Dear Sir/Madam,

Thank you for your interest in Erwin Brothers Specialized. We have an exceptional team of dedicated drivers and look forward to adding good, quality candidates when needed. Before filling out the application, it is important to understand the type of employee we are seeking. This understanding prior to completing the application may save both of us time if you determine you are not the right candidate for the position. Our culture is one that both employees and management aim to protect through great attitudes towards safety and each other. We are a team. Please read the expectations below in which management and your fellow drivers will expect from you:

- Focus on safety.
- Good Communication
- Great Work Ethic
- Work 12-14hrs a day and weekends.
- Drivers who are motivated
- Teamwork
- Great Attitude
- Pulling your weight
- Holding yourself accountable
- Honesty

If you possess the above qualities, then there is a good chance you will fit in. Our drivers protect the company because they enjoy working here due to the low turnover rate, we pay good, and they appreciate management and the culture of the company. The following attributes listed below ARE NOT what we are looking for in an employee.

- Milking the clock
- Not pulling your weight which causes others to pick up your slack.
- Poor work history
- Poor attitudes – Their toxic and we avoid them at all costs.
- Does not take care of equipment.
- Thieves
- Laziness

Bottom Line: To work for Erwin Brothers, you must bring your game. We want professionals. If you feel our culture is a good fit for you. Please fill out the application and email back. We will then send your information through our insurance company for their blessing. If they qualify you and we feel you are a good fit, we will proceed to the next step.

Please use this form when ordering driving records for new drivers.

BRANDS INSURANCE AGENCY, INC.

P.O. BOX 62287 – CINCINNATI, OH 45262-0287 – PHONE (513) 777-7775 – FAX (513) 777-7782 – WWW.BIAL.COM

REQUEST FOR DRIVING RECORD

I, _____ request that Brands Insurance order a copy
(Please Print Name)
Of my driving record so that I can be considered for employment by:

Erwin Brothers, LLC _____ Division.

I authorize Brands Insurance to request a copy of my driving record from the State of: _____ and forward a copy of my abstract to my potential employer via FAX or E-MAIL. I further authorize Brands Insurance to forward a copy of my driving abstract to the insurance company that underwrites the coverage for my potential employer.

_____ _____ _____
Driver License Number Years of Experience Date of Birth

_____ _____
Signature of Driver Date

PLEASE FAX MVR REQUEST TO: 513-755-5796

DRIVER EMPLOYMENT APPLICATION

Erwin Brothers- 10501 State Route 118 Ansonia, Ohio 45303

Phone # 937-337-6701 Email- m.east@erinbrostrucking.com

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVOIUSLY HELD LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT(MOST RECEN T) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

Fourth (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

Fifth(MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

Sixth (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

Seventh(MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

Eighth (MOST RECENT) EMPLOYER					
		PHONE			
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Attention CDL Drivers:

The DOT Drug & Alcohol Clearinghouse arrives January 6, 2020

What is it? An online database providing employers, licensing agencies, and enforcement officers with real-time information about truck and bus drivers who have violated DOT drug or alcohol testing rules. Employers must check the Clearinghouse when hiring each new CDL driver and *every year* for existing CDL drivers like you. **The Clearinghouse will affect you in several ways:**

1 You will need to register on the Clearinghouse website (available Fall 2019) in order to comply with item #2 below. Registration is optional unless you switch employers or have a DOT drug or alcohol violation. Registration will give you free access to your own Clearinghouse record.

clearinghouse.fmcsa.dot.gov

2 You will need to go to the Clearinghouse to grant electronic consent whenever your employer is required to purchase a full Clearinghouse report on you. You will not be allowed to continue operating a commercial motor vehicle (CMV) or perform other safety-sensitive duties if you refuse to grant this consent (§382.703(c)).

3 You will need to sign a separate consent form (annually or one-time) to allow your employer to obtain "limited" Clearinghouse reports that indicate whether there is information about you in the Clearinghouse (if there is, then a full report will be required – see #2 above) (§382.701(b)).

4 If you commit any of the following DOT violations or complete any of the following steps after January 6, 2020, it will be reported to the Clearinghouse:

- ☐ Any verified positive, adulterated, or substituted drug test
- ☐ Any confirmed alcohol test result of 0.04 or higher
- ☐ Any refusal to submit to a DOT-required test
- ☐ Any verified and documented "actual knowledge" that you violated the drug/alcohol rules:
  - Any on-duty alcohol use, including any citation for DUI/DWI while driving a CMV
  - Any alcohol use within 4 hours before going on duty
  - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
  - Any prohibited drug use while on duty
- ☐ Successful completion of the return-to-duty process following treatment*
- ☐ Any negative return-to-duty test*
- ☐ Successful completion of follow-up testing*

**Only reported if the underlying violation occurred after January 6, 2020.*

5 You will be notified whenever information about you in the Clearinghouse is added, removed, or revised. You can specify how you want to be contacted when you register.

I hereby acknowledge receiving educational information about the CDL Drug & Alcohol Clearinghouse as required under §382.601(b)(12).

Driver's name: _____ Date: _____

Driver's signature: _____

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RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/ DRIVER REQUIRED BY PART 40.25(j).

Part 40.25(j) requires Employers to ask Applicant/ Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past three (3) years.

NAME_____ DATE _____

SOCIAL SECURITY #_____

Applicant/Driver please answer items listed below.

A. During the past three (3) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

B. During the past Three (3) years have you refused to test on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

_____

_____

_____

_____

Date: _____ Name (print)_____

Signature of Applicant/Driver _____

Witness _____

Record keeping requirements: If "yes" to either question- 5-year retention.
If "no" to both questions- discard after employment terminates.

DRUG & ALCOHOL CLEARINGHOUSE
ACKNOWLEDGEMENT AND CONSENT

I, _____, hereby authorized Erwin Brothers Specialized, LLC to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with Erwin Brothers Specialized, LLC ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR part 382 for the above-named carrier.

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

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

I further understand that if a full query needs to be conducted, I have 24 hours to provide my consent via the Clearinghouse website. Failure to do so will result in Erwin Brothers Specialized, LLC removing me from safety-sensitive functions and driving a commercial motor vehicle as required by FMCSA's drug and alcohol program regulations.

_____ _____

Driver Signature Date

_____ _____

Witness Date

DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this, we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. **Please read carefully and sign in the space provided if you meet these qualifications.** If you meet these qualifications, an in-depth background investigation will be conducted, and a hiring decision will be made.

1. Must be at least twenty-three (23) years of age.
2. Must have at least one (2) year of verifiable all-weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (2) year of verifiable all-weather straight truck experience in the past three (3) years if applying for a straight truck position.
3. Must not have had a D.W.I or D.U.I conviction in the past five (5) years. There can be no current pending D.W.I or D.U.I charges.
4. No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.
5. No more than three (3) minor or two (2) major moving violations in the last three (3) years.
6. No more than three (3) minor accidents in the last five (5) years.
7. Possess only one (1) driver's license and it must be from the state of residence.
8. Fill out the application completely to include ten (10) years of employment history.
9. You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.

I, _____ the undersigned, meet the above qualifications and further agree to abide by all company policies. Misrepresentation on the application will result in immediate termination.

_____ _____

Signature Date

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 Erwin Brothers Specialized, LLC ("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 Erwin Brothers Specialized, LLC ("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 2/11/2016

ERWIN BROTHERS SPECIALIZED

ALCOHOL & DRUG ABUSE POLICY

Statement of Purpose & Policy

Drivers are an extremely valuable resource for ERWIN BROTHERS SPECIALIZED business. Their health and safety are a serious Company concern. Drug or Alcohol use may pose a serious threat to driver health and safety. It is therefore the policy of ERWIN BROTHERS SPECIALIZED to prevent substance use or abuse from having an adverse effect on drivers contracted by ERWIN BROTHERS SPECIALIZED. ERWIN BROTHERS SPECIALIZED maintains that the work environment is safer and more productive without the presence of alcohol, illegal or inappropriate drugs in the body or on company property. Furthermore, drivers have a right to work in an alcohol and drug free environment and to work with drivers free from the effects of alcohol and drugs. **DRIVERS WHO ABUSE ALCOHOL OR USE DRUGS ARE A DANGER TO THE GENERAL PUBLIC, THEIR CO-WORKERS, THEIR FAMILY, COMPANY ASSETS AND MOST IMPORTANTLY...THEMSELVES!**

The Federal Government has recognized the adverse impact of substance abuse by drivers. The Federal Highway Administration (FHWA) has issued regulations that require ERWIN BROTHERS SPECIALIZED to implement a controlled substance testing program. ERWIN BROTHERS SPECIALIZED will comply with these regulations and is committed to maintaining a drug-free work place. ALL DRIVERS are advised that remaining drug-free and medically qualified to drive are conditions of maintaining contracts with ERWIN BROTHERS SPECIALIZED.

It is the policy of ERWIN BROTHERS SPECIALIZED that the use, sale, purchase, transfer, possession or presence in one's system of any controlled substance (except medically prescribed drugs)by any driver while on company premises, engaged in company business, while operating equipment leased to or owned by ERWIN BROTHERS SPECIALIZED, any on- duty time while under ERWIN BROTHERS SPECIALIZED authority is **STRICTLY PROHIBITED**. The FHWA states the mandatory testing must apply to every person who operates a commercial motor vehicle in intrastate or interstate commerce and is subject to the CDL licensing requirement.

The execution and enforcement of this policy will follow set procedures to screen body fluids (urinalysis), conduct breath testing, and/or search all present operators and all potential driver applicants for alcohol and drug use. Those drivers suspected of violating this policy and who are involved in a U.S. Department of Transportation (DOT) recordable accident who are periodically or randomly selected are subject to these procedures. These procedures are designed not only to detect violations of this policy, but also to ensure fairness to each driver. Every effort will be made to maintain the dignity of drivers or driver applicants.

DICIPLINARY ACTION WILL HOWEVER BE TAKEN AS NECESSARY IN CONJUNCTION WITH REQUIRED/ MANDATED FEDERAL LAW.

Neither this policy nor any of its terms are intended to create a contract of employment or to contain the terms of any contract of employment. ERWIN BROTHERS SPECIALIZED retains the sole right to change, amend, or modify any term or provision of this policy without notice. This policy is effective immediately and will supersede all prior policies and statements relating to alcohol or drugs.

PURPOSE:

The purpose of this policy is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial vehicles. This would cover all current drivers and any potential driver applicants. ERWIN BROTHERS SPECIALIZED alcohol and drug program administrator designed to monitor, facilitate, and answer questions pertaining to these procedures are MIKE ERWIN, Safety Director.

DEFINITIONS:

Words and or phrases used in this section are defined in parts 382 through 399 and part 40 of the Federal Motor Carrier Safety Regulations.

"Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.

"Alcohol concentration (or contents)" means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

"Alcohol use" means the consumption of any beverage, mixture, or preparation including any medication, containing alcohol.

"Commerce" means (1) any trade, traffic or transportation within the jurisdiction of the United States between a place in a State and a place outside of such State, including a place outside of the United States and (2) trade, traffic, and transportation in the United States which affects any trade, traffic, and transportation described in paragraph (1) of this definition.

"Commercial motor vehicle" means a motor vehicle or combination of motor vehicle used in a commerce to transport passengers or property of the motor vehicle

1. Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
2. Has a gross vehicle weight rating of 26,001 or more pounds; or
3. Is designed to transport 16 or more passengers, including the driver; or
4. Is of any size and is used in the transportation of materials found to be hazardous for the purpose of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

_____ _____

Signature Date

ERWIN BROTHERS SPECIALIZED, LLC
ALCOHOL & DRUG ABUSE POLICY
ADDENEDUM

DOT DRUG & ALCOHOL CLEARINGHOUSE

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the FMCSA's drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually.

Beginning January 6, 2020, Erwin Brothers Specialized, LLC will be required to conduct electronic queries in the Clearinghouse on new and current CDL drivers.

New Drivers
Erwin Brothers Specialized, LLC must conduct a pre-employment full query for a prospective employee in the Clearinghouse prior to hiring the employee for a position requiring them to perform safety-sensitive functions, such as operating a CMV. Prospective drivers **must** be registered for the Clearinghouse in order to give consent for this query.

Current Drivers
Erwin Brothers Specialized, LLC must conduct a limited query on all drivers at least once annually. If the limited query returns that records were found, a full query **must** be conducted on the driver within 24 hours, or the driver will not be allowed to continue operating a CMV and must be removed from safety-sensitive functions.

Erwin Brothers Specialized, LLC is now also required to report drug and alcohol violations to the Clearinghouse per 382.705. The following information will be reported:

- Any verified positive, adulterated, or substituted drug test;
- Any confirmed alcohol test result of 0.04 or higher;
- Any refusal to submit a DOT-required test;
- Any verified and documented "actual knowledge" that you violated the drug/alcohol rules:
    - Any on-duty alcohol use, including any citation for DUI/DWI while driving a CMV
    - Any alcohol use within 4 hours before going on-duty
    - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
    - Any prohibited drug use while on-duty
- Successful completion of the return-to-duty process following treatment;
- Any negative return-to-duty test
- Successful completion of follow-up testing.

The Clearinghouse will notify the driver using the method indicated during the driver's Clearinghouse registration-either mail or email-any time information about the driver is added, revised, or removed. If the driver has not yet registered for the Clearinghouse, these notifications will be sent by mail using the address associated with the driver's CDL.

Drivers are not required to register for the Clearinghouse. However, a driver will need to be registered to provide electronic consent in the Clearinghouse if Erwin Brothers Specialized, LLC needs to conduct a full query of the driver's Clearinghouse record.

A driver must be registered to electronically view the information in their own record.

At any time, if the driver disagrees with information on their Clearinghouse record they may challenge it. The following information may be challenged by the driver:

- The accuracy of the information reported;
- Report of employer's actual knowledge the driver received a traffic citation for driving a CMV while under the influence of drugs or alcohol if it did not result in a conviction;

To challenge what the driver believes to be inaccurate they may submit a petition via FMCSA's DataQ's system. The FMCSA will review the petition and notify the driver of decision to remove, retain, or correct information in the Clearinghouse and the reason for the decision. If the driver believes a petition decision was made in error, they may submit a request for an Administrative Review.

Accuracy of test results and refusals may not be challenged.

The FMCSA takes the protection of personal information very seriously. The Clearinghouse will meet all relevant Federal Security Standards and FMCSA will verify the effectiveness of the security protections on a regular basis.

- Clearinghouse information will not be available to the public; only authorized users will be able to register and access the Clearinghouse for designated purposes.
- The Clearinghouse will require authentication, via a login.gov username and password, to access records. Login.gov, a shared service which offers online access to participating government systems, also requires the completion of a user verification process to ensure the proper person is using those credentials.
- Drivers registered in the Clearinghouse will be able to access their Clearinghouse records at any time, and at no cost to them. Drivers will only be able to access their own information, not information about other drivers.
- FMCSA will only share detailed drug and alcohol violation information with a prospective or current employer, and/or their designated consortium/third-party administrator (C/TPA), when an employer or designated C/TPA has requested and received specific consent from the driver. Drivers will be able to see the information that would be released to an employer before consenting to the release.
- Driver information will only be used by FMCSA and other enforcement agencies as required to enforce drug and alcohol testing regulations.

I hereby acknowledge receiving educational information about the CDL Drug & Alcohol Clearinghouse as required under 382.601(b)(12).

_____ _____

Driver Signature Date

EMPLOYMENT VERIFICATION (Background Check)

Printed Name _____ Social Security _____

Applicant Complete

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed below, to the POTENTIAL motor carrier. This release is in accordance with DOT Regulation 40 CFR Part 40. Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations: 5. Information obtained from previous employers of a drug and alcohol rule violation. 6. Documentation, if any, of completion of the return to duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 591.22, 382.405 (l) & 382.413(b) for the 3 years preveding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Applicant Signature: _____ Date: _____

Past Employer Complete

Past Employer: _____ Contact Name: _____

Address: _____ Phone #: _____

City, State, Zip: _____ Fax #: _____

Previous Employer: The aber's driver has made application with our Company and states that s/he worked for you in the past. We appreciate your time completing, in confidence, the information requested below. Please update your prorpalty information above if any errors and use another sheet if necessary. Thank you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? ☐ Yes ☐ No If yes, what type: _____

4. 3 YEAR ACCIDENT HISTORY ☐ No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				☐ Y ☐ N					☐ Y ☐ N
				☐ Y ☐ N					☐ Y ☐ N

Was s/he a: ☐ company driver ☐ contractor ☐ contractor's driver

5. Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Lay-off ☐ Military Duty ☐ Other:

6. Would you re-employ this person? ☐ Yes ☐ No ☐ Upon Review _____

In the 3 years prior to the employee's dated signature shove, for DOT regulated testing did the employee have:

7. Alcohol tests with a result of 0.04 or higher? ☐ Yes ☐ No

8. Verified positive drug tests? ☐ Yes ☐ No

9. Any refusals to be tested? ☐ Yes ☐ No

10. Other violations of DOT agency drug & alcohol testing regulations? ☐ Yes ☐ No

11. Did a previous employer report a drug and alcohol rule violation to you? ☐ Yes ☐ No

12. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
☐ Yes ☐ No ☐ Uncertain

13. ☐ No safety performance history exists for this driver with our company

If "YES" to #12, you must provide the previous employer's report. If you answered "YES" to #13, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Condition of Employment Agreement

I understand that:

- The equipment that I will be using is Erwin Brothers' property and will be used for work-related purposes only.
- I will take proper care of all company equipment that is given to me and will be responsible for reporting to my supervisor should any damage or issues that may occur during its use, and document on my daily inspection report.
- In the event that an accident occurs, the device is stolen, or stops working under reasonable wear and tear conditions, I shall immediately notify my supervisor.
- Additionally, I understand that upon the termination of my employment, I will return all Erwin Brothers' property and that each piece of equipment will be returned in its correct working order.
- I understand I will be compensated for returning the company vehicle to its offices in Ansonia, Ohio upon termination. If I refuse to return equipment, I agree to pay $2.25 per round trip mile plus retrieving driver wages to retrieve the vehicle.
- In the case that the equipment is not returned in the time given by my supervisor, the company has the right to delay or withhold my final payment until the equipment is proven to be successfully returned in good condition.
- Failure to return equipment will be considered theft and may lead to criminal prosecution by Company.

By signing below, I acknowledge that I have reviewed each point of this agreement and agree to all the conditions above.

_____ _____

Employee Name Employee Signature

_____ _____

Manager/Supervisor Date