

NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987.

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

TO BE RETAINED BY MOTOR CARRIER

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID# _____

I further certify that the above commercial vehicle license is the only one held _____; or that I have surrendered the following license to the states indicated.

State _____ Type/Class _____ ID# _____

State _____ Type/Class _____ ID# _____

Driver's Signature _____ Date _____

CLARK & REID COMPANY, INC.

Consent & Release Form

I authorize investigation of all statements contained herein and release Clark & Reid Company, Inc. from any liability resulting there from. I certify that this application is accurate and I understand that any misrepresentation or omission of facts called for in the Application for Employment is cause for dismissal, if employed.

I agree to take a pre-placement physical examination to determine whether I am, with reasonable accommodation, capable of performing the essential functions of the position applied for. My failure to provide correct information during the course of the pre-employment physical will be considered cause for dismissal, if employed. I also understand that Clark & Reid Company, Inc. will require a drug-screening test as part of the pre-placement physical.

If employed, I agree to comply with all Clark & Reid policies and procedures.

I understand that any employment arising from this application does not imply any contractual relationship and that any employment is terminable at-will by Clark & Reid unless otherwise specifically agreed upon in writing.

Applicant's Name (Please Print) _____

Applicant's Signature _____

Date _____



Clark & Reid

EXECUTIVE MOVING SERVICES

ONE DUNHAM ROAD • BILLERICA, MA 01821-5728

Applicant Drug & Alcohol Release Form

I hereby authorize Online Employment Verification Services to release information from my Department of Transportation regulated drug and alcohol testing records by my previous employers listed below:

<u>Previous Company(s) Worked For</u>	<u>City</u>	<u>State</u>

To the requesting employer / individual: _____
City: _____ State : _____ Phone: _____

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

X _____
Driver Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

**** Incomplete forms will not be accepted ****

In compliance with FMCSA regulation 391.23 part (f)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: i) You have the right to review information provided by previous employers; ii) You have 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; iii) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the prospective employer. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST & VEHICLE ACCIDENT 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 a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents a successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name:
(Print)

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

VEHICLE ACCIDENT INFORMATION

Driver/Applicant Must Select at Least One of the Following:

- I have not been involved in any DOT reportable accidents in the past three (3) years.
 I have been involved in a DOT reportable accident(s) in the past three (3) years.
 I have not worked with a previous employer in a CDL capacity during the past three (3) years.

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

Prospective Employee Signature:

Date:

APPLICANT/EMPLOYEE DISCLOSURE AND RELEASE FOR
PROCUREMENT OF A CONSUMER REPORT

In connection with your application for, or continued employment with Clark and Reid, we may procure a consumer report (background check) on you as part of the process of considering your candidacy as an employee. In addition, be advised that we may conduct a reference check. This reference check, also known as an investigative consumer report, may include information as to your character, general reputation, personal characteristics, and mode of supplied by you, or by others that can assist with providing the aforementioned information. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential or continued employment, 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 (FCRA).

Please be advised that you have the right to request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.

By your signature below, you hereby authorize Clark and Reid to obtain a consumer report and/or investigative report about you in order to consider you for employment.

Applicant's Name: _____

Alias or Maiden Names Used in the Past 7 Years: _____

Applicant's Address: _____

City / State / Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License State and Number: _____

Signature: _____ Date: _____

NOTICE TO ALL CALIFORNIA RESIDENTS:

If you would like a copy of the consumer report produced by easybackgrounds.com, please check the following box.

Signature: _____ Date: ____/____/____

California, Minnesota and Oklahoma Residents Only:

If a consumer credit report is ordered, do you want a free copy mailed to you? Yes No

Signature: _____ Date: ____/____/____

VIOLATION AND REVIEW RECORD

Driver's Name: _____

(Please Print or Type)

1. CERTIFICATION OF VIOLATIONS

I certify that the following is 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 36 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any required to be listed during the past 36 months.



(Date of Certification) (Driver's Signature)

Clark & Reid Company, Inc. One Dunham Road Billerica, MA 01821
(Motor Carrier's Name) (Motor Carrier's Address)

(Reviewed by: Signature) (Title)

2. 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 in accordance with Section 391.27, has been reviewed for the past 36 months.

Action taken:

Clark & Reid Company, Inc. One Dunham Road Billerica, MA 01821
(Motor Carrier's Name) (Motor Carrier's Address)

(Reviewed by: Signature) (Title) (Date)