

**APPLICATION FOR EMPLOYMENT
COMMERCIAL DRIVERS – CDL & NON-CDL COMMERCIAL**



Company Name: Feralloy Corporation
Address: 115 Coastline Road
City/State/Zip: Spartanburg, SC 29301
Phone: (864) 641-6542
USDOT Number: 4153967
MC Number: MC-1595164

Please Check:

- NON-CDL DRIVER:** 10,001 lbs. GVWR to 26,000 lbs. GVWR
 CDL DRIVER: GVWR 26,001 lbs. +



**GVWR = Gross Vehicle Weight Rating assigned by the vehicle manufacturer*

EMPLOYMENT LOG: Use this table to record employment history when plant/warehouse personnel transitions to driving. For New-Hire Driver – Proceed to next page	
Original Hire Information – Warehouse/Plant personnel	
Applicant Name:	
Date Submitted:	
Non-Driving Hire Date:	
DIVISION Or DEPARTMENT:	
Position:	
REJECTED: <i>If rejected, a summary stating the reason should be placed in the file.</i>	
Warehouse/Plant to CMV Driving	
CMV Driver Application:	DATE:
DOT Medical Examination:	DATE:
Initial MVR:	DATE:
Pre-Employment Drug Screen Result – CDL DRIVER:	DATE:
First Solo Dispatch:	DATE:
Termination :	DATE:
Rehire:	DATE:
COMMENTS:	

COMMERCIAL DRIVER – APPLICATION FOR EMPLOYMENT

Applicant Name: _____ **Date of Application:** _____ / _____ / _____
(Print Name) (Date Submitted)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 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:** _____ / _____ / _____

Print Name: _____

FOR COMPANY USE PROCESS RECORD

Date of Hire: _____ / _____ / _____ Date if Rejected: _____ / _____ / _____

Terminal Location: _____ Classification: _____

(If rejected, summary report of reasons should be placed in file)

Signature of interviewing Supervisor: _____ Print Name: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ / _____ / _____ Department Released From: _____

Dismissed: _____ Resigned: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____

EMPLOYMENT HISTORY – 10 YEARS (CONTINUED)

No Gaps in Employment Accepted – Fully account for any employment gaps!

PREVIOUS EMPLOYER	DATES	
Employer Name:	FROM: MONTH/YEAR	TO: MONTH/YEAR
Address:		
City/State/Zip:	Position Held:	
Supervisor's Name:	Supervisor's Phone: _____ - _____ - _____	
Reason For Leaving:		
'Were you subject to the FMCSRS while employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode of transportation subject to drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYER	DATES	
Employer Name:	FROM: MONTH/YEAR	TO: MONTH/YEAR
Address:		
City/State/Zip:	Position Held:	
Supervisor's Name:	Supervisor's Phone: _____ - _____ - _____	
Reason For Leaving:		
'Were you subject to the FMCSRS while employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode of transportation subject to drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYER	DATES	
Employer Name:	FROM: MONTH/YEAR	TO: MONTH/YEAR
Address:		
City/State/Zip:	Position Held:	
Supervisor's Name:	Supervisor's Phone: _____ - _____ - _____	
Reason For Leaving:		
'Were you subject to the FMCSRS while employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode of transportation subject to drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY – 10 YEARS (CONTINUED)

No Gaps in Employment Accepted – Fully account for any employment gaps!

PREVIOUS EMPLOYER		DATES	
Employer Name:	FROM: MONTH/YEAR	TO: MONTH/YEAR	Position Held:
Address:			
City/State/Zip:	Supervisor's Name: _____ Supervisor's Phone: _____ - _____ - _____		
Reason For Leaving:			
'Were you subject to the FMCSRS while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode of transportation subject to drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PREVIOUS EMPLOYER		DATES	
Employer Name:	FROM: MONTH/YEAR	TO: MONTH/YEAR	Position Held:
Address:			
City/State/Zip:	Supervisor's Name: _____ Supervisor's Phone: _____ - _____ - _____		
Reason For Leaving:			
'Were you subject to the FMCSRS while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode of transportation subject to drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PREVIOUS EMPLOYER		DATES	
Employer Name:	FROM: MONTH/YEAR	TO: MONTH/YEAR	Position Held:
Address:			
City/State/Zip:	Supervisor's Name: _____ Supervisor's Phone: _____ - _____ - _____		
Reason For Leaving:			
'Were you subject to the FMCSRS while employed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-Regulated mode of transportation subject to drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Attach Additional Sheet If More Space Is Needed – *If None, Write None*

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Materials Spill
Last Accident:				
Next Previous:				
Next Previous:				
Next Previous:				

TRAFFIC CONVICTIONS AND FORFEITURES

For The Past 3 Years - Other Than Parking Violations - *If None, Write None*

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – COMMERCIAL DRIVER

List All Driver Licenses or Permits Held in the Past 3 Years

Driver Licenses Held Past 3 Years	State	License Number	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If answer to A or B is Yes, give details: _____

DRIVING EXPERIENCE

Include experience in vehicles with a GVWR of 10,001 lbs. or more. Give Complete Answers!

GVWR (Gross Vehicle Weight Rating) as specified by vehicle manufacturer.

Class of Equipment	Select Yes or No	Check Type of Equipment	Dates From: Month/Year To: Month/Year	Approximate Number of Miles Driven
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flat <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Reefer		
Tractor & Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flat <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Reefer		
Tractor - Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flat <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Reefer		
Tractor - Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flat <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Dump <input type="checkbox"/> Reefer		
Motorcoach/School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Motorcoach <input type="checkbox"/> School/Church Bus		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*More than 8 passengers **More than 15 passengers

LIST STATES OPERATED IN DURING LAST FIVE (5) YEARS: _____

**Driver APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT
49 CFR Part 40.25(j)**

49 CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years.

If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the Return-to-Duty Process (See Section 40.25(b)(5) and (e)).

Applicant Name: _____ **SSN:** _____ - _____ - _____
(Print Name)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by 49 CFR Part 40.25(j) to respond to the following questions:

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

Yes No

- 2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No N/A

My signature below certifies that the information provided is true and correct:

Applicant Signature: _____

Date Signed: _____ / _____ / _____

DISCLOSURE
BACKGROUND INVESTIGATION – ABOUT YOU

We (The Company) may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, driving history, education history, employment history, professional licenses, name, social security number, and other information about you. “Employment purposes” includes evaluating you for employment, promotion, reassignment, or retention; the Federal Trade Commission’s staff has said that the term may apply to independent contractors and independent agents.

ADDITIONAL NOTICE
INVESTIGATIVE CONSUMER REPORTS – ABOUT YOU

In addition to or as part of a consumer report, we (The Company) may also request an “investigative consumer report” on you from a consumer reporting agency. An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your references or anyone else who knows about you.

The consumer reporting agency that may prepare an “investigative consumer report” on you for us is:

Consumer Reporting Agency	Address	City / State / Zip Code	Telephone Number
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The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that we may obtain is an investigation into your references or employment history (beyond basic facts such as your dates and last title of employment). During such an investigation, the consumer reporting agency may ask questions about your references or employment history to certain knowledgeable individuals and provide response information to us.

Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” that we obtain about you. You may do so by contacting us.

ADDITIONAL NOTICE
MEDICAL INFORMATION – ABOUT YOU

In addition to or as part of a consumer report, we (The Company) may also obtain “medical information” about you as part of the background screening process. More specifically, we may have third-party organizations perform one or more of a physical fitness-for-duty assessment, a drug test, or an alcohol test. The results of these evaluations may be included in the “consumer report” prepared by:

Consumer Reporting Agency	Address	City / State / Zip Code	Telephone Number
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Such results may be considered by us in determining whether you are qualified to perform work for us.

ADDITIONAL NOTICES UNDER STATE LAW

If you live in, work in, or are seeking work for us (The Company) in Washington State, Massachusetts, New Jersey, New York, Minnesota, Oklahoma, or California, please note:

<p>State of Washington only: If we request an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. You are also now receiving a copy of that written summary.</p>								
<p>Massachusetts only: If we request an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.</p>								
<p>New Jersey only: If we request an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.</p>								
<p>New York only: You have the right, upon written request, to be informed of whether or not we requested a consumer report, an investigative consumer report, or both (each as defined by state law) from a consumer reporting agency. If we requested a report, you have the right to the name and address of the consumer reporting agency to whom we made the request. You may also inspect and receive a copy of the report by contacting:</p>								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ffff00;"> <th style="text-align: left; padding: 2px;">Consumer Reporting Agency</th> <th style="text-align: left; padding: 2px;">Address</th> <th style="text-align: left; padding: 2px;">City / State / Zip Code</th> <th style="text-align: left; padding: 2px;">Telephone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Consumer Reporting Agency	Address	City / State / Zip Code	Telephone Number				
Consumer Reporting Agency	Address	City / State / Zip Code	Telephone Number					
<p>You are also now receiving a copy of Article 23-A of the New York Correction Law.</p>								
<p>Minnesota only: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of the consumer report. A consumer reporting agency must make this disclosure within five days of receipt of your request or of our request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if we obtain one. <input type="checkbox"/></p>								
<p>Oklahoma only: Please check this box if you would like to receive a copy of a consumer report if we obtain one. <input type="checkbox"/></p>								
<p>California only: In addition to this document, you are receiving a copy of the Additional Disclosure About Background Investigation Under California Law and a copy of the San Francisco Fair Chance Ordinance Official Notice.</p>								

**ADDITIONAL NOTICE ABOUT BACKGROUND INVESTIGATION
UNDER CALIFORNIA LAW – (FOR CALIFORNIA ONLY)**

We (The Company) may obtain information about you from an investigative consumer reporting agency for employment purposes. (“Employment purposes” includes evaluating you for employment, promotion, reassignment, or retention; the Federal Trade Commission’s staff has said that the term may apply to independent contractors and independent agents.) Thus, you can expect to be the subject of "investigative consumer reports" obtained for employment purposes.

These reports may include information about your character, general reputation, personal characteristics, and mode of living. These reports may investigate the information contained in any statements you have made to us (such as in any application), other background information about you (such as your criminal history, sex offender registry status, driving history, education history, employment history, professional licenses, references, drug and alcohol test results, physical fitness for duty assessment results, name, and social security number), and other information about you). These reports may also reflect comments from individuals who know about you.

The source of these reports will be:

Consumer Reporting Agency	Address	City / State / Zip Code	Telephone Number

Information regarding the consumer reporting agency’s privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at:

Consumer Reporting Agency Website: _____

Under California Civil Code section 1786.22, you are entitled to find out from an investigative consumer reporting agency what is in its files on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The agency may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the agency’s file on you which is required to be provided by the California Civil Code and will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. An agency complying with requests for certified mailings is not liable for disclosures to third parties caused by mishandling of mail after such mailings leave the agency.

"Proper Identification" includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the agency require additional information concerning your employment and personal or family history in order to verify your identity.

The agency will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An agency may require you to furnish a written statement granting permission to the agency to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report (as defined by relevant state law) at no charge if one is obtained by the company.

DRIVER'S AUTHORIZATION FOR BACKGROUND INVESTIGATION
PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS AND DRIVING RECORD CHECK

By signing below, you acknowledge that: (a) you received the following separate documents, (b) they are clear, conspicuous, and separate from any other documents, (c) you read and understood them, and (d) we may rely on them for one or more background investigations and resulting reports:

- Disclosure About Background Investigation About You
- A Summary Of Your Rights Under The Fair Credit Reporting Act
- Additional Notice About Investigative Consumer Reports About You
- Additional Notice About Medical Information Obtained About You
- Additional Notices Under State Law (including any other documents it identifies)

By signing below, you:

- (a) Authorize and permit us (The Company) to obtain "consumer reports" and "investigative consumer reports" about you;
- (b) Authorize any consumer reporting agency from whom we request those reports to obtain information about you from any public or private information source;
- (c) Authorize anyone to provide information about you to that consumer reporting agency;
- (d) Authorize and instruct that consumer reporting agency to provide those reports to us;
- (e) Consent to those reports including results of fitness-for-duty assessments, drug tests, and alcohol tests;
- (f) Authorize us to share those reports with others for legitimate business purposes related to your application or relationship with us.

By signing below, you acknowledge that a fax, image, or copy of this authorization is as valid as the original.

By signing below, you make these acknowledgments and authorizations to be valid for the duration of your application or relationship with us.

Signature

Printed Name:

_____-_____-_____
Social Security Number

*** Your Social Security Number is required to ensure accurate records, since other people may have the same name.**

_____/_____/_____
Date

DRIVER'S RIGHTS UNDER FMCSR 49 CFR PART 391.23

As a driver, you are provided with certain rights under the Federal Motor Carrier Safety Regulations in 49 CFR Part 391.23. To comply with this requirement, this notice is provided by:

(“THE COMPANY”)

Per 49 CFR Part 391.23(i)(I):

You have:

- (i) The right to review information provided by previous employers.
- (ii) The right to have errors in the information corrected by previous employer(s), and for previous employer(s) to re-send the corrected information to THE COMPANY.
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

391.23(i)(2)

Drivers who have previous Department of Transportation regulated employment history during the preceding three years, and wish to review information provided by previous employer(s), must submit a written request to THE COMPANY. This request may be made at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. THE COMPANY must provide this information to the applicant within five

(5) business days of receiving the written request. If THE COMPANY has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when THE COMPANY receives the requested safety performance history information. If you have not arranged to pick up or receive the requested records within thirty (30) days of THE COMPANY making them available, THE COMPANY may consider that you have waived your request to review the records.

391.23(j)(I)

Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section, must send the request for correction to the previous employer that provided the records to THE COMPANY.

391.23(j)(2)

After October 29, 2004, the previous employer must either correct and forward the information to THE COMPANY or notify you within 15 days of receiving your request to correct the data, that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to THE COMPANY, there is no need to notify you.

391.23(j)(3)

Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

DRIVER’S RIGHTS UNDER FMCSR 49 CFR PART 391.23 – Continued

391.23(j)(4)

After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to THE COMPANY.
- (ii) Append the rebuttal to the driver’s information in the carrier's appropriate file, to be included as part of the response for any subsequent investigations by other prospective employers for the duration of the three-year data retention requirement.

391.23(j)(5)

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(j)(6)

You may report failures of previous employers to correct information or include your rebuttal as part of the safety performance information by contacting FMCSA following procedures specified in Sec. 386.12.

391.23(k)(1)

THE COMPANY may only use the information described in paragraphs (d) and (e) of this section as part of the employment decision process.

391.23(k)(2)

THE COMPANY, its agents, and insurers must take all precautions reasonably necessary to protect these records from disclosure to any person not directly involved in the hiring decision. THE COMPANY may not provide any alcohol or controlled substances information to its insurance carrier.

391.23(1)(1)

You can take no action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information provided in accordance with this section against:

- (i) THE COMPANY for investigating the information described in paragraphs (d) and (e) of this section for an individual under consideration for employment as a commercial motor vehicle driver.
- (ii) A person who has provided such information.
- (iii) The agents or insurers of persons described in (i) and (ii) of this section above, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(1)(2)

The protections in paragraph (1)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

By my signature below, I acknowledge that I have read and understand my rights under 49 CFR Part 391.23 Investigations and Inquiries.

Print Name

Signature of Applicant

_____/_____/_____
Date Signed

ATTENTION CDL DRIVERS:

FMCSA DRUG & ALCOHOL CLEARINGHOUSE

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

The Clearinghouse will affect you in several ways:

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

clearinghouse.fmcsa.dot.gov

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

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

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

- Any verified positive, adulterated, or substituted drug test
 - Any confirmed alcohol test result of 0.04 or higher
 - Any refusal to submit to a DOT-required test
 - Any verified and documented "actual knowledge" that you violated the drug/alcohol rules:
 - Any on-duty alcohol use, including any citation for DUI/DWI while driving a CMV
 - Any alcohol use within 4 hours before going on duty
 - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
 - Any prohibited drug use while on duty
 - Successful completion of the return-to-duty process following treatment*
 - Any negative return-to-duty test*
 - Successful completion of follow-up testing*
- "Only reported if the underlying violation occurred after January 6, 2020."*

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

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

Driver's name: _____ Date: _____ / _____ / _____

Driver's signature: _____

DRIVER CONSENT FOR LIMITED QUERIES**DRUG & ALCOHOL CLEARINGHOUSE****NOTICE TO DRIVER:**

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER:

This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

DRIVER AUTHORIZATION

_____ authorizes
(Driver's printed name)

(Company Name)

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

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver License #: _____ State: _____ Birth Date: ____/____/____

Driver Print Name: _____ Driver's Signature: _____

Today's Date: ____/____/____

COMPANY VEHICLE CAMERA TECHNOLOGY
ACKNOWLEDGEMENT & CONSENT FORM

To enhance the safety of our fleet operations, Reliance Inc. (“*Reliance*”) has installed “in-cab” camera technology in all commercial trucks operated by the Reliance family of companies. The video transportation safety systems feature cameras equipped with inward and forward-facing lenses that record a 200-hour constant loop to a digital video recorder (DVR) mounted in the truck. This camera technology may also be installed in other company vehicles.

The cameras do not send live feeds and cannot be used for real time surveillance. Reliance and its company locations do not have the ability to log in to cameras to see what drivers are doing. Video that has not been captured by a triggering event only remains available for a limited time and will then be overwritten. Drivers can manually trigger the system to capture an event. For example, if a driver sees an obstruction in the road that a car following the truck hits, the driver can manually trigger the system to record the event and demonstrate that the obstruction did not fall off the driver’s truck.

We have installed these video transportation safety systems to protect both the company and our drivers by providing video evidence of actual events that may be used to protect and exonerate both the company and our drivers from claims of wrongdoing and/or liability. We also expect that footage captured by the video equipment will provide opportunities to recognize our drivers for successfully avoiding accidents and unsafe driving situations. Drivers may not reposition, cover, block, manipulate, disconnect, or otherwise tamper with or disable the cameras except as required to enter a customer location that expressly prohibits the use of video equipment (in which case, drivers must re-enable the cameras immediately upon exiting the customer’s premises). Any failure to adhere to this policy may subject the driver to disciplinary action, up to and possibly including immediate termination without warning.

I, _____, understand and acknowledge that, as part of its safety program, Reliance Inc. (including its subsidiaries and divisions, the “*Company*”) has inward facing cameras that are capable of recording both audio and video of me while I am operating a company vehicle and, as a condition of my employment and my continuing employment at the company, I hereby consent to the use of such cameras while I am operating a company vehicle. Furthermore, I understand that if I tamper with or disable the cameras I may be subject to disciplinary action, up to and possibly including immediate termination without warning.

Driver Name (Printed)

_____/_____/_____
Date

Driver Signature