

# DRIVER APPLICATION FORM

COMPANY NAME R.E. ARNOLD CONST Location: Region/District/Branch \_\_\_\_\_

COMPANY ADDRESS 17210 SW ARCHER RD ARCHER FL 32618  
Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

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

NAME \_\_\_\_\_  
Last First Middle

Social Security Number (\_\_\_\_\_) Phone Number Date of Birth Hire Date

ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY \_\_\_\_\_  
Street City State Zip Number of Years

Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? ☐ 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

9653 (Rev. 7/13)

# EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

## Driving Experience

If no driving experience within the last 3 years – check here ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus (Greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach – School Bus (Greater than 15 passengers)	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____

OR

## Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

## License Information

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

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, give details \_\_\_\_\_

## Applicant Certification

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's Signature

\_\_\_\_\_ Date

# REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to \_\_\_\_\_  
for the purposes of investigation as required by Section 391.23  
of the Federal Motor Carrier Safety Regulations.

R.E. ARNOLD CONSTRUCTION

(Prospective Employer)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

☐ Mailed, Date: \_\_\_\_\_

☐ Faxed, Date: \_\_\_\_\_

☐ Emailed, Date: \_\_\_\_\_

☐ Received by Phone, Date: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as \_\_\_\_\_  
from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: R.E. ARNOLD CONST. Attention: \_\_\_\_\_

Street: 17210 SW ARCHER RD City, State, Zip: ARCHER, FL 32618

Telephone: 352 495 9494 Fax: 352 495 9191 Email: \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

### SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes ☐ No ☐

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

### SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐  
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

If there is no safety performance history to report, check here ☐, sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

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

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

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE  
FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION



## DISCLOSURE AND AUTHORIZATION NOTICE

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information contained in your Motor Vehicle Report and Medical Records. The primary objective is to verify information you provided on your application.

### PLEASE PRINT IN BLOCK CAPITAL LETTERS

Printed Full Name of Applicant: \_\_\_\_\_

Other Names Used & Date Changed: \_\_\_\_\_

Telephone Number/s \_\_\_\_\_

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

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month, day, year)

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been charged with or convicted of a Misdemeanor or Felony crime Yes \_\_\_ No \_\_\_

If yes explain including state and county what year \_\_\_\_\_

I hereby authorize R.E. Arnold Construction, Inc. and/or its agents, without any reservation, to investigate my background as it pertains to employment history and performance, licenses and information contained in public records. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I also authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**ALCOHOL & CONTROLLED SUBSTANCES TESTING INFORMATION  
REQUEST/CONSENT FORM FROM PREVIOUS EMPLOYER**

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Hereby authorize that: Previous employer \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

may release and forward information requested in Section 2 below concerning my Alcohol and Controlled Substances Testing Records records for the previous 3 years from my date of employment application \_\_\_\_\_

Prospective Employer R.E. Arnold Construction, Inc  
Attention \_\_\_\_\_  
Street 17210 SW Archer Road  
City, State, Zip Archer, FL 32618  
Phone 352-495-9494 Secure Fax 352-495-9191

In compliance with §40.24(g) and 391.223.(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was **not** subject to Department of Transportation testing requirements while employed by you, please check here ☐, answer questions 6-10, sign below, and return to prospective employer.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified alcohol test with a Breath Alcohol Concentration 0.04 or greater?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused a required test for drugs or alcohol (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the Employees successful completion of DOT return-to-duty requirements, including follow-up tests? | <input type="checkbox"/> | <input type="checkbox"/> |
- In answering the above question, please include any drug, alcohol and follow-up testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.
6. What kind(s) of work did the applicant do? \_\_\_\_\_
7. Was the applicants general conduct satisfactory? \_\_\_\_\_
8. Did the applicant drive motor vehicles for you? Straight Truck \_\_\_\_\_ Tractor-Trailer \_\_\_\_\_ Bus \_\_\_\_\_ Other(specify) \_\_\_\_\_
9. Was the applicant a safe and efficient driver? \_\_\_\_\_
10. Reason for leaving your company: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resign \_\_\_\_\_ Remarks \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 2 Completed by: \_\_\_\_\_

Signature

Date



## EMPLOYEE DRUG & ALCOHOL STATEMENT

### R.E. ARNOLD CONSTRUCTION, INC.

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

Print

The prospective employee is required by Sec 40.25(j) to answer the following:

During the past three years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Yes ☐ No ☐

Have you ever tested positive, or refused to test, on any, random, reasonable suspicion, or post-accident drug or alcohol test administered by a prior employer during the past three years?

Yes ☐ No ☐

If answer is yes to any of the above questions, can you provide or obtain proof that you have successfully completed the DOT return-to-duty requirements?

Yes ☐ No ☐

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

*The original should be retained in the driver file with a copy to the Prospective Employee*



**ALCOHOL AND CONTROLLED SUBSTANCE  
EMPLOYEE'S CERTIFICATE OF ACKNOWLEDGMENT**

I do hereby certify that I have received educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting these requirements. The materials include information on the following checked items:

- \_\_\_\_\_ 1. The identity of the person designated by the employer to answer driver questions about the materials.
- \_\_\_\_\_ 2. The categories of drivers who are subject to the provisions of this part.
- \_\_\_\_\_ 3. Sufficient information about safety-sensitive functions performed by those drivers to make clear what period of the workday the driver will be required to be in compliance with this part.
- \_\_\_\_\_ 4. Specific information concerning driver conduct that is prohibited by this part..
- \_\_\_\_\_ 5. The circumstances under which a driver will be tested for alcohol and/or controlled substances including post-accident testing under 49CFR Part 382.303(d)..
- \_\_\_\_\_ 6. The procedures that will be used to test for the presence of alcohol and controlled substances, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver, including post-accident information, procedures, and instructions required by 49CFR Part 382.303(d).
- \_\_\_\_\_ 7. The requirement that a driver submit to alcohol and controlled substance tests administered in accordance with this part.
- \_\_\_\_\_ 8. An explanation of what constitutes a refusal to submit to an alcohol or controlled substance test and the attendant consequences.
- \_\_\_\_\_ 9. The consequences for a driver found to have violated subpart B of the part, including the requirement that the driver be immediately removed from safety-sensitive functions, and the procedures under 49 CFR Part 382.605..
- \_\_\_\_\_ 10. Information concerning the effects of alcohol and controlled substance use on an individual's health, work, and person life; signs and symptoms of an alcohol and/or controlled substance problem (the driver's or a co-worker's); and available methods of intervening when an alcohol or controlled substance problem is suspected, including confrontation, referral to any employee assistance program and referral to management.
- \_\_\_\_\_ 11. A discussion of what an adulterant is and what happens to an employee who has provided a specimen that is found to have an adulterant in it.

I \_\_\_\_\_ certify that I have received a copy of the Alcohol & Controlled Substance and policies and procedures.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date



## Positive Drug Test Result Consequences

Any employee having a positive drug test result will have one of the following occur:

Rehabilitation at your expense (in/out patient)

Retesting at Random

Suspension from driving until negative result is achieved

Report from Substance Abuse Counselor

Possible Termination

Print Name \_\_\_\_\_

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



## HOURS-OF-SERVICE RECORD FOR FIRST TIME OR INTERMITTENT DRIVERS

**Instructions:** When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Print) \_\_\_\_\_  
First Middle Last

DAY	TOTAL TIME ON DUTY
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

TOTAL \_\_\_\_\_

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from

\_\_\_\_\_ to \_\_\_\_\_  
(Hour/Date) (Hour/Date)

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



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(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 Last 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 [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



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**DOT COMPLIANCE MANUAL - SUBPART F**  
**SECTION 382.601**

1. The name of the person designated by **R.E. ARNOLD CONSTRUCTION, INC.** to answer driver questions about the materials is **JILL ARNOLD**
2. The following categories of drivers are subject to the provisions of Part 382. CDL drivers of commercial motor vehicles (CMVs) meeting the following definition:
  - Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds;
  - Has a gross vehicles weight rating of 26,001 or more pounds;
  - Is designed to transport 16 or more passengers, including the driver; or
  - Is any size transporting hazardous materials requiring placards.
3. The period of day a driver is required to be in compliance with Part 382, while performing a safety-sensitive function, are the **On-duty time** definitions as follows:
  - All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless you have been relieved from duty by the motor carrier;
  - All time inspecting, servicing, or conditioning any truck, including fueling it and washing it at any time;
  - All driving time, as defined in the term driving time;
  - All other time in or on a commercial motor vehicle other than: (i) Time spent resting in or on a parked vehicle, except as otherwise provided in Section 397.5 of the Federal Motor
  - Carrier Safety Regulations; (ii) Time spent resting in a sleeper-berth; (iii) Up to 2 hours riding in the passenger seat of a property-carrying vehicle moving on the highway immediately before or after a period of at least 8 consecutive hours in the sleeper-berth
  - All time loading, unloading, supervising, or attending your truck; or handling paperwork for shipments;
  - All time taking care of your truck when it is broken down;
  - All time spent providing a breath, saliva, or urine sample for drug/alcohol testing, including travel to and from the collection site;
  - All time spent doing any other work for a motor carrier, including giving or receiving training and driving a company car; and all time spent doing paid work for anyone who is not a motor carrier, such as a part-time job at a local restaurant.

***The bottom line is that on-duty time includes all time you are working for a motor carrier, whether paid or not, and all time you are doing paid work for anyone else.***

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4. The following driver conduct is prohibited.

The new alcohol rule prohibits any alcohol misuse that could affect performance of a safety-sensitive function, including:

1. Use while performing safety-sensitive functions.
2. Use during the 4 hours before performing safety-sensitive functions.
3. Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater.
4. Possession of alcohol, unless the alcohol is manifested and transported as part of a shipment.
5. Use during 8 hours following an accident, or until he/she undergoes a post-accident test.
6. Refusal to take a required test.

The regulations prohibit any drug use that could affect performance of safety-sensitive functions, including:

1. Use of any drug, except by doctor's prescription, and then only if the doctor has advised the driver that the drug will not adversely affect the driver's ability to safely operate the C.M.V.;
2. Testing positive for drugs; and
3. Refusing to take a required test.

5. The circumstances under which a driver will be tested for alcohol and/or drugs are as follows:

**Pre-employment - Reasonable suspicion – Random - Return-to-duty - Follow-up  
Post-accident;**

(a) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol for each of its surviving drivers:

- (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 within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved: (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (ii) 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.

(b) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for controlled substances for each of its surviving drivers:

- (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 within thirty-two hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved: (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
- (ii) 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.

6. An alcohol test will be a breath alcohol test while the drug test will be a urine test. The person administering the alcohol test will be a breath alcohol technician (BAT) and will be trained to proficiency in the operation of the evidential breath test (EBT). Each employer will conduct alcohol testing in a location that affords visual and aural privacy to the individual being tested, sufficient to prevent unauthorized persons from seeing or hearing test results. Each employer shall use the breath alcohol testing form prescribed by the regulations and the form may not be modified or revised. An employee is required to show positive identification when arriving at the test site. The employee may also request the BAT to show positive identification. The BAT shall transmit all results to the employer in a confidential manner. The drug test requires a chain-of-custody form that protects the identity of the donor. The testing for drugs will be done by an approved laboratory with the results being sent to a Medical Review Officer for interpretation.

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7. It is a requirement that a driver submit to alcohol and controlled substances tests.

8. No driver shall refuse to submit to a post-accident alcohol or controlled substances test, a random alcohol or controlled substances test, a reasonable suspicion alcohol or controlled substances test, or a follow-up alcohol or controlled substances test. The employer shall not permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions.

9. Any drivers found to have violated Subpart B will be immediately removed from safety-sensitive functions and 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.

10. Some of the effects of alcohol and drug use on an individual's health are as follows: regular use produces strong psychological dependence and increasing tolerance to the drug; high doses may cause toxic psychosis resembling schizophrenia; intoxication may induce a heart attack or stroke due to spiking of the individual's blood pressure; eventual withdrawal from the drug can result in severe mental or physical depression.

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get sufficient rest. Low dose amphetamine use will cause a short term improvement in mental and physical functioning but with greater use or increasing fatigue, the effect reverses and has an impairing effect. Consistent use and/or abuse can effect an individual's personal life with respect to their family or the results of illegal actions to obtain drugs.

Signs and Symptoms of Alcohol and/or Drug Use:

- \* Slow reactions \* Poor coordination \* Fatigue \* Delayed decision making
- \* Erratic judgment quality \* Depression or anxiety \* Blood spots on shirt-sleeves
- \* Bloodshot or water eyes \* Odor of alcohol on breath \* Odor of marijuana smoke

Though supervisory training, drug and/or alcohol use on the job can be detected and documented for a confrontation by supervisory personnel and referral to a substance abuse professional.

11. Adulteration is the practice of adding a substance to the urine in order to confound the analysis. The DOT recognizes adulteration as a serious issue and if your MRO receives a lab report that a specimen is adulterated, he/she must treat that report the same as a report of a confirmed positive drug test. The employee has the burden of proof that there is a legitimate medical explanation for the report. A verified adulterated or substituted test is also considered a refusal to take a drug test. Under FMCSA regulations, the consequences for refusing to take a drug test are the same as those for failing a drug test.

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