered YES to any of the above drug and alcohol questions, please provide the name and phone number of the contact that can confirm test dates and results \_\_\_\_\_

To your knowledge, was this driver's license suspended while in your employ? \_\_\_\_\_ If so, explain \_\_\_\_\_

Printed name and title of person supplying information \_\_\_\_\_ / \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Request for Information from Drivers Previous Employer

The below named applicant is being considered for employment with Frate Inc. and has listed your organization as a former employer. Per 391.23, 382.413 / 40.25 and 390.5 of the Federal Motor Carrier Safety Regulations, potential employers must obtain verification and previous employers must furnish information on employment, drug and alcohol testing results, and vehicle accidents from the previous three years. This information must be obtained within 30 days of a safety-sensitive function performed by the driver. Please furnish this information within the regulated time frame. Information provided will be treated in confidence. Please complete and fax this form to: (859)

Applicant Name	Social Security #
Previous Employer	Telephone #
Address	Fax #
City	State / Zip
Applicant Signature	Date

### Record of Employment (To be completed by previous employer)

Position held: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
(Mo./Yr.) (Mo./Yr.)

What type of equipment driven: Tractor/trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Doubles \_\_\_\_\_ Other \_\_\_\_\_

**Accident information:** A list of all accidents as defined in 390.5 of the FMCSR (Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003)

Date of accident/s: \_\_\_\_\_ (Use back of form to supply information for multiple accidents)

City or town, or most near, where accident occurred and the State: \_\_\_\_\_

Number of injuries: \_\_\_\_\_ Number of fatalities: \_\_\_\_\_

Were hazardous materials, other than fuel spill from the fuel tanks of motor vehicle involved in the accident, released? \_\_\_\_\_

**Furnish copies of all accident reports required by State or other governmental entities or insurers**

Has this person ever tested positive for drugs or alcohol?  YES  NO

Has this person ever refused to submit to a drug or alcohol test?  YES  NO

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the past two years?  YES  NO

Has applicant violated any other DOT agency's drug and alcohol regulations?  YES  NO

Have you received information from a previous employer that this applicant Violated any DOT drug and alcohol regulations?  YES  NO

If you answered YES to any of the above drug and alcohol questions, please provide the name and phone number of the contact that can confirm test dates and results \_\_\_\_\_

To your knowledge, was this driver's license suspended while in your employ? \_\_\_\_\_ If so, explain \_\_\_\_\_

Printed name and title of person supplying information \_\_\_\_\_ / \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Request for Information from Drivers Previous Employer

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Previous Employer	Telephone #
Address	Fax #
City	State / Zip
Applicant Signature	Date

### Record of Employment (To be completed by previous employer)

Position held: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
(Mo./Yr.) (Mo./Yr.)

What type of equipment driven: Tractor/trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Doubles \_\_\_\_\_ Other \_\_\_\_\_

**Accident information:** A list of all accidents as defined in 390.5 of the FMCSR (Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003)

Date of accident/s: \_\_\_\_\_ (Use back of form to supply information for multiple accidents)

City or town, or most near, where accident occurred and the State: \_\_\_\_\_

Number of injuries: \_\_\_\_\_ Number of fatalities: \_\_\_\_\_

Were hazardous materials, other than fuel spill from the fuel tanks of motor vehicle involved in the accident, released? \_\_\_\_\_

Furnish copies of all accident reports required by State or other governmental entities or insurers

Has this person ever tested positive for drugs or alcohol? [ ] YES [ ] NO

Has this person ever refused to submit to a drug or alcohol test? [ ] YES [ ] NO

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the past two years? [ ] YES [ ] NO

Has applicant violated any other DOT agency's drug and alcohol regulations? [ ] YES [ ] NO

Have you received information from a previous employer that this applicant Violated any DOT drug and alcohol regulations? [ ] YES [ ] NO

If you answered YES to any of the above drug and alcohol questions, please provide the name and phone number of the contact that can confirm test dates and results \_\_\_\_\_

To your knowledge, was this driver's license suspended while in your employ? \_\_\_\_\_ If so, explain \_\_\_\_\_

Printed name and title of person supplying information \_\_\_\_\_ / \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# DRIVERS CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding twelve months. (Section 391.27)

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral, on account of any violation, which must be listed, he/she shall so certify. (Section 391.27)

## COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of driver: (print)		Social Security #:	
Home Terminal: (City and State)	Driver's License #	State	Expiration Date

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of conviction	Offense	Location	Type of Motor Vehicle

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

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Driver's Signature)

**\*\*\*DRIVER - DO NOT WRITE BELOW THIS LINE\*\*\***

## ANNUAL REVIEW AND EVALUATION OF DRIVER'S RECORD

(To be completed by Corporate Safety Department)

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her (per Section (391.27)), has been reviewed for the past 12 months.

Action taken \_\_\_\_\_

Motor Carrier's Name and Address: Frate Inc.  
1335-Donaldson Rd  
Erlanger, Ky 41018

Reviewed by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

# DRIVERS MANDATORY NOTIFICATION

- PLEASE READ CAREFULLY BEFORE SIGNING -

## §383.31 Notification of convictions for driver violations.

(a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.

(b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to §383.31(a).

(c) Notification. The notification to the State official and employer must be made in writing and contain the following information:

- (1) Driver's full name;
- (2) Driver's license number;
- (3) Date of conviction;
- (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
- (5) Indication whether the violation was in a commercial motor vehicle;
- (6) Location of offense; and
- (7) Driver's signature.

## §383.33 Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

PLEASE PRINT

NAME (IN FULL) \_\_\_\_\_

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF CONVICTION \_\_\_\_\_

SPECIFY OFFENSE/VIOLATION \_\_\_\_\_

VIOLATION IN A COMMERCIAL MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION OF OFFENSE: (Nearest) \_\_\_\_\_

STATE \_\_\_\_\_

WAS YOUR LICENSE SUSPENDED, REVOKED OR CANCELED AS A RESULT OF CONVICTION? \_\_\_\_\_

IF YES, FOR HOW LONG? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PREVIOUS PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT


(FOR DRIVER'S OPERATING A COMMERCIAL MOTOR VEHICLE 26,001 POUNDS OR GREATER)

Part 40.25 (j) states "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/she had a positive test or a 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.


Prospective Employee Name: \_\_\_\_\_  
(print)

Social Security Number: \_\_\_\_\_

The prospective employee is required by Part 40.25 (j) of the FMCSR to respond to the following questions:

 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

 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.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ALCOHOL / DRUG TESTING REGULATIONS**  
**Part 382 of the Federal Motor Carrier Safety Regulations (FMCSR)**

**TO: All Frate Inc. (Company\*) Commercial Drivers Who Operate Any Motor Vehicle Will be subject to Company Drug Testing Policies**

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In order to enhance highway transportation safety, Congress passed the Omnibus *Transportation Employee Testing Act*. The Act requires the FHWA to establish regulations requiring commercial motor vehicle drivers to be tested for the use of controlled substances and the misuse of alcohol. The alcohol test will be performed by a certified Breath Alcohol Technician who will utilize an Evidential Breath Testing Device (breathalyzer). Both alcohol and controlled substance test will be done at a DHHS certified testing facility.

**ALCOHOL USE MEANS:** The consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

**ALCOHOL PROHIBITIONS:** The alcohol regulations prohibits any alcohol misuse that could affect a driver's performance to safely operate a commercial vehicle, to include:

- 1) Use while performing safety – sensitive functions
- 2) Use during the 4 hours prior to performing safety – sensitive functions
- 3) Reporting for or remaining on duty to perform safety – sensitive functions with an alcohol concentration of .02 or greater is considered a violation of the Company's alcohol / substance abuse policy and will result in disciplinary action, up to and including termination.
- 4) Possession on Company premises or vehicles, of alcohol including medicines containing alcohol (cough medicine and prescription drugs).

**A DRIVER IS PROHIBITED FROM USING ALCOHOL DURING THE 8 HOURS FOLLOWING AN ACCIDENT, OR UNTIL HE/SHE UNDERGOES A POST ACCIDENT TEST, WHICHEVER COMES FIRST.**

**Consequences of a Diluted Specimen:** When the specimen is unsuitable for testing because it is diluted, the employee must provide another sample. If the second sample is also unsuitable for testing, this result will be considered unsatisfactory under this policy, and grounds for immediate termination or a withdrawal of an employment offer

**What does dilute mean?** A dilute specimen is a urine specimen that has a greater concentration of water than that of a normal urine specimen. A dilute specimen is generally caused by oral hydration of fluids and is usually clearer in appearance than normal urine. It is possible that a specimen could be dilute due to inadvertent over-hydration, several medications taken by the donor or existing medical conditions. However, it is also possible that the donor has intentionally over-hydrated or water-loaded, to avoid the detection of the presence of drugs in the specimen.

**ALCOHOL / DRUG TESTING REGULATIONS Cont...**  
**Part 382 of the Federal Motor Carrier Safety Regulations (FMCSR)**

- 1) Jim Glover (phone 859-801-6972) is the designated contact for any questions concerning this material for all Company and IC drivers.
- 2) All commercial drivers who operate a vehicle greater than 26,000 #'s are subject to the Alcohol / Drug regulations to include: full-time, part-time, and the occasional driver.
- 3) Safety – sensitive function means any on-duty function performed by a driver to include: driving, inspecting, servicing, unloading or loading a commercial motor vehicle.
- 4) A Company driver will be tested for controlled substances for the following: pre-employment, random, reasonable suspicion, post-accident, follow-up and return to duty.
- 5) A Company driver will be tested for alcohol for the following: random, reasonable suspicion, post-accident, follow-up and return to duty.
- 6) Any driver having an alcohol concentration, upon the confirmation test of .02 or greater, or confirmed positive substance abuse test will result in disciplinary action up to and including termination.
- 7) Upon termination, the Company will advise the driver of resources available in evaluating and resolving problems associated with the misuse of alcohol and the use of a controlled substance, including the names, addresses, and telephone numbers of Substance Abuse Professionals (SAP) and counseling and treatment programs. (An assessment by a SAP will be required for a driver to retain their CDL).
- 8) However, as with any Company associate, a driver who voluntarily request assistance from management for a drug and alcohol problem, will be given an opportunity to seek rehabilitation. A driver cannot operate a commercial vehicle until they have completed a treatment program, and have passed a return to duty alcohol and/or drug test.
- 9) Refusal, by a Company driver, to submit to an alcohol and/or drug test will be considered a positive test and the driver will be terminated.

**REFUSAL TO SUBMIT TO AN ALCOHOL / DRUG TEST MEANS:**

- 1) A driver fails to provide adequate breath for testing without a valid medical explanation after he/she has received notice of the requirements for breath testing in accordance with the regulations.
- 2) A driver fails to provide adequate urine for controlled substance testing without a valid medical explanation after he/she has received notice of the requirements for controlled substance testing in accordance with the regulations.

***The undersigned states that he/she has read the foregoing acknowledgement and understands the contents.***

\_\_\_\_\_  
Drivers name – PRINT

\_\_\_\_\_  
Location

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

\_\_\_\_\_  
Date

# New Hiree Notice

Notice:

If hired and you decide to quit in the first 90 days of employment, Any Costs for a drug screen, DOT physical, background check, MVR, training, etc. will fall back on you. It will be deducted from your last pay check or you will receive a letter for payment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_



## Employee Notice:

**Frate Inc.** has always been a company that will always help any employee to better themselves financially and to further their career in the trucking business. We will always help them to upgrade their truck license from class D to a **Class A or B**. Not only is it beneficial to them in making more money but also to Frate, with more and more customers wanting larger trucks and wanting to ship more weight.

We will help the employee once they take the written test by letting them use our equipment for the driving tests, and also give them one on one training with a skilled driver. During this process it is costing Frate money that we are investing in your future as **our employee**.

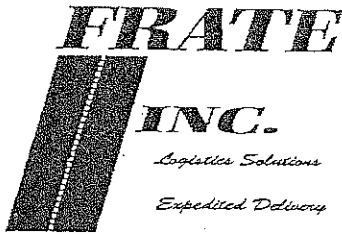
Once we help the employee with the training and the up-grade of their license, in return we are expecting this employee to maintain a loyal employment relationship with Frate for at least two years.

If you did this training on your own the cost would be thousands of dollars out of pocket. If any employee after being trained by Frate would leave **before that two year period is up**, a \$200.00 training fee would be deducted out of their last payment checks.

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Witness: \_\_\_\_\_



Dear Candidate:

You are a candidate for a position with Frate Holding Inc.

The Human Resource department at Frate Holding will be processing your application and background check.

Employment is contingent on favorable references and acceptable background checks, including drug test results.

Should you have any questions regarding this process, please do not hesitate to contact Human resources dept. or Don Lonnemann at (859-586-3800).

We look forward to a long and successful relationship.

Sincerely,

Frate Holding

I \_\_\_\_\_, UNDERSTAND THE CONTINGENCY OF THE ABOVE OFFER  
(PRINT NAME) AND I AM STILL INTERESTED IN EMPLOYMENT WITH  
FRATE HOLDING.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_