

## Application for Employment

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Company Name Dispatch&Consulting Services, Inc dba DCS Transport

Street 40335 Winchester Rd. #327 City Temecula St CA Zip 92591

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### (ANSWER ALL QUESTIONS – PLEASE PRINT)

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, or non-job related disability.

POSITION(S) APPLIED FOR: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Addresses for the past 3 years

Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Attach Sheet if More Space is Needed

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you over the age of 21? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (only if applying for driving position)

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Years of experience as CDL driver? \_\_\_\_\_

Position applied for \_\_\_\_\_ Temporary or Full Time \_\_\_\_\_

Have you work for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Names of relatives in our employ \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long from last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Expected Rate of Pay? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? \_\_\_\_\_ If yes, explain if you wish \_\_\_\_\_

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### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended name \_\_\_\_\_ Address \_\_\_\_\_

# Application for Employment

## MILITARY STATUS

Have you served in The U.S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rank At Discharge \_\_\_\_\_

## EMPLOYMENT RECORD

Note: List past employment for *AT LEAST 10 YEARS*

(Attach Sheet if More Space is Needed)

**Last Employer** \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Job description \_\_\_\_\_ From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_

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

Were you subject to FMCSR while employed? \_\_\_\_\_

Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? \_\_\_\_\_

**Second Last Employer** \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Job description \_\_\_\_\_ From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_

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

Were you subject to FMCSR while employed? \_\_\_\_\_

Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? \_\_\_\_\_

**Third Last Employer** \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Job description \_\_\_\_\_ From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_

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

Were you subject to FMCSR while employed? \_\_\_\_\_

Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? \_\_\_\_\_

**Fourth Last Employer** \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Job description \_\_\_\_\_ From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_ Salary \_\_\_\_\_

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

Were you subject to FMCSR while employed? \_\_\_\_\_

Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? \_\_\_\_\_

Are you bondable? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, give details \_\_\_\_\_

(Your response will not necessarily disqualify you from consideration for employment)



# Application for Employment

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## TO BE READ AND SIGNED BY APPLICANT

Your (driver) rights to review previous employer information as required in FMCSR 391.23:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

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. 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. 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.

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

## FMCSA Pre-Employment Screening Program

Dispatch&Consulting Services, Inc dba DCS

I authorize Transport (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Driver Applicant’s Last Name \_\_\_\_\_

Driver Applicant’s First Name \_\_\_\_\_

Driver’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver’s CDL Number \_\_\_\_\_ CDL State \_\_\_\_\_

## Inquiry To Past Employer

TO Previous Employer	FROM Prospective Employer
Company:	Company: Dispatch&Consulting Services, Inc dba DCS Transport
Individual:	Individual: Greg Merlo
Address:	Address: 40335 Winchester Rd. #327
Cont:	Cont: Temecula CA 92591

**Dear Sir/Madam:**

The person named below has made application to this company for employment as \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Kindly reply to the inquiry below respecting this applicant. As stated below, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry.

Sincerely, \_\_\_\_\_

**NAME OF APPLICANT** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Questions to be Answered by Previous Employer Below:**

- 1 Is employment record with your company correct as stated above? \_\_\_\_\_
- 2 What kind(s) of work did applicant do? \_\_\_\_\_
- 3 If employed as a driver, specify equipment driven? \_\_\_\_\_
- 4 Number of accidents \_\_\_\_\_ Number preventable \_\_\_\_\_
- 5 Was applicant's driver's license ever suspended or revoked? \_\_\_\_\_
- 6 Reason for leaving your employ: Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_ Resigned \_\_\_\_\_
- 7 Was applicant's general conduct satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8 Is applicant competent for the position applicant is seeking? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9 Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_
- 10 Any remarks with regard to questions 1 -9 above? \_\_\_\_\_

**Previous Employer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

..... Detach here for your files .....

### FORMER EMPLOYER LIABILITY RELEASE

Former Employer Company Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize you to release all information regarding my services, my character, and my conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

Applicant's Signature \_\_\_\_\_ Witness's Signature \_\_\_\_\_

## ROAD TEST

A Road Test is required by the DOT for every newly hired driver before he drives a commercial motor vehicle for the company. The specific rule states: A person shall not drive a commercial motor vehicle unless he/she has first successfully completed a road test and has been issued a certificate of driver's road test.

Exceptions to the Road Test requirement are:

- For holders of a valid Commercial Driver's License (CDL), excluding those with double/triple trailer or tank vehicle endorsements, a copy of the CDL placed in the driver qualification file may substitute for the Road Test at the employer's discretion.
- Obtaining a copy of a valid certificate of driver's road test issued to him/her within the preceding 3 years.

Best practice is to perform a road test with every new hire candidate being considered. A drive with the applicant will easily determine if the driver knows his equipment and can operate it with expertise.

If the driver meets the exception requirements, does the employer wish to exercise the option of accepting a CDL in lieu of road test?

**YES**

(If yes, obtain a copy of the CDL and place in the file.)

# Request For Check Of Driving Record

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

DEAR SIR/MADAM:

The following person has made application with our company for the position of DRIVER  
In accordance with Section 39123 of the Federal Motor Carrier Safety Regulations, please  
furnish the undersigned carrier with the applicants driving record for the past three (3) years.

**NAME OF APPLICANT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
(Number & Street) (City) (State) (ZIP Code)

**FORMER ADDRESS** \_\_\_\_\_  
(Number & Street) (City) (State) (ZIP Code)

**DATE OF BIRTH** \_\_\_\_\_ **LICENSE NO.** \_\_\_\_\_

## REQUESTED BY

Glostone Trucking Solutions \_\_\_\_\_  
(Name of Company) (Typed Name)

P.O. Box 1650 \_\_\_\_\_  
(Address) (Title)

Clackamas \_\_\_\_\_ OR 97015 \_\_\_\_\_  
(City) (State) (Zip) (Signature)

### Applicant's Information Release

I hereby authorize you to release the following information to Dispatch&Consulting Services, Inc  
dba DCS Transport  
for purposes of investigation as required by Section 391.23 of the Federal Motor from any and all liability  
which may result from furnishing such information.

Employment Record  Non-Employment Record  Both Amount Enclosed \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

## **PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: Dispatch&Consulting Services, Inc  
dba DCS Transport  
Street: 40335 Winchester Rd. #327  
City: Temecula  
State, ZIP: CA 92591

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

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

Check one: Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes  No

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

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

Include a copy of this employee's current Medical Examiner's certificate.

If Certificate is not current, a new Certificate must be obtained prior to being allowed to drive.

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**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

- |  |  |
|--|--|
| <input type="checkbox"/> wearing corrective lenses               | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)         |
| <input type="checkbox"/> wearing hearing aid                     | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64                         |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner	Telephone	Date
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Medical Examiner's Name (print)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
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Medical Examiner's License or Certificate No. / Issuing State

Signature of Driver	Driver's License No.	ST
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Address of Driver

Medical Certificate Expiration Date

## Pre-employment Drug Screen Result Release

I authorize Clean Fleet to release the results document of my pre-employment drug screen to Glostone Trucking Solutions who, acting as an agent for my potential employer, will use the document to complete the pre-employment paperwork required by the Department of Transportation.

All information contained in the document will be kept confidential and will be solely used in the pre-employment hiring process of my potential employer.

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Signature

Date

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Name

**MOTOR VEHICLE DRIVER'S  
CERTIFICATION OF VIOLATIONS**

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Driver's Name: \_\_\_\_\_

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

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

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

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Company Name Dispatch&Consulting Services, Inc dba DCS Transport

Company Address Temecula CA

Driver's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Signature \_\_\_\_\_ Title: \_\_\_\_\_

# PREVIOUS EMPLOYER ALCOHOL & DRUG TEST QUESTIONNAIRE

## EMPLOYEE: PLEASE COMPLETE THE SECTION BELOW

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

Employee Social Security No. \_\_\_\_\_

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

Dispatch&Consulting Services, Inc dba DCS

Prospective Employer: Transport Attn: Greg Merlo

Street: 40335 Winchester Rd. #327

City, State, Zip: Temecula CA 92591

Phone 503-607-1088 Fax 503-650-6399

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's e-mail \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Previous employer may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances to the prospective employer.

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations.)

## PREVIOUS EMPLOYEER: PLEASE COMPLETE THE QUESTIONS BELOW

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here . Then sign below and return.

Under Department of Transportation testing requirements:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (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 employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, please attach any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Completed by (Signature): \_\_\_\_\_ Date \_\_\_\_\_

## PROSPECTIVE EMPLOYER: COMPLETE BELOW

This form was (circle one) mailed, faxed, emailed to previous employer. Date \_\_\_\_\_

Complete below after previous employer responds.

Received Date \_\_\_\_\_

Received by (circle one) fax, mail, email



## Certification of Compliance With Driver License Requirements

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### NOTICE TO DRIVER

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

THE FOLLOWING PROVISIONS OF THIS LEGISLATION ARE EFFECTIVE ON AND AFTER JULY 1, 1987

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

### CERTIFICATION BY DRIVER

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

Driver's Name \_\_\_\_\_ Social Security No \_\_\_\_\_

Drivers Address \_\_\_\_\_

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

I further certify that the above commercial vehicle license is the only one held or that I have surrendered the follow license(s) to the states indicated.

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID No. \_\_\_\_\_

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

## Driver's Receipt

This issue of the FMCSR Pocketbook includes all revisions issued on or before March 13, 2006.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In Addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Part 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as continued therein.

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Driver's Signature

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Date

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Dispatch&Consulting Services, Inc dba DCS Transport  
Company Name

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Greg Merlo  
Company Supervisor's Name

Note: This receipt shall be read and signed by the driver.  
A responsible company supervisor shall countersign the  
receipt and place it in the driver's qualification file.

**Dispatch&Consulting  
Services, Inc dba DCS  
Transport**

**Drug and Alcohol  
Policy and Information**

## **Dispatch&Consulting Services, Inc dba DCS Transport Drug and Alcohol Policy & Information**

Dispatch&Consulting Services, Inc dba DCS Transport is committed to providing a safe workplace for its employees, and the company is also committed to placing safe, professional drivers in its vehicles. We intend our workplace to be drug free, and that employees will be free from the effects of alcohol while on duty.

A critical part of the company's program is compliance with the Federal Motor Carrier Safety Regulations, CFR 49, Part 382. The following information is provided in accordance with Part 382.601:

### **Designated Employer Contact**

Greg Merlo is the company's designated person for providing information on the controlled substances program. Questions should be directed to him at 951-461-1116.

### **Categories Subject to Testing**

All vehicle drivers who hold a Commercial Driver License, who work part time or full time for Dispatch&Consulting Services, Inc dba DCS Transport are subject to the controlled substance testing provisions in Part 382.

### **Safety Sensitive Functions**

All drivers are considered to be performing safety sensitive functions during any period in which they are actually performing, ready to perform, or immediately available to perform as a driver of a commercial motor vehicle. These functions are further defined as:

- a. Time at a terminal, facility or other property waiting to be dispatched.
- b. Time inspecting equipment as required, or servicing/conditioning a motor vehicle.
- c. Driving.
- d. Time spent in or on any commercial vehicle.
- e. Time spent loading or unloading a vehicle or remaining in readiness to operate a vehicle.
- f. Time spent supervising or assisting loading or unloading a vehicle.
- g. Time spent attending a vehicle being unloaded.
- h. Time spent performing driver requirements relating to accidents.
- i. Time spent repairing, obtaining assistance or remaining in attendance upon a disabled vehicle.
- j. Time spent providing a breath or urine sample in compliance with the requirements of Part 382.

### **Prohibited Conduct**

Specifically, all drivers who are performing safety sensitive functions must comply with the following:

- a. No driver shall report for duty or remain on duty while having an alcohol concentration of 0.02 or greater.
- b. No driver shall possess alcohol, unless the alcohol is manifested and transported as part of a shipment.
- c. No driver shall use alcohol while performing safety sensitive functions.
- d. No driver shall perform safety sensitive functions within four hours of using alcohol.
- e. No driver required to take a post accident alcohol test shall use alcohol for eight hours following the accident, or until he or she undergoes a post accident alcohol test, whichever occurs first.
- f. No driver shall refuse to submit to a post accident; random; reasonable suspicion; or follow-up, alcohol or controlled substances test.
- g. No driver shall report for duty or remain on duty when the driver uses any controlled substance. An exception is when the use of the controlled substance is pursuant to the instructions of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle. (The employer may require a driver to inform the employer of any therapeutic drug use.) Note: the use of another individual's prescription medicine may be considered prohibited controlled substance use.

- h. No driver shall report for duty, remain on duty, or perform a safety sensitive function, if the driver tests positive for controlled substances.

**Types of Testing**

The following alcohol and controlled substance tests will be performed. In order for the driver to be allowed to perform safety sensitive functions, a negative result for controlled substances and an alcohol concentration of less than 0.02 will be necessary. (a concentration between 0.02 and 0.039 will result in a 24 hour disqualification. A concentration of 0.04 will result in a positive test)

- a. Pre employment - administered prior to a driver performing safety sensitive functions for the first time for an employer. (controlled substances testing only)
- b. Post accident - administered as soon as practicable, following an accident involving a commercial motor vehicle, if there is a fatality, or if the driver is cited for a moving traffic violation. (we must test for alcohol within 8 hours of the accident, and controlled substances within 32 hours).
- c. Random - administered if a driver’s name is selected in a random drawing, conducted periodically throughout the year. Drivers notified of a random selection must submit immediately for testing.
- d. Reasonable Suspicion - administered if the employer has reasonable suspicion to believe the driver is in violation of any of the prohibitions listed above.
- e. Return to Duty - Administered prior to a driver returning to duty, following a “positive” controlled substances or alcohol test. We must also administer a return to duty test if a driver is disqualified from the random pool for any reason, and then re-enters the random pool.
- f. Follow-Up – If a driver has refused to test or tested positive, and wishes to be requalified to perform safety sensitive functions, he/she must be counseled by a Substance Abuse Professional (SAP), follow the recommended program, and then produce a negative “Return to Duty” test result. The SAP will then direct the company to administer a minimum of six “Follow-Up” tests in the next 12 months. This number may be increased by the SAP. The company will select the times for the follow-Up tests.

**Testing Procedures**

All testing will be performed with procedures that are outlined in the Code of Federal Regulations, Part 40. These procedures are designed to protect the driver, maintain integrity in the testing process and safeguard the validity of the test results.

**Consequences of Prohibited Conduct**

Any driver who engages in conduct prohibited by Part 382 will be immediately removed from performing any safety sensitive function. In addition, the driver will be subject to termination from his/her employment with Dispatch&Consulting Services, Inc dba DCS Transport. Under the company’s current policy, the driver who tests positive will be offered a “once per lifetime” last chance to be reinstated. The reinstatement will be subject to the driver submitting to a treatment needs assessment by an authorized Substance Abuse Professional, and following and completing the recommended treatment. In addition, the driver will be required to submit to a Return To Duty controlled substance and/or alcohol test.

**Refusal To Test**

If any driver refuses to test under the conditions outlined in Part 382, the refusal will be treated as a positive result, and will be subject to consequences of a positive test.

Driver’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information**

The following pages contain information regarding the symptoms and effects of the use of alcohol and controlled substances.

All employees are encouraged to be familiar with this document and with the requirements of the Federal Motor Carrier Safety Regulations, Parts 382 and Part 40.

# **Alcohol and Controlled Substances Physical Symptoms, Uses and Effects**

**General Signs of Abuse of alcohol and controlled substances include:**

- Tardiness or absenteeism
- Borrowing money from co-workers
- Problems with relationships
- Increased irritability
- Decreased attention span
- Difficulty remembering instructions
- Taking criticism personally
- Denial of any problem
- Paraphernalia present

**Types of paraphernalia:**

- Roach clips
- Cigarette papers
- Pipes, bongs
- Razor blades, small mirrors
- Small spoons and straws
- White powder
- Syringes; needles
- Eye droppers
- Rubber tubing

**Physical Symptoms**

**Uses and Effects**

**Marijuana**

Red eyes	Some medical uses for THC
Pale face	Effect lasts 2-4 hours; stays in system for several days/weeks; stored in fat tissue cells
Strong odor, like burning rope	
Loud, boisterous in early stages	Smoked or taken orally
Sleepy, stuporous in later stages	Causes euphoria; increased appetite; disoriented behavior; relaxed inhibitions; negative effect on peripheral vision
	Overdose can cause fatigue; paranoia; not fatal

## **Cocaine**

Runny nose; nasal problems	May be used as a local anesthetic
Needle marks on arms	Highly addictive
Dizziness	Effect lasts 1-2 hours
Dilated pupils	Sniffed, smoked or injected
Dry mouth and nose	Increased alertness; euphoria; excitation; increased pulse and blood pressure; insomnia; loss of appetite
Bad breath; frequent lip licking	Overdose can cause agitation; hallucination; convulsions; possible death
Lack of interest in food and sleep	

## **Opiates**

Drowsiness; lethargy	Used as pain killer; cough medicine
Slurred speech	Highly addictive (codeine is moderately addictive)
Constricted pupils	Effect lasts 3-6 hours
Needle scars	Sniffed, injected, smoked, taken orally
Loss of appetite	Causes euphoria; drowsiness; nausea
Nausea; flushed face	Overdose can cause slow, shallow breathing; clammy skin; convulsions; possible death

## **PCP**

Increased heart rate/blood pressure	No medical uses
Flushing, sweating, dizziness, numbness, drowsiness	Highly addictive; effect lasts several days
Pupils dilated	Smoked, injected, taken orally
Rigid muscles, deadened actions	Causes illusions; hallucinations
Symptoms of intoxication without smell of alcohol	Overdose may cause more intense trips; possible death

## Amphetamines

Increased heart and breathing rates

Used for weight control; to treat narcolepsy; attention deficit disorder

High blood pressure; high fever

Highly addictive

Dilated pupils

Effect lasts 2-4 hours

Decreased appetite; dry mouth

Injected or taken orally

Sweating; headache; blurred vision; dizziness

Increased alertness, pulse, and blood pressure; insomnia; loss of appetite; euphoria; excitation

Unable to sleep

Overdose may cause agitation; convulsions; possible death

## Alcohol

Sloppiness

Limited medicinal use; over the counter sleep aids; cough syrups

Slurred speech

Addictive; may be genetic

Trouble walking

Moody, emotionally unstable

Has the "shakes"

Accident-prone

Blackouts

Withdrawn; may be violent; overly talkative

Hangover (headaches)

Smell of alcohol

## **Dispatch&Consulting Services, Inc dba DCS Transport Cell Phone/Wireless Device Policy**

It is the policy of this company to follow cell phone usage while driving rules described in FMCSA rule 392.80 (prohibition against texting) and 49 CFR parts 383, 384, 390, 391, and 392 (restrict the use of hand-held mobile telephones by drivers of commercial motor vehicles), effective January 3, 2012.

This company prohibits drivers to use hand-held mobile phones while driving a commercial motor vehicle while in our employ.

Hands-free use of a mobile telephone is allowed using either a wired or wireless earpiece, or the speakerphone function of the mobile telephone. Wireless connection of the mobile telephone to the vehicle for hands-free operation of the telephone, which would allow the use of single-button controls on the steering wheel or dashboard, would also be allowed.

A driver must have his or her mobile telephone located where the driver is able to initiate, answer, or terminate a call by touching a single button while the driver is in the seated driving position and properly restrained by a seat belt. If the mobile telephone is not close to the driver and operable while the driver is restrained by properly installed and adjusted seat belts, then the driver is considered to be reaching for the mobile phone, which is prohibited.

A driver's use of the Push-to-Talk function on a mobile telephone violates the prohibition against holding the phone. This includes the continuous holding of a button that is necessary to use a Push-to-Talk feature through a mobile telephone, even when the driver is using a connected microphone or wireless earphone.

I have read, understand and will abide by the Company Cell Phone/Wireless Device Policy. Should I find myself in a situation where I cannot meet this requirement, I will notify the company immediately. I understand that this document provides the information on how the company wishes me to comply with the policy and that failing to do so can lead to disciplinary action up to and including termination.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Dispatch&Consulting Services, Inc dba DCS Transport

## Rolling Stock Maintenance Policy

*\*References are made within these policies that refer to regulations outlined in the Federal Motor Carrier Safety Regulations. You have been provided a copy of these regulations for your reference. If you did not receive a copy or need an additional copy, please let management know.*

### General

1. The company will systematically inspect, repair, and maintain, or cause to be systematically inspected, repaired, and maintained, all motor vehicles and intermodal equipment subject to its control.
2. Parts and accessories shall be in safe and proper operating condition at all times. These include those specified in part 393 of the FMCSR's and any additional parts and accessories which may affect safety of operation, including but not limited to, frame and frame assemblies, suspension systems, axles and attaching parts, wheels and rims, and steering systems.
3. The company will maintain, or cause to be maintained, records for each motor vehicle we control. These records include:
  - a. An identification of the vehicle including company number,
  - b. make,
  - c. serial number,
  - d. year,
  - e. tire size.
4. The company will indicate the nature and due date of the various inspection and maintenance operations to be performed on each vehicle;
5. The company will record each inspection, repair, and maintenance indicating their date and nature;
6. The company will record tests conducted on push out windows, emergency doors, and emergency door marking lights on buses.
7. The company shall not permit any person to operate nor shall any person operate any motor vehicle marked "out-of-service" until all repairs required by the "out-of-service notice" have been satisfactorily completed.

### Violations Reports

1. Drivers who receive an inspection report shall deliver a copy to the motor carrier operating the vehicle upon his/her arrival at the next terminal or facility. If the driver is not scheduled to arrive at a terminal or facility within 24 hours, the driver shall immediately mail, fax, or otherwise transmit the report to the motor carrier.
2. The company shall examine the violation report. Violations or defects noted thereon shall be corrected.
3. Within 15 days following the date of the inspection, the company shall—
  - a. Certify that all violations noted have been corrected by completing the "Signature of Carrier, Title, and Date Signed" portions of the form;
  - b. Return the completed roadside inspection form to the issuing agency at the address indicated on the form and retain a copy at our principal place of business.

### Driver Vehicle Inspection Reports (DVIR'S)

1. Drivers shall prepare a report in writing at the completion of each day's work on each vehicle operated. The report shall cover at least the following parts and accessories:—Service brakes including trailer brake connections—Parking brake—Steering mechanism—Lighting devices and reflectors—Tires—Horn—Windshield wipers—Rear vision mirrors—Coupling devices—Wheels and rims—Emergency equipment.
2. The Driver report shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. If a driver operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.
3. The company shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.
4. The company shall certify on the original driver vehicle inspection report which lists any defect or deficiency, that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again.
5. The company shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three months from the date the written report was prepared.
6. Before driving a motor vehicle, the driver shall:
  - a. Be satisfied that the motor vehicle is in safe operating condition;
  - b. Review the last driver vehicle inspection report;
  - c. Sign the report, only if defects or deficiencies were noted by the driver who prepared the report, to acknowledge that the driver has reviewed it and that there is a certification that the required repairs have been performed.

### Annual Inspection

1. The company shall, on an annual basis, have inspections performed on each vehicle that include, at a minimum, the parts and accessories set forth in appendix G of the FMCSR'S.
2. The company shall ensure that all parts and accessories on commercial motor vehicles intended for use in interstate commerce are maintained at, or promptly repaired to, the minimum standards set forth in appendix G of the FMCSR's.

I have read, understand and will abide by the company policies set forth under its Rolling Stock Maintenance Policies. I understand that failure to follow these policies may result in discipline up to and including termination.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dispatch&Consulting Services, Inc dba DCS Transport Hours of Service Policy

Federal Motor Carrier Safety Regulations (FMCSR ) Prohibit motor carriers from allowing or requiring a driver to operate a commercial motor vehicle in violation of the FMCSR Part 395 Hours of Service Regulations. In addition, it is the responsibility, duty, and corporate policy of Dispatch&Consulting Services, Inc dba DCS Transport, to establish policies and procedures that are consistent with government regulations and our civic duty to promote motor carrier and highway safety. It is the purpose of this Hours of Service Policy to accomplish these goals. This policy applies equally and without prejudice to all drivers who are dispatched by Dispatch&Consulting Services, Inc dba DCS Transport and/or represent Dispatch&Consulting Services, Inc dba DCS Transport in the transportation of goods. All drivers must adhere to the 11-hour, 14-hour, 60hour/7day/8day and all other applicable rules as described in the current FMCSR part 392 and Part 395. This includes the turning in of original daily logs within the time frame (13 days) prescribed by Part 395 and all record keeping requirements supplied there. We are providing to you a copy of the Interstate Truck Driver's Guide to Hours of Service published by the FMCSA as reference material for your use. Should you have any questions in regards to Hours of Service regulations, please ask your supervisor.

### **Violations of these regulations shall result in the following consequences**

**First Violation** of a 11-hour, 14-hour, 60-hour/7day or 70-hour/8 day rule without an allowable exception; driver failure to turn in logs; OR, a driver falsified log shall result in a verbal warning which shall be noted by the driver's supervisor in the driver's file.

**Second Violation** of a 11-hour, 14-hour, 60-hour/7day or 70-hour/8 day rule without an allowable exception; driver failure to turn in logs; OR, a driver falsified log within 30 days of the first violation shall result in a written warning which shall be completed by the driver's supervisor and placed in the driver's file. At the Company's discretion, the driver may additionally be required to attend a 2-hour Driver's Hours of Service Class at the driver's expense.

**Third Violation** of a 11-hour, 14-hour, 60-hour/7day or 70-hour/8 day rule without an allowable exception; driver failure to turn in logs; OR, a driver falsified log within 30 days of the second violation shall result in the suspension of driving for a minimum of 7 days and /or termination of lease.

Dispatch&Consulting Services, Inc dba DCS Transport reserves the right to withhold loads until an investigation can be completed at any time when it is judgment there is sufficient reason to believe that the driver is driving without regard for public safety.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

# Dispatch&Consulting Services, Inc dba DCS Transport

## Driver Qualifications Policy

*\*References are made within these policies that refer to regulations outlined in the Federal Motor Carrier Safety Regulations. You have been provided a copy of these regulations for your reference. If you did not receive a copy or need an additional copy, please let management know.*

The following are company policies in regards to Driver Qualifications:

- (1) Is at least 21 years old;
- (2) Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- (3) Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
- (4) Is physically qualified to drive a commercial motor vehicle in accordance with [subpart E](#)—Physical Qualifications and Examinations of this part;
- (5) Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
- (6) Has prepared and furnished the Company with the list of violations or the certificate as required by [§391.27](#);
- (7) Is not disqualified to drive a commercial motor vehicle under the rules 391 and 383.
- (8) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with [§391.31](#), or has presented an operator's license.
- (9) Can, by reason of experience, training, or both, determine whether the cargo he/she transports has been properly located, distributed, and secured in or on the commercial motor vehicle he/she drives;
- (10) Is familiar with methods and procedures for securing cargo in or on the commercial motor vehicle he/she drives.

Regulation violations that disqualify you from operating a commercial vehicle and can subject you to immediate termination are:

1. Driving a commercial motor vehicle while the person's alcohol concentration is 0.04 percent or more;
2. Driving under the influence of alcohol, as prescribed by State law;
3. Refusal to undergo such testing as is required by any State or jurisdiction in the enforcement of [§ 391.15\(c\)\(2\)\(i\) \(A\)](#) or [\(B\)](#), or [§ 392.5\(a\)\(2\)](#).
4. Driving a commercial motor vehicle under the influence of a 21 CFR 1308.11 Schedule I identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug;
5. Transportation, possession, or unlawful use of a 21 CFR 1308.11 Schedule I identified controlled substance, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while the driver is on duty, as the term on-duty time is defined in [§ 395.2](#) of this subchapter;
6. Leaving the scene of an accident while operating a commercial motor vehicle;
7. A felony involving the use of a commercial motor vehicle.

I have read the company policies regarding driver qualifications and certify that I meet the standards outlined. In addition, I understand that receiving the Out of Service violations stated in the Driver Qualification policies can subject me to immediate termination.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_