

# DRIVER APPLICATION

Company: **Inter-Mountain Express - IMX Transport**

## APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for: **OTR Driver**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SS# \_\_\_\_\_

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

\*MEDICAL CARD/EXP DATE \_\_\_\_\_

**\*WE NEED COPY OF MVR**

## 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

## EMPLOYMENT HISTORY:

Give a **COMPLETE RECORD** of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer

From: \_\_\_\_\_ To: \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company phone ( ) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company 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

(Attach additional sheets for 10-year history, if needed.)

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## DRIVING EXPERIENCE

Class of Equipment From - To Approximate Number of Miles

Temperate Controlled Trailer#

Dry Vans#

Flat Bed#

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident Nature of Accidents

Location of

Accident

# of

Fatalities # of People Injured

(Head on, rear end, etc)

Traffic Convictions and Forfeitures for the last (5) years (other than parking violations):

Date Location Charge Penalty

Driver's License (list each driver's license held in the past (5) years:

State License Type Endorsements 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

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

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

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## Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## 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 obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person 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 in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I will be on a probationary period for 30 days. 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)

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: \_\_\_\_\_

To: \_\_\_\_\_

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

\_\_\_\_\_ has applied at our company for a position as \_\_\_\_\_  
 And states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicle for you? Passenger \_\_\_\_\_ Straight truck \_\_\_\_\_  
 Bus \_\_\_\_\_ Tractor/Semitrailer \_\_\_\_\_ Other (Specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharge \_\_\_\_\_ Laid Off \_\_\_\_\_ Resign \_\_\_\_\_  
 Remarks: \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

\_\_\_\_\_  
 Name of former Employer

\_\_\_\_\_  
 Date

You are hereby authorized to give to \_\_\_\_\_

\_\_\_\_\_  
 Name of Prospective Employer

All information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date

**REQUEST FOR MVR BASED ON  
PERMISSIBLE USE #13 OF THE DPPA**

This form shall be used by persons making requests for a driver record (MVR - Motor Vehicle Report) under U.C.A. 53-3-104. The form shall be completed by any requester who requires the written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to 'permissible uses' articulated in the federal Driver Privacy Protection Act (DPPA).

**PERSON REQUESTING THE MVR**

Please type or print all information.

Name of Requester \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
Name of Company (if applicable) \_\_\_\_\_ Date of request \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(Street) City/State ZIP

Certification Statement: I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. §§ 2721-2724).

\_\_\_\_\_  
(Signature of person requesting driving record)

☐ Fee of \$6.00 enclosed.

**PERSON TO WHOM THE MVR PERTAINS**

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. §§ 2721-2724, concerning the following person:

Name \_\_\_\_\_  
(Last) (First) (Middle) (Date of Birth)

Driver License Number \_\_\_\_\_ Address (if available) \_\_\_\_\_

**APPROVAL OF THE PERSON TO WHOM THE MVR PERTAINS**

I am the individual to whom the MVR pertains and am the subject of the record. I grant permission for the above requester to receive a copy of my Utah driver license record (MVR) from the Utah Driver License Division.

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

Sworn and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_  
In the county of \_\_\_\_\_ State of \_\_\_\_\_

Notary Signature \_\_\_\_\_  
Notary Public Seal or Stamp

Notary expires: \_\_\_\_\_

<b>DLD USE ONLY</b>
Date received _____
DLD employee _____

**RELEASE FOR INFORMATION FROM PREVIOUS  
EMPLOYER OF ALCOHOL AND CONTROLLED  
SUBSTANCE TESTING**

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

Address: \_\_\_\_\_

The person identified below is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 382. Pursuant to 49 CFR 382.413, with the driver's written consent, we request the results of related testing of this individual will be in your control. The Federal regulations mandate that we receive your reply within 14 days from request.

**REQUESTED PERSONS INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

CDL Information: \_\_\_\_\_  
Number State Class Endorsements

**RELEASE:** I hereby authorize release of information to the inquiring named company.

\_\_\_\_\_  
Driver Signature

**Test Results:** Please provide the results and date of most recent drug/alcohol tests, or indicate that driver was not subject to requirements.

Alcohol	Date: _____	Results: Neg _____	Pos _____
Controlled Substance	Date: _____	Results: Neg _____	Pos _____
Reason not subject to drug/alcohol testing _____			
Person filling out form _____		_____	
Print Name		Signature	

PLEASE RETURN THIS INFORMATION TO: (PLEASE MARK MAIL CONFIDENTIAL).

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 15, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$550 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/wf](http://www.irs.gov/wf).

## Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A \_\_\_\_\_
- B Enter "1" if: . . . . . B \_\_\_\_\_
- You are single and have only one job; or
  - You are married, have only one job, and your spouse does not work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_
- F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . F \_\_\_\_\_
- G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
  - If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . . G \_\_\_\_\_
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2015</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
City or town, state, and ZIP code		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . .		8 Employee's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	
Employee's signature (This form is not valid unless you sign it.) ►		Date ►		10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2015)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details.	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8		
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1.	9		
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		

**Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)**

**Note.** Use this worksheet only if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i> )	1	
2	Find the number in Table 1 below that applies to the <b>LOWEST</b> paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.	3	
<b>Note.</b> If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the <b>HIGHEST</b> paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$8,000	0	\$0 - \$8,000	0
8,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 28,000	3	26,001 - 34,000	3
28,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$600	\$0 - \$39,000	\$600
75,001 - 135,000	1,000	39,001 - 85,000	1,000
135,001 - 205,000	1,120	85,001 - 180,000	1,120
205,001 - 380,000	1,320	180,001 - 395,000	1,320
380,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: \_\_\_\_\_  
To: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will  
in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped  
self-addressed envelope.

Very truly yours,  
Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semitrailer \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_  
Remarks: \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

(Detach here for your records)

(Name of Former Employer)

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

You are hereby authorized to give to \_\_\_\_\_  
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and  
all liability which may result from furnishing such information to the above named company.

**RELEASE FOR INFORMATION FROM PREVIOUS  
EMPLOYER OF ALCOHOL AND CONTROLLED  
SUBSTANCE TESTING**

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

Address: \_\_\_\_\_

The person indentified below is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 382. Pursuant to 49 CFR 382.413, with the driver's written consent, we request the results of related testing of this individual wile in your control. The Federal regulations mandate that we receive your reply within 14 days from request.

**REQUESTED PERSONS INFORMATIONS**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

CDL Information: \_\_\_\_\_  
Number State Class Endorsements

**RELEASE:** I hereby authorize release of information to the inquiring named company.

\_\_\_\_\_  
Driver Signature

**Test Results:** Please provide the results and date of most recent drug/alcohol tests, or indicate that driver was not subject to requirements.

Alcohol	Date: _____	Results: Neg _____	Pos _____
Controlled Substance	Date: _____	Results: Neg _____	Pos _____
Reason not subject to drug/alcohol testing _____			
Person filling out form _____		_____	
Print Name		Signature	

**PLEASE RETURN THIS INFORMATION TO: (PLEASE MARK MAIL CONFIDENTIAL)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

<b>Preparer and/or Translator Certification</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.)
--

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below:

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:               <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

## **Inter-Mountain Express, Inc.**

### **Driver Rules and Regulations**

**Conduct:** As an employee of Inter-Mountain Express, Inc. you are a representative of Inter Mountain Express, Inc and will be expected to conduct yourself accordingly. Our work is for the public, **so no matter what the circumstances**, they are to be treated with the utmost respect and consideration at all times. You do not argue with the customer or bystander. You do to your foreman. He will handle the matter from there.

**Under no circumstances are you to negotiate the dispute!**

**Drugs or Alcohol:** Inter-Mountain Express, Inc. has no tolerance for drugs or alcohol. Alcohol, illegal drugs, or any contraband found on you or if you are using illegal drugs or alcohol during work hours, there will be cause for immediate dismissal.

**Sick Days or Emergencies:** if you are ill or have an emergency it is your responsibility to call your foreman /manager the night before or as soon as you know so that a replacement may be found. Calling the office and leaving a voicemail is not accepted and will be marked on your payroll record of a no show. You must contact your foreman or manager. Failure to show up for work without notification will result in disciplinary action.

**Scheduled Time Off:** Should you need to schedule time off for personal reasons, you must get approval from your foreman at least one week prior to your absence. Time off request must be filled out, signed by foreman and turned into the office.

**Pay Days:** Pay period begins on Monday through Sunday, all paperwork must be turned in by Thursday in order to be paid on that pay period. Your pay checks will be direct deposited on Fridays.

**Equipment:** Each Driver will have his/her own equipment. It is your responsibility to get the training you need to operate the equipment properly and safely. If you doubt any piece of equipment and how to operate it properly talk to your foreman to get trained properly before you use it. If an item is missing, lost or damaged due to abuse or neglect, the person(s) responsible will be charged for repairs or replacement. Your foreman will have final say of how the Driver will be responsible for the equipment.

**Repairs & Maintenance:** If any piece of equipment is not operating properly report it to your foreman immediately. Repairs or maintenance not reported will be responsibility of that Driver. Any abuse or negligent treatment of the equipment causing undue damage will be charged to the person(s) responsible. The mechanic will have final say of equipment damage and who is responsible for the damage. To ensure that you are maintaining all equipment properly is sure to inform your foreman of any problems. Drivers must complete daily inspections and report any and all problems directly to mechanic.

**Please read carefully:** Our Trucks and Trailers and everything else we use to complete our work are what make our money. It is monitory that your pretrip inspections are completed properly. If something needs maintenance or repaired this **MUST** be reported to your foreman immediately. If you are unsure of the daily maintenance of any piece of equipment check with your foreman or mechanic to get properly trained. You are responsible that the equipment is running properly, safely and is kept in good condition to complete the daily task. -Our Equipment is going to have problems, this is normal and expected war and tear that is going to occur, but if we can maintain and be pro-active and take care of the smaller items as they arise, we can hopefully eliminate the bigger or major problems that will come from neglect and abuse.

**Damage to Property:** Any individual causing damage to any customers or any other person's property while on Inter-Mountain Express time or with any of their equipment due to abuse or negligence will be charged accordingly and the cost to

Repair the situation will be taken out of the employees paychecks unless arrangements can be made. **All damages done to customer's property must be reported to the Foreman immediately. Failure to do this will result in disciplinary action.**

**Driver will be held responsible for any and all damages. Deductions will be held from the final pay check.**

**Safety Equipment:** Safety precautions must be observed fully at all times. Any negligent actions will result in a disciplinary action. **Safety Equipment should be used at all times.** Your Safety Equipment is you're Flares, Fire extinguisher, and also your Safety vest. You must take care of all your equipment; if replacement is needed for anything you must notify your foreman. You will be charged for equipment replacement due to abuse or negligence. Also, you will be charged for any penalties that occur due to the reason that you were not following safety rules.

**Injury Reporting:** All employees who suffer a work-related injury must follow the injury reporting procedures as follows:

All work-related injuries, no matter how minor, must be reported to your foreman on the same shift during which the injury occurred. If it is life and death situation go immediately to the nearest hospital or call 911.

If your injury occurs after office hours, and you are not able to obtain the First injury Report seek medical attention then notify the office first thing in the morning.

**Dress Code:** Pants with no holes, no pajama bottoms and Shirts with sleeves and no holes and closed toe shoes.

**Inappropriate attire:**

Tank tops

Baggy Pants; some baggy pants pose as a safety hazard. Pants can become hooked or snagged on equipment and could cause severe injuries. Your foreman will have the final judgment.

You are a representative of Inter-Mountain Express, Inc. you are looked at everyday by potential customers please look the part.

**Driver's License:** In order to be a Driver or operator for Inter-Mountain Express, Inc. you must have a valid Drivers License. If you should have any driving tickets or any misconduct that will reflect upon your driving recorded, report this to your foreman. All drivers must authorize the release of MVR, which Inter-Mountain Xpress, Inc. will pull randomly throughout the year.

**Work Performed:** Here at Inter-Mountain Xpress, Inc, we strive for Excellent Customer Service. We expect at all times to complete all daily task with pride. We have the skills, knowledge and training to be efficient, effective and to complete task in the safest manner for our employees and customers.

**Disciplinary Action:** A violation of any of the rules or regulations may result in discipline up to and including discharge. Typically, the following penalty shall be attached for violation policy.

**First Violation:** Disciplinary Write up to become part of the employee file

**Second Violation:** Second Disciplinary write up to become part of employee's file with recommendation of discipline from foreman.

**Disciplinary Actions such as but not limited to the following:**

- A mandatory day off
- Agreement signed to pay for repairs or damage with payment plan to be deducted from employee's paycheck.
- Additional training in required area on the employee's time with signed note or certificate of training.

**Third Violation:** Termination of Employee

If you have any question s or concerns please talk to your foreman.

### **NEW LAW from UDOT/ Highway Patrol**

#### **Drivers are NOT Allowed to use Cell phones when driving.**

The final rule prohibits commercial drivers from using a hand-held mobile telephone while operating a commercial truck or bus. Drivers who violate the restriction will face federal civil penalties of up to \$2,750 for each offense and disqualification from operating a commercial motor vehicle for multiple offenses. Additionally, states will suspend a driver's commercial driver's license (CDL) after two or more serious traffic violations.

Commercial truck and bus companies that allow their drivers to use hand-held cell phones while driving will face a maximum penalty of \$11,000.

**Inter-Mountain Express will implement new rule within our policies and does not allow drivers to use handheld phones while commute. Drivers must communicate with Foreman's/ Manager and Office when truck/vehicle is parked or not operating.**

#### **Inspection Logs:**

Driver shall inspect each vehicle or piece of equipment on a daily basis before operation.

**Each Driver is responsible for the safe condition of the Vehicle.** Any Vehicle having steering or brake problems is not to be operated until mechanic has made repairs. Any other unsafe conditions are to be reported to the mechanic/or supervisor as soon as possible. Each Driver is to start a New Vehicle Inspection Log and turn in the signed off logs from the previous day for every truck driven as shown below:

- Truck#
  - Mileage
  - Trailer# (If hauling one)
  - Mark any & all defects when inspecting Vehicle
- \*If there are No Defects, mark the No Defects box  
\*SIGN & DATE THE FORM

I have read and fully understand the rules and regulations for Inter- Mountain Express, and disciplinary actions of Inter – Mountain Express, Inc. By signing this form below, I agree to follow the rules and regulations set out by Inter-Mountain Express. I understand this is a guideline to ensure safety for myself and others. Also the Keri Thomas has the final say of all rules, regulations and disciplinary actions.

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

Employee Printed Name: \_\_\_\_\_

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

## **Inter-Mountain Express**

### **Vehicle Policy**

Operation of this company and your personal vehicle use in your work for the company is a priority to us. This priority stems from four main factors.

1. Our concern for safety of persons and property of the general public.
2. Our concern for the well-being, health and safety of our employees.
3. Reductions of potential liability exposures that may have an adverse impact on the company's ability to continue in business.
4. The availability to obtain and maintain reasonably priced commercial automobile insurance with the coverage and coverage limits required by the company.

#### **I. General Vehicle Operation Policy**

##### **A. Conformity with Motor Vehicle Laws and Regulations**

Our employees are at all times to operate vehicles (company owned or personally owned) in conformity with the laws of the state in which the vehicle is operated. All motor vehicle laws and regulations must be followed at all times and violations of these laws and regulations are grounds for terminations.

##### **B. Licensing**

To operate any vehicle in the business of the company, an employee must hold a valid driver's license issued by the state in which the employee is employed.

##### **C. Vehicle Maintenance**

All vehicles used in the business of the company are to be maintained in good and sound mechanical condition, free of any defective equipment.

##### **D. Use of Seat Belts**

All drivers and passengers are to use seat belts at all times while operating vehicle on company business.

##### **E. Passengers**

Employees are not permitted to carry any passengers, other than authorized company employees, while operating a vehicle on company business.

## **II. Driver Policy**

### **A. Pre-Hire licensing & Motor Vehicle Recorded Requirements**

Prior to employment, a prospective driver must provide the company at the prospective driver's expense the following:

1. A copy of their current valid driver's licenses for the state in which they seek employment.
2. A copy of their current motor vehicles report from the state Department of Motor Vehicles and /or Licensing.
3. To be eligible for hire as a driver for the company, the prospective driver's motor vehicle record must receive approval from the company's insurance carrier and/or insurance representative.

### **B. Motor Vehicle Record Standards**

#### **1. Citations**

To be eligible for continued employment, an employee may not receive more than one minor vehicle citation of any kind during a three year period. A minor motor vehicle citation is considered a citation for speeding which does not exceed 10 mph over the posted speed limit.

If an employee should receive any major motor vehicle violations while employed as a driver for the company, this will be grounds for termination.

A major motor vehicle citation is any of the following:

- Reckless Driving
- Negligent Driving
- Driving Under the Influence
- Defective Equipment
- Illegal Turn
- Too Fast for Conditions
- Failure to Obey Road Signs or Signals

## **2. Accidents**

To be eligible for continued employment may not have more than one minor "at fault accident" during a three year period. A minor "at fault accident" which does not exceed \$5,000 in total bodily injury, property damage or physical damage to vehicle.

If an accident appears on a driver's motor vehicle record which driver claims to be "not-at-fault", it is the driver's responsibility to provide acceptable documentation that the accident was not at fault evidenced by receipts of payment of all damage from the accident in question by the other party or the other party's insurance carrier.

## **III. Ongoing Motor Vehicle Report Monitoring**

### **A. Newly Hired Drivers**

Continued employment as a driver of company is conditional upon the driver meeting the company driving standards. In the initial year of employment, the employee's authorizes the company to obtain copy of the employee's motor vehicles report on a calendar quarterly basis (optional- at employees expense) to verify that the employee to meeting the company's driving standards. Should it be discovered that the employee has received a minor violation or "at fault accident", the employee will be put on notice of the violations and the receipt of another minor violation or "at fault accident" within two (2) year period will be grounds for termination. Should the report reveal any major violation, the employee will be subject to immediate termination.

### **B. Drivers**

During your employment, the employee authorizes the company to obtain a copy of the employee's motor vehicle report every 3 months.

This report will be obtained in preparation of the company's commercial auto insurance renewal. If the employee has received a minor violation or "at fault accident" since the time of the last motor vehicle report, the employee will be put on notice of the violation and that receipt of another minor violation or "at fault accident" in the ensuing two (2) year period will be grounds for termination. Should be report reveal any major violation, the employee will be subject to immediate termination.

#### **IV. Use of Company Owned Vehicles**

Use of company-owned vehicles is subject to the direction of ownership or management. You may only use company vehicles in the course of your job activities for the company. No personal use of company vehicles is permitted. The Vehicle must be returned to company's office at the end of each shift with the keys for the vehicle to be given to ownership or management or placed in a pre-designated location.

#### **V. Insurance Requirements For Personally Owned Vehicles**

- A. For employees who regularly drive their personal vehicles on company business, it is a condition of employment that the employee maintain continuously in force liability insurance for the vehicle(s) used by the employee for business of the company. This insurance must meet the following standards:

1. Minimum Liability Limits of:

<i><b>Bodily Injury Limits</b></i>	\$100,000 per person
<i><b>Property Damage Liability</b></i>	\$300,000 per accident
	\$ 50,000 per accident

OR

***Single- Limit Bodily Injury & Property Damage Liability*** \$300,000 per accident

2. Policy must name & Client Name & as an additional insured, and provide the additional insured with 10 days prior notice of cancellation for any cause.
3. Employee must provide the company with evidence of the above coverage by means of either a copy of an endorsement to their auto insurance policy or a certificate of insurance.

- B. Should employee fail to provide evidence of the required insurance coverage, or should coverage lapse or be cancelled or non-renewed for any cause, the employee's ability to use their personal vehicle on company business shall be suspended.

#### **VI. Accident/Incident Reporting**

Should an employee be involved in a motor vehicle accident while company business, the employee is required to make an immediate report to ownership or management of the incident, regardless of fault.

At the time of the accident, the employee is required to obtain and provide the following information to ownership or management of the company:

1. Date and time of the accident
2. Location of the accident
3. Detailed description of the weather, road and lighting conditions at the time of the incident
4. Names, address, work and home phone number of any witness
5. Names, address work and home phone number, and insurance information of the parties involved in the accident
6. Make, model, year, and license plate number of vehicles involved in the accident

**DO NOT ADMIT FAULT!** Merely collect the above information and advise the other parties that you will report the incident to your insurance company as quickly as possible.

Please call the company office immediately after the accident or incident. If you cannot reach the company office by phone, please call the company's insurance agent:

Northland Insurance # 800-328-5972

**Inter- Mountain Express**

**Vehicle Policy**

I have received a copy and understand the Vehicle & Driver Policies and further Understand that compliance is condition of my continued employment.

Employee Name (Print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALCOHOL MISUSE  
&  
CONTROLLED SUBSTANCES USE**

Company Policy for:

**Drivers**

INTER- MOUNTAIN EXPRESS, INC

P.O. Box 1103

Tooele, Utah 84074

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- II. Applicability and Scope
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- VII. Circumstances for Testing
- VIII. Procedures for Testing
- IX. Reporting and Review of Controlled Substances Test Results
- X. Handling of Test Results, Record Retention and Confidentiality
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- XII. Referral, Evaluation and Treatment
- XIII. Company Disciplinary Action

## STATEMENT OF PURPOSE

INTER-MOUNTAIN EXPRESS, referred to hereafter as the company, of the employer, is committed to providing a safe work environment, fostering the well-being and health of its employees, and for making adequate provisions for the safety and health of its customers and the general public. This commitment is jeopardized when any driver of the company uses controlled substances or alcohol on the job, arrives to work with these substances present in his/her body, or possesses, distributes or sells controlled substances in the workplace. For this purpose, the company has developed this policy and will enforce its provisions.

The company has adopted all applicable Federal Motor Carrier Safety Regulations and company philosophies and procedures as company policy, based on the right and the independent authority of the company and its management to set company policy consistent with law. This policy is not intended to create a contract of employment nor does it contain terms of any contract of employment.

The purpose of the Federal Motor Carrier Safety Regulations concerning controlled substance use, alcohol misuse and testing is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substance by drivers of Commercial Motor Vehicles. The employer' obligation under the law is to promulgate a policy on the misuse of alcohol and use of

controlled substances and to explain the employer's policies and procedures with respect to meeting these requirements.

The person designated by the company to answer driver questions concerning alcohol misuse and controlled substances use is:

**Keri Thomas**

## II. APPLICABILITY AND SCOPE

This policy applies to every driver who operates a Commercial Motor Vehicle in interstate or intrastate commerce and is subject to the Commercial Driver License requirement. It is the responsibility of each regulated driver, their supervisors, managers and the employer to be familiar with and understand all applicable Federal Motor Carrier Safety Regulations and to be familiar with, understand and adhere to the provisions of this policy.

The execution and enforcement of this policy will follow set conditions and procedures designed not only to detect violations of this policy and the applicable regulations, but to ensure fair and equal treatment of drivers subject its provisions.

Collections of specimens for testing and the testing itself will be conducted as required by the applicable regulations. Prior to testing, the driver to be tested will be advised that he/she is being tested under the requirements of the Federal Motor Carrier Safety Regulations or under the requirements of company policy, or both. Every effort will be made to maintain the dignity and privacy of the driver or applicant driver subject to such testing.

Each driver must adhere to this policy when performing any safety-sensitive function and as otherwise required and specified herein. Safety-sensitive means all time from the time a driver begins to work or is required to be in readiness to work until he/she is relieved from work and all responsibilities for performing work.

### III. REQUIREMENT OF EMPLOYMENT AND PROHIBITED BEHAVIOR

All drivers subject to the provisions of this policy are advised that remaining drug free and medically qualified to perform safety-sensitive functions are conditions of employment with the company. The use, purchase, transfer, possession or presence in one's body of alcohol or controlled substance (for controlled substances, use will be defined as the presence of metabolites in bodily fluids), except medically prescribed drugs that do not interfere with an employee's ability to perform safety-sensitive functions, is strictly prohibited.

In addition to the applicable controlled substances testing requirements of the Federal Motor Carrier Safety Regulations, the company reserves the right to conduct company-wide controlled substances testing of its regulated drivers at any time, with or without notice.

Any Alcohol or controlled substance test required to be conducted by the applicable Federal Motor Carrier Safety Regulations or this policy will be paid for by the company, except for return-to-duty and/or follow-up testing.

### IV. ALCOHOL PROHIBITIONS

Alcohol, as defined in the Federal Motor Carrier Safety Regulations, is the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol. Alcohol use, as defined in the regulations, is the consumption of any beverage, mixture or preparations, including any medications, containing alcohol. Although alcohol is a legal substance, its misuse by drivers of commercial motors

vehicles is prohibited by law.

The Federal Motor Carriers Safety Regulations prohibits any alcohol misuse that could affect the performance of safety-sensitive functions.

▪ Alcohol Concentration (§382.209)

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. The employer, having actual knowledge that a driver has an alcohol concentration of 0.04 or greater, will not permit the driver to perform or continue to perform safety-sensitive functions.

On-Duty Use (§382.205)

No driver shall use alcohol while performing safety-sensitive functions. The employer, having actual knowledge that a driver is using alcohol while performing safety-sensitive functions, will not permit the driver to perform or continue to perform safety-sensitive functions.

▪ Pre-Duty Use (§382.207)

No driver shall perform safety-sensitive functions within four hours after using alcohol. The employer, having actual knowledge that a driver has used alcohol within four hours, will not permit the driver to perform or continue to perform safety-sensitive functions.

▪ Use Following An Accident (§382.209)

No driver required to take a post-accident alcohol test shall use alcohol for eight hours following the accident or until he/she undergoes a post-accident test, whichever occurs first.

Note: A driver found to have an alcohol concentration of 0.02 or greater, but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours. Under the Federal Motor Carriers Safety Regulations, no action will be taken against a driver based solely on test results showing an alcohol concentration of less than 0.04, except as provided for in this statement. However, the company having independent authority, reserves the right to take any action deemed necessary, that is otherwise consistent with law, relating to drivers test results showing an alcohol concentration of less than 0.04.

## V. CONTROLLED SUBSTANCES PROHIBITIONS

In accordance with the Federal Motor Carrier Safety Regulations and company - policy, the company will test for the following controlled substances: marijuana (THC), cocaine, opiates and its derivatives, amphetamines and its derivatives and phencyclidine (PCP).

No driver shall report for duty or remain on duty requiring safety-sensitive functions when the driver uses any controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle. The employer, having actual knowledge that a driver has used a controlled substance, will not permit the driver to perform or continue to perform safety-sensitive functions.

No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive for controlled substances. The employer, having actual knowledge that a driver has tested positive for controlled substances, will not permit the driver to perform or continue to perform safety-sensitive functions.

A driver using a controlled substance prescribed by a licensed medical practitioner who is familiar with the driver's work-related responsibilities must report such use to his/her immediate supervisor or dispatcher. At the discretion of the employer, the employee may be required to present written evidence that describes the effects such medication may have on the driver's ability to perform his/her safety-sensitive functions.

It is at the sole discretion of the company to determine if a driver will be temporarily removed from a safety-sensitive position due to the use of a controlled substance legally prescribed by a licensed medical practitioner. The driver, if so removed, and when possible, will continue to be paid and placed in a position that is not considered a safety-sensitive function. If no such position is available, then the affected driver will be put on medical leave. Whether the driver will be paid while on such leave is left solely to the discretion of the company.

#### VI. REFUSAL TO SUBMIT TO A TEST

Refusal by a driver to submit to a required alcohol or controlled substances test is prohibited by the Federal Motor Carrier Safety Regulations and this policy. The company will not permit any driver who refuses to submit to a required test to perform a safety-sensitive function, including driving a commercial motor vehicle. Additionally, any driver who refuses to submit to a required test will be subject to company disciplinary action or to possible dismissal from employment as set forth in this policy.

Behavior that constitutes a refusal to submit to a test includes: refusal to take the test, inability to provide sufficient quantities of breath or saliva for alcohol testing or urine for controlled substances testing without a valid medical explanation, tampering with or attempting to adulterate the specimen or interfering with the collection procedure, not immediately reporting to the collection site or leaving the scene of an accident without a valid reason before tests have been conducted.

## VII. CIRCUMSTANCES FOR TESTING

The Federal Motor Carrier Safety Regulations requires that alcohol and controlled substances tests be given to drivers in specific circumstances, including: pre-employment (for controlled substances only), post-accident, random, reasonable suspicion, return-to-duty and follow-up. Time spent in conjunction with required testing procedures will be considered "on-duty time."

### • Pre-Employment Testing (§382.301)

Pre-employment testing for controlled substances is required prior to the first time a driver performs safety-sensitive functions for the company. No company manager or supervisor will allow a driver to perform a safety-sensitive function unless a controlled substance test result has been received from a medical review officer indicating a verified negative test result.

Pre-employment testing for controlled substances is exempted if:

- 1- The driver has participated in a drug testing program within the previous 30 days; and
- 2- While participating in that program the driver either was tested within the past six month (from the date of the application with the company); or
- 3- Participated in a random testing program for the past 12 months (from the date of application with the company); and
- 4- The employee ensures that no prior employer has records of a violation of the DOT controlled substances use rules within the previous six months.

If a driver-applicant is exempt from pre-employment testing, then the company will obtain the following information from the applicant's previous employer(s):

1. Name and address of the drug and alcohol testing program(s);
2. Verification that the driver-applicant participated in the program(s);
3. Verification that the program(s) conformed to the regulations;
4. Verification that the driver-applicant is qualified under the regulations and has not refused to be tested for alcohol and controlled substances;
5. The date the driver was last tested for alcohol or controlled substances; and
6. The results of any test within the last six months and any violations of concerning prohibited conduct.

▪ **Post Accident Testing (§ 382.303)**

Post-accident testing for alcohol and controlled substances will be performed as soon as practicable following an accident involving a company's Commercial Motor Vehicle operating on a public road in commerce. The test will be performed by the employer, or his agent, on each surviving company driver:

1. Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
2. Who receives a citation under State or local law for moving traffic violation arising from the accident, if the accident involved:
  - (a) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
  - (b) One or more motor vehicles incurring disabling damage as a result of

the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

### Alcohol Tests.

Post-accident testing for alcohol must be administered within two hours following the accident. If an alcohol test is not administered within two hours, the employer must prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the accident, the employer will cease attempts to administer an alcohol test and must prepare and maintain the same records as to the inability to perform the test.

### Controlled Substances Tests.

Post-accident testing for controlled substances must be administered within 32 hours following the accident. If the test cannot be administered within 32 hours, then the employer will cease attempts to administer the test and prepare and maintain on file a record stating the reasons that the test was not promptly administered.

A driver who is subject to post-accident testing will remain readily available for such testing or may be deemed by the employer to have refused to submit to testing. Such refusal will be treated as a positive test result. Nothing in this regulation will be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary medical care.

In the rare event that a post-accident test is administered by Federal, State or local officials, who have independent authority for testing, then the results of the test(s) will be considered to meet the requirements for post-accident testing provided such tests conform to applicable Federal, State or local

requirements and that the results of the test(s) are obtained by the employer.

The employer will provide drivers with necessary post-accident information, procedures and instructions prior to the driver operating the company's commercial motor vehicle, so that the drivers will be able to comply with the post-accident testing requirements.

For any accident which does not require post-accident testing under the Federal Motor Carrier Safety Regulations, the company reserves the right to require a driver to be tested for both alcohol and/or controlled substances if, as a result of the accident:

- a. There is a collision of any company vehicle or equipment with another occupied vehicle or with any kind of structure;
- b. The driver or any other person sustains injuries of any kind;
- c. Damage occurs to company property or equipment;
- d. Damage occurs to property or equipment not owned by the company;  
or
- e. Any vehicle involved in the accident is towed away from the scene, even if a citation is not issued to the driver.

▪ Random Testing (§382.305)

The company conducts random testing for alcohol and/or controlled substances through a consortium. The number of drivers to be tested is calculated on the total number of drivers covered by the consortium who are subject to random alcohol and/or controlled substances testing:

The minimum annual percentage rate for random alcohol testing will be

10 percent of the average number of driver positions in the consortium's regulated pool; and

The minimum annual percentage rate for random controlled substances testing will be 50 percent of the average number of driver positions in the consortium's regulated pool.

The Federal Highway Administrator may increase or decrease the minimum annual percentage rate for alcohol and/or controlled substances testing based on the reported violation rate for the entire industry and such changes will be reflected by timely adjustments to this policy.

Random testing for alcohol and controlled substances will be based on a scientifically valid method of selection to ensure that every member of the consortium's pool has an equal chance to be selected each time a selection is made. Random testing will be unannounced and spread reasonably throughout the calendar year.

The company will ensure that each driver who is notified of selection for random testing will proceed immediately to the collection site; provided, however, that if the driver is performing a safety-sensitive function, other than driving a commercial motor vehicle, at the time of notification, the company shall instead ensure that the driver ceases to perform the safety-sensitive function and proceeds to the collection site as soon as possible.

#### • Reasonable Suspicion Testing (§382.307)

Reasonable suspicion testing for alcohol and controlled substances is required when the employer has reasonable suspicion to believe that the driver has violated the prohibitions of the applicable Federal Motor Carrier Safety Regulations concerning alcohol misuse and/or controlled substances use. The employer's determination that reasonable suspicion exists to require a driver to undergo an alcohol and/or controlled substances test must be based on specific, contemporaneous, articulable observations concerning the

appearance, behavior, speech or body odors of the driver. The observation may include indications of the chronic and withdrawal effects of alcohol and/or controlled substances.

The required observations for alcohol and/or controlled substances reasonable suspicion testing must be made by a supervisor or company official who is trained in accordance with the Federal Motor Carrier Safety Regulations (§382.603 Training for Supervisors). The employer will ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes training on controlled substances use. This training will be used by the supervisors to determine whether reasonable suspicion exists to require a driver to undergo testing under §382.307. The training must include the physical, behavioral, speech and performance indicators of probable alcohol misuse and use of controlled substances.

Alcohol testing is authorized only if the observations are made during, just preceding or just after the period of the work day that the driver is required to be in compliance with the applicable regulations. A driver may be directed to undergo reasonable suspicion testing, while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions or just after the driver has ceased performing such functions. A written record will be made of the observations leading to an alcohol reasonable suspicion test and signed by the supervisor or company official who made the observations before the results of the alcohol test are released. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test must not conduct the alcohol test of the driver.

If a reasonable suspicion alcohol test is not administered within two hours following the determination, the employer will prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight hours following the determination, the employer will cease attempts to administer

the test and must state in the record the reasons for not administering the test.

Notwithstanding the absence of a reasonable suspicion alcohol test, no driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech and performance indicators of alcohol misuse, nor will the employer permit the driver to perform or continue to perform safety-sensitive functions, until:

1. An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or
2. 24 hours have elapsed following the determination that there is reasonable suspicion to believe that the driver has violated the prohibitions of the applicable Federal Motor Carrier Safety Regulations concerning the use of alcohol.

With respect to alcohol use, the employer will not take any action under the regulations against a driver based solely on the driver's behavior and appearance in the absence of an alcohol reasonable suspicion test. However, this does not prohibit the ' company, having independent authority, from taking any action otherwise consistent with law when a driver reports for duty or attempts to remain on duty to perform safety-sensitive functions while under the influence of or impaired by alcohol as evidenced by the behavioral, speech and performance indicators of alcohol misuse.

A written record will be made of the observations leading to a controlled substances reasonable suspicion test and signed by the supervisor or company official who made the observations within 24 hours of the observed behavior or before the results of the controlled substances test are released, whichever is earlier.

Whenever possible, a reasonable suspicion test for alcohol and/or controlled substances will be administered only after a second supervisor or company

official concurs with the determination made by the person making the initial observation.

This company policy requires that any driver suspected of being under the influence of alcohol or controlled substances must be transported to the collection site for testing. A company supervisor, manager or designated agent must accompany the driver to the collection site for reasonable suspicion testing. The driver should not be allowed to operate a motor vehicle of any kind as the driver could be a danger to self or others. Accompanying the driver also assures that there is not opportunity for the driver to ingest or acquire or otherwise take measures that could affect the test results.

#### **• Return-To-Duty Testing (§382.309)**

Return-to-duty testing will occur before a driver is allowed to return to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by the Federal Motor Carrier Safety Regulations concerning alcohol misuse and controlled substances use. For alcohol, the test result must indicate an alcohol concentration of less than 0.02. For controlled substances, the test result must indicate a verified negative result for controlled substances use.

The cost of return-to-duty testing will be the responsibility of the driver. The company will not cover any costs associated with return-to-duty testing.

#### **• Follow-Up Testing (§382.311)**

Following a determination by a substance abuse professional that a driver is in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances, the employer will ensure that the driver is subject to unannounced follow-up alcohol and or controlled substance testing as directed by a substance abuse professional.

Each driver identified as needing assistance in resolving problems associated with alcohol misuse or controlled substances use will be subject to unannounced follow up alcohol and controlled substances tests administered by the employer following the driver's return to duty. The number and frequency of such follow-up testing will be as directed by the substance abuse professional, and consist of at least six tests in the first 12 months following the driver's return to duty.

The company may direct the driver to undergo return-to-duty and follow-up testing for both alcohol and controlled substances, if the substance abuse professional determines that return-to-duty and follow-up testing for both alcohol and controlled substances is necessary for that particular driver. Follow-up testing for alcohol must be conducted just before, just after or during the time a driver is performing safety-sensitive functions.

Follow-up testing will not exceed 60 months from the date of the driver's return to duty. The substance abuse professional may terminate the requirement for follow-up testing at any time after the first six tests have been administered, if the substance abuse professional determines that such testing is no longer necessary.

The cost of follow-up testing will be the responsibility of the driver. The company will not cover any costs associated with follow-up testing.

## VIII. PROCEDURES FOR TESTING

The company will ensure that all alcohol and controlled substances testing complies with the procedures set forth in Part 40 of the Federal Motor Carrier Safety Regulations.

### Alcohol Testing.

The company will conduct alcohol test using an of-site testing facility capable and authorized to perform breath alcohol tests using an evidential breath testing device (EBT):

Alcohol testing will be conducted at an off-site testing facility by a trained breath alcohol technician (BAT) qualified and proficient in the operation of an evidential breath testing device (EBT). The BAT must follow the screening test procedures set forth in §40.63 of the Federal Motor Carrier Safety Regulations concerning the use of an EBT device. A confirmation test must be conducted in the event of a positive alcohol test result if the result of the screening test is an alcohol concentration of 0.02 or greater.

Alcohol tests will be conducted at the following testing facility, which is capable and authorized to perform breath alcohol tests using and EBT:

Rocky Mountain Care Clinic

4088 West 1820 South

Salt Lake City, Utah 84104

801-975-7799

Refusal by a driver to complete and sign the breath alcohol testing form, to provide breath, to provide an adequate amount of breath or otherwise to cooperate with the testing process in a way that prevents the completion of the test, will be noted by the BAT in the "Remarks" section of the form. The testing process will then be terminated and the BAT will immediately notify the employer.

Should a confirmation alcohol test be necessary, the BAT must follow the confirmation test procedures set forth in §40.65 of the Federal Motor Carrier Safety Regulations.

Controlled Substances Testing.

The company will utilize an off-site collection facility capable and authorized to perform urine specimen collection for controlled substances testing.

Laboratory analysis for controlled substances testing will be performed by a laboratory certified by the Federal Department of Health and Human Services. The company will utilize an off-site collection facility capable and authorized to perform urine specimen collections for controlled substances testing.

The collection facility's personnel must be trained in accordance with §40.23 of the Federal Motor Carrier Safety Regulations and be proficient in the functions and procedures of urine specimens collections, including documentation. The collection facility will adhere to the requirements set forth in §40.25 of the Federal Motor Carrier Safety Regulations concerning specimen collection procedures.

The following facility will conduct urine specimen collections for the company:

Rocky Mountain Care Clinic

4088 West 1820 South

Salt Lake City, Utah 84104

801-975-7799

## **IX. REPORTING AND REVIEW OF CONTROLLED SUBSTANCES TEST RESULTS**

An essential part of the company's controlled substances testing program is the final review of confirmed positive results from the laboratory. This review will be performed by the Medical Review Officer (MRO) prior to the transmission of the results to the employer administrative officials. An MRO is a licensed physician with the knowledge of substance abuse disorders retained by the company or its designated agent.

The role of the MRO is to review and interpret confirmed positive test results obtained through the company's testing program. In carrying out this responsibility, the MRO shall examine alternate medical explanations for any positive test result. This action may include conducting a medical interview and review of the driver's medical history or review of any other relevant biomedical factors. The MRO will review all medical records made available by the tested driver when a confirmed positive test could have resulted from legally prescribed medication. If the MRO concludes there is a legitimate explanation, the MRO will declare the test to be negative.

Prior to making a final decision to verify a positive test result for an individual, the MRO will give the individual an opportunity to discuss the test result with him/her. The MRO shall contact the individual directly, on a confidential basis, to determine whether the driver wishes to discuss the test result. If, after making all reasonable efforts and documenting them, the MRO is unable to reach the individual directly, the MRO will contact a designated company representative who must direct the driver to contact the MRO as soon as possible.

The MRO may verify a test as positive without having communicated directly with the driver about the test in three circumstances:

- 1- The employee expressly declines to discuss the test;
- 2- Neither the MRO nor the designated company representative, after making reasonable efforts, has been able to contact the driver within 14 days of the date on which the MRO receives the confirmed positive test result from the laboratory;
- 3- The designated company representative has successfully made and documented a contact with the driver and instructed the driver to contact the MRO, and more than five days have passed since the date the driver was successfully contacted by the designated company representative.

Following verification of a positive test result, the MRO will refer the case to the company official empowered to take administrative action in accordance with the provisions of this policy and the applicable Federal Motor Carrier Safety Regulations.

#### X. HANDLING OF TEST RESULTS, RECORD RETENTION AND CONFIDENTIALITY

The company or its designated agent will maintain records of its alcohol misuse and controlled substances use prevention programs as required by §382.401 of the Federal Motor Carrier Safety Regulations. The records will be maintained in a secure location with controlled access.

Except as required by law or expressly authorized or required in §382.405 of the Federal Motor Carrier Safety Regulations, no employer shall release driver information that is contained in records required to be maintained by the regulations.

A driver is entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his/her alcohol or controlled substances tests. The employer shall promptly provide the records requested by the driver.

The employer will permit access to all facilities utilized in complying with the requirements of the applicable regulations to the Secretary of Transportation, any DOT agency or any State or local officials with regulatory authority over the employer or any of its drivers.

The employer will make available copies of all results for employer alcohol and/or controlled substances testing conducted under the applicable regulations and any other information pertaining to the employer's alcohol misuse and/or controlled substances use prevention program, when requested by the Secretary of Transportation, any DOT agency or any State or local officials with

regulatory authority over the employer or any of its driver.

When requested by the National Transportation Safety Board as part of an accident investigation, employers shall disclose information related to the employer's administration of a post-accident alcohol and/or controlled substance test administered following the accident under investigation.

Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

The employer may disclose information required to be maintained under applicable regulations pertaining to a driver, the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual, and arising from the results of an alcohol and/or controlled substance test administered under the applicable regulations, or from the employer's determination that the driver engaged in prohibited conduct (including, but not limited to, a worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by the driver).

The employer will release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

## **XI. CONSEQUENCES FOR DRIVERS ENGAGING IN SUBSTANCE USE-RELATED CONDUCT**

No driver shall perform safety-sensitive functions, including driving a commercial motor vehicle, if the driver has engaged in conduct prohibited by the applicable Federal Motor Carrier Safety Regulations concerning alcohol misuse and/or controlled substances use.

The employer will immediately remove and not permit any driver to perform safety-sensitive functions, including driving a commercial motor vehicle, if the employer has determined that the driver has violated the applicable Federal Motor Carrier Safety Regulations concerning alcohol misuse and/or controlled substances use.

No driver may return to duty requiring the performance of safety-sensitive functions after engaging in conduct prohibited by the applicable Federal Motor Carrier Safety Regulations and/or the provisions of this policy, unless the driver has met the referral, evaluation and treatment requirements set forth in §382.605 of the Federal Motor Carrier Safety Regulations.

## XII. REFERRAL, EVALUATION AND TREATMENT

Each driver who has engaged in conduct prohibited by the applicable Federal Motor Carrier Safety Regulations or the provisions of this policy shall be advised by the employer of the resources available to the driver in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances, including the names, addresses and telephone numbers of substance abuse professionals and counseling and treatment programs.

Each driver who engages in conduct prohibited by the regulations or this policy shall be evaluated by a substance abuse professional who shall determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and controlled substances use.

Before a driver returns to duty requiring the performance of a safety-sensitive function after engaging in conduct prohibited by the regulations or this policy, the driver shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 if the conduct involved alcohol, or a controlled substances test with a verified negative result if the conduct involved a controlled substance.

In addition, each driver identified as needing assistance in resolving

problems associated with alcohol misuse or controlled substances use must be evaluated by a substance abuse professional to determine that the driver has properly followed any rehabilitation program prescribed by the substance abuse professional, and will be subject to unannounced follow-up alcohol and controlled substances tests administered by the employer following the driver's return to duty. The number and frequency of such follow-up testing shall be as directed by the substance abuse professional. The number, frequency and requirements of follow-up testing is addressed in this policy in Section VII - Circumstances For Testing, Follow-Up Testing.

The driver will be responsible for all costs associated with referral, evaluation and treatment, including return-to-duty and follow-up testing.

The requirements with respect to referral, evaluation and rehabilitation do not apply to applicants who refuse to submit to a pre-employment alcohol or controlled substances test or who have a pre-employment alcohol test with a result indicating an alcohol concentration of 0.04 or greater or a controlled substances test with a verified positive test result.

### XIII. COMPANY DISCIPLINARY ACTION

The company has adopted all applicable Federal Motor Carrier Safety Regulations and company philosophies and procedures as company policy, based on the right and the independent authority of the company and its management to set company policy consistent with law, including policies concerning disciplinary action.

The company's commitment to a safe work environment, and to the safety and health of its customers and the general public, is jeopardized when any driver of the company violates the provisions of this policy and the applicable Federal Motor Carrier Safety Regulations.

Please select one of the following two options indicating the disciplinary

△

action the company will take if a driver violates the provisions of this policy:

11 Option 1 - The company will provide a "second chance" to drivers who violate the provisions of this policy, with any subsequent violation of the policy resulting in immediate dismissal of the driver from employment with the company:

Any driver who violates the applicable Federal Motor Carrier Safety Regulations or the provisions of this policy will be given a "second chance" to return to duty with the company, provided the driver meets all of the requirements set forth in §382.605 of the Federal Motor Carrier Safety Regulations concerning referral, evaluation and treatment.

The driver must be evaluated by a substance abuse professional who will determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and controlled substances use. The driver must follow, if so determined, the rehabilitation program prescribed by the substance abuse professional, and will be subject to unannounced follow-up alcohol and controlled substances tests following the driver's return to duty.

Any cost associated with referral, evaluation and treatment, or the cost of return to-duty and follow-up testing, will be the responsibility of the driver. The company will not cover any costs associated with referral, evaluation, treatment or the cost of return to-duty and follow-up testing.

Any subsequent violation by the driver of any applicable Federal Motor Carrier Safety Regulation or any provision of this policy will result in the immediate dismissal of the driver from employment with the company.

✓ Option 2 - The company has a "zero tolerance" policy with regard to drivers who violate the provisions of this policy. No second chance will be provided. Any violation of the policy will result in the immediate dismissal of the driver from employment with the company:

Based upon the seriousness of this issue and the potential consequences to the company which may result from the use of controlled substances and/or misuse of alcohol by drivers, the company has adopted a "zero tolerance" policy with regard to drivers who violate the provisions of this policy. Therefore, any driver who violates the applicable Federal Motor Carrier Safety Regulations or the provisions of this policy will be dismissed immediately from employment with the company.

Appendix A

ACRONYMS:

BAT	Breath Alcohol Technician
CDL	Commercial Drivers' License
CMV	Commercial Motor Vehicle
DHHS	Department of Health and Human Services
DOT	Department of Transportation
EAP	Employee Assistance Program
EBT	Evidential Breath Testing Device
FHWA	Federal Highway Administration
FMCSR	Federal Motor Carrier Safety Regulations
MRO	Medical Review Officer
STT	Screening Test Technician

## Appendix B

### Definitions:

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

Alcohol concentration (or content) 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 under this part.

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

Breath Alcohol Technician (BAT) means an individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing (EBT) device.

Confirmation test for alcohol testing means a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. For controlled substances testing means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines and phencyclidine.)

Consortium means an entity, including a group or association of employers or contractors, that provides alcohol or controlled substances testing as required by this part, or other DOT alcohol or controlled substances testing rules, and that acts on behalf of the

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employers.

Controlled substances, as defined in the Federal Motor Carrier Safety Regulations, means marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, including methamphetamines.

Driver, means any person who operates a commercial motor vehicle. This includes, but is not limited to: Full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operate a commercial motor vehicle at the direction of or with the consent of an employer.

Evidential Breath Testing (EBT) Device means a device used for alcohol testing that has been approved by the National Highway Safety Administration.

Licensed medical practitioner means a person who is licensed, certified and/or registered, in accordance with applicable Federal, State, local or foreign laws and regulations, to prescribe controlled substances and other drugs.

Performing (a safety-sensitive function) means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform or immediately available to perform any safety-sensitive functions.

Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Screening test (also known as initial test) In alcohol testing, it means an analytical procedure to determine whether a driver may have a

## Appendix B

prohibited concentration of alcohol in his/her system. In controlled substances testing, it means a screen to eliminate "negative" urine specimens from further consideration.

Substance abuse means a pattern of use that result in health consequences or impairment in social, psychological and occupational functioning.

Substance Abuse Professional (SAP) means a licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional or certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

## Appendix C

### Certificate of Receipt.

I certify and acknowledge receipt of a copy of **Inter-Mountain Express** policy concerning alcohol misuse and controlled substances use. Furthermore, I agree, as a condition of employment, to adhere to the provisions of this policy and to the requirements of the Federal Motor Carrier Safety Regulations concerning alcohol misuse and controlled substances use.

The company's policy addresses the following:

- Statement of Purpose
- Applicability and Scope
- Requirement of Employment and Prohibited Behavior
- Alcohol Prohibitions
- Controlled Substances Prohibitions
- Refusal to Submit to a Test
- Circumstances for Testing
- Procedures for Testing
- Reporting and Review of Controlled Substances Test Results
- Handling of Test Results, Record Retention and Confidentiality
- Consequences for Drivers Engaging in Substance Use-Related Conduct
- Referral, Evaluation, and Treatment
- Company Disciplinary Action

I understand that the person designated by the company to answer driver questions concerning alcohol misuse and controlled substances is **Keri Thomas**

\_\_\_\_\_ This person is available to answer my questions concerning the provisions and requirements of this policy, including employee assistance information, and information concerning referral, evaluation, and treatment as required by the applicable Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date Signed

Note: The employer shall maintain the original of this signed certificate and may provide a copy of this certificate to the employee.