

COMMERCIAL MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

Jacob C. Simmons/ DBA Simmons Railroad Group
38277 Bullion Switch Road Prairieville, LA 70769
(225) 673-2021 Office (225) 673-2051 Fax
USDOT#: 2568606

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or another category protected by law.

DRIVER APPLICANT INFORMATION

Applicant's Name			Date of Application	
Current Address		City	State	Zip
Social Security Number		Date of Birth	Phone	

ADDRESSES FOR THE PAST THREE YEARS (*Prior to date of application*)

1.	Street Address	City	State and Zip	How Long?
2.	Street Address	City	State and Zip	How Long?
3.	Street Address	City	State and Zip	How Long?

GENERAL QUESTIONS

1. Position Applying For: _____ Full Time Part Time Temporary

2. Who Referred You: _____ Rate of Pay Expected: _____

3. Have you worked here before? YES NO If yes, from: _____ to _____

Which location: _____ List Position Held: _____

List Rate of Pay: _____ Reason for Leaving: _____

4. Names of any relatives employed by this company: _____

5. Are you employed now? YES NO If not, how long since leaving last employment? _____

6. Are you legally qualified to work in this country? YES NO

7. Have you ever been convicted of a felony? YES NO If yes, please explain: _____

SAFETY PERFORMANCE HISTORY INVESTIGATION – PREVIOUS USDOT REGULATED EMPLOYERS

Please complete one form for each previous USDOT regulated employer within the previous three (3) years.

DRIVER APPLICANT RELEASE

I hereby specifically authorize you to release the following information to Jacob C. Simmons/ DBA Simmons Railroad Group and their agents for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

APPLICANT NAME (PLEASE PRINT): _____ SSN: _____

PREVIOUS EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMPLOYMENT DATES: _____ to _____

PREVIOUS EMPLOYER: In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.

1. Are the dates of employment correct as stated above? YES NO
If no, please provide correct dates of employment: _____
2. Did the applicant drive commercial motor vehicles for your company? YES NO
3. Was the applicant a safe and efficient driver? YES NO
4. Was the applicant involved in any vehicle accidents while employed with your company? YES NO
If yes, please provide details below.
5. Reason for leaving your employment: Resignation Discharged Lay Off
6. Has the applicant tested positive for a controlled substance in the last three (3) years? YES NO
7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last three (3) years? YES NO
8. Has the applicant refused a required test for drugs or alcohol in the last three (3) years? YES NO
9. Did the applicant complete a substance abuse rehabilitation program, if required? YES NO
If yes, please provide documentation of the employee's successful completion of DOT return to duty requirements.
10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? YES NO

Comments: _____

Name (Please Print): _____ Title: _____

Signature: _____ Date: _____

CERTIFICATE OF VIOLATIONS - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER REQUIREMENTS

Each motor carrier shall at least once every (12) months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (§391.27).

CERTIFICATION OF VIOLATIONS

(completed by driver/applicant)

Driver Name: _____ Social Security No. _____

Driver's License Number: _____ Driver's License State: _____

I certify that the following is 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.

- Violations are listed below. I have had no violations.

Date	Offense	Location	Type of Vehicle Operated

Driver's Signature: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

(completed by motor carrier)

I have hereby reviewed the driving record of the above named driver in accordance with §391.25 and find that he/she:

- Meets minimum requirements for safe driving.
- Is disqualified to drive a motor vehicle pursuant to §391.15
- Does not adequately meet satisfactory safe driving performance.

Action taken with driver: _____

Reviewed by: _____ (signature) _____ (date)

_____ (printed name) _____ (title)

EDUCATION

Type of School <i>(Elem, High, Tech, College)</i>	Name of Institution(s)	City and State	Highest Grade Completed or Degree Earned

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE: *(complete for each license/permit)*

State of Issue	License Number	Expiration Date	Type or Class of License	Endorsements

DRIVING EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Equipment Operated	Equipment Type <i>(please specify)</i>	# of Years Experience	Approximate Number of Miles Driven (Total)
Tractor Trailer			
Straight Truck			
Bus			
Other:			
Other:			

ACCIDENT RECORD FOR THE PAST (3) YEARS PRIOR TO APPLICATION DATE: IF NONE, WRITE "NONE".

Accident Date <i>(starting with most recent)</i>	Nature of Accident <i>(passenger vehicle, head-on, rear-end, etc.)</i>	Injuries/Fatalities	Comments

TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST (3) YEARS PRIOR TO APPLICATION DATE: *(other than parking)*

IF NONE, WRITE "NONE".

Conviction Date	Location (State)	Charge	Penalty

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

Have you ever had any license, permit, or privilege to operate ever suspended or revoked? YES NO

If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all work references during the preceding **three (3) years** from the date application is submitted. Those drivers applying to operate a commercial motor vehicle as defined in §383.5 (requiring a CDL) shall provide **ten (10) years** of employment history. **NOTE: Please list companies in reverse order starting with the most recent and leave no gaps in employment history. Please request additional sheets if necessary.**

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____
Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

**NOTIFICATION OF DRIVER APPLICANT'S RIGHTS
REGARDING SAFETY PERFORMANCE HISTORY INVESTIGATIONS**

According to §391.21(d) and §391.23(i) the prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years that he or she has the following rights regarding the investigative information that will be provided to the prospective employer.

- The right to review information provided by previous employers;
- 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;
- 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.

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. For the requirements of drivers and employers regarding these requests see §391.23(j).

SAFETY PERFORMANCE HISTORY INVESTIGATION RECORD

Prospective Employer: Jacob C. Simmons/ DBA Simmons Railroad Group 38277 Bullion Switch Rd. * Prairieville, LA 70769 * Phone Number: (225) 673-2021 / Fax Number: (225) 673-2051 Email: jcsimmons@simmonsrail.com * USDOT#: 2568606	
Applicant:	
Previous Employer:	
Address:	
USDOT No.:	Supervisor:
Phone:	Fax:
Email:	

1st ATTEMPT

Method of Contact: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other _____
Date(s):
Remarks:

2nd ATTEMPT

Method of Contact: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other _____
Date(s):
Remarks:

FINAL ATTEMPT

Method of Contact: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other _____
Date(s):
Remarks:

Company Representative: _____ Title: _____

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

DRIVER APPLICANT

I hereby authorize you to release the following information to Jacob C. Simmons/ DBA Simmons Railroad Group and their agents for the purposes of investigation as required by §391.23 and §391.25 of the Federal Motor Carrier Safety Regulations. If hired, I authorize an annual check of my motor vehicle record as required by §391.25 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

MOTOR CARRIER

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 51-908, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

- 1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Requester's Signature: _____ Date: _____

(printed name)

(requester's company)

Address: _____ (street) (city) (state) (zip)

[] The following named person has made application with our company for the position of _____ In accordance with §391.23 of the U.S. Department of Transportation Regulations, please furnish the above signed with the applicant's driving record for the past three (3) years.

[] The following named person is employed with our company in the position of _____ In accordance with §391.25 of the U.S. Department of Transportation Regulations, please furnish the above signed with the employee's driving record for the past year.

Name of Applicant/Employee: _____

Address: _____ (street) (city) (state) (zip)

Former Address: _____ (street) (city) (state) (zip)

Date of Birth: _____ Social Security No: _____

Driver's License No. _____ Driver's License State: _____

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER REQUIREMENTS

The requirements of Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle with a GVWR of 26,001 lbs. or more, can transport (16) or more people, or transports hazardous materials that require placarding.

The requirements of Part 391 apply to every driver who operates in interstate commerce and operates a vehicle with a GVWR of 10,001 lbs. or more, can transport (9) or more people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain regulations that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. Must Posses Only One License:

You, as a commercial motor vehicle driver, may not posses more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stole, or destroyed, close you record by notifying the state of issuance that you no longer want to be licensed by the state.

2. Notification of License Suspension, Revocation, or Cancellation:

Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify you employer the next business day of any revocation or suspension of your driver's license. In addition Section 383.31 requires that any time you violate a state or local traffic law (other than parking violation), you must report it within 30 days to: 1. Your employing motor carrier, and 2. The state that issued you license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be writing.

The following license is the only one I will possess:

Driver's License No. _____ State: _____ Expiration: _____

I hereby certify that I have read and agree to the above stated requirements.

Driver's Name (printed): _____

Driver's Signature: _____ Date: _____

**DRIVER STATEMENT OF ON-DUTY HOURS
(FOR NEWLY HIRED & INTERMITTENT DRIVERS)**

MOTOR CARRIER REQUIREMENTS

Motor carriers using a driver for the first time shall obtain from the driver a signed statement giving the total on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for this carrier (Rule 395(j)(2) of the Federal Motor Carrier Safety Regulations).

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

DRIVER APPLICANT

Driver's Name (print): _____ SSN: _____

Driver's License No. _____ State: _____ Class: _____

Endorsement(s): _____ Restriction(s): _____

DAY	1 <i>(Yesterday)</i>	2	3	4	5	6	7	
DATE								TOTAL HOURS
HOURS WORKED								

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ AM/PM On _____
(time) *(month)* *(day)* *(year)*

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

MOTOR CARRIER REQUIREMENTS

When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing and other work in the capacity of, or in the employment or service of, a common, contract or private motor carrier, also performing and compensated work for any non-motor carrier entity.

DRIVER APPLICANT

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while still employed by this company? YES NO

I hereby certify that the information given above is accurate and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT CONTROLLED SUBSTANCES OR ALCOHOL TEST DISCLOSURE

The following question is made necessary for employment with Jacob C. Simmons/ DBA Simmons Railroad Group by the Federal Motor Carrier Regulations, Section 40.25.

Have you ever 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 (2) years?

YES, I have.

If yes, please provide the name of the Substance Abuse Professional (SAP) that evaluated you below, along with the name of the agency that performed your return to duty test.

Substance Abuse Professional: _____ Phone: _____

Return to Duty Test: _____

NO, I have not.

Applicant (please print): _____

Applicant Signature: _____ Date: _____

If you answered yes to the above question please request Consent for Release of Information regarding Previous Pre-Employment Controlled Substances or Alcohol Testing form.

**CONTROLLED SUBSTANCES & ALCOHOL TESTING
CONSENT FORM**

By my signature I acknowledge that I have read, understand, and agree to comply with the drug and alcohol testing program of Jacob C. Simmons/ DBA Simmons Railroad Group, as well as the U.S. Department of Transportation Regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered for employment, and continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine and/or breathe/saliva testing for controlled substances and/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath, saliva, or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random or event triggered testing as may be required by U.S. Department of Regulations or company policy.

Applicant Signature: _____ Date: _____

CONTROLLED SUBSTANCES & ALCOHOL TESTING POLICY RECEIPT

I, (Applicant) _____ have received a copy of the Controlled Substance and Alcohol Testing Policy for Jacob C. Simmons/ DBA Simmons. By my signature, I acknowledge that I have read, understand, and consent to this Policy.

Applicant Signature: _____ Date: _____

APPLICATION 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 Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Jacob C. Simmons/ DBA Simmons Railroad Group ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Jacob C. Simmons/ DBA Simmons Railroad ("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.

3. 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

Educational Materials on the Effects of Alcohol & Drug Use

Effects of Alcohol Misuse

Alcohol is a socially accepted drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and symptoms

Physical characteristics

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(NOTE: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health risks

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.
- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.
- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.
- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.
- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.
- Heavy alcohol consumption causes brain damage manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

The following table shows some general effects of varying levels of BAC:

BAC	Behavioral Effects
0.02-0.09%	Loss of muscular coordination, impaired senses, changes in mood and personality.
0.10-0.19%	Marked mental impairment, further loss of coordination, prolonged reaction time.
0.20-0.29%	Nausea, vomiting, double vision.
0.30-0.39%	Hypothermia, blackouts, anesthesia.

0.40-0.70%

Coma, respiratory failure, death.

Driver impairment

Alcohol consumption is associated with a wide range of accidents and injuries resulting from the impaired performance of complex mental and motor functions. The relationship between alcohol and motor vehicle crashes is well known. The subtlety and complexity of the skills required to operate motor vehicles make them susceptible to impairment by even low doses of alcohol.

The evidence linking alcohol and transportation accidents is supported by National Institute on Alcohol Abuse and Alcoholism experimental studies of alcohol's effect on specific driving-related skills. These skills may be divided into cognitive skills, such as information processing, and psychomotor skills (those involving eye-brain-hand coordination). Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, a blood alcohol concentration (BAC) of 0.04 percent might be achieved by a 150-pound man consuming two drinks in one hour.

The brain's control of eye movements is highly vulnerable to alcohol. In driving, the eyes must focus briefly on important objects in the visual field and track them as they (and the vehicle) move. Low to moderate BACs (0.03 to 0.05 percent) interfere with voluntary eye movements, impairing the eye's ability to rapidly track a moving target.

Steering is a complex psychomotor task in which alcohol effects on eye-to-hand reaction time are superimposed upon the visual effects described above. Significant impairment in steering ability may begin as low as about 0.035 percent BAC and rises as BAC increases.

Alcohol impairs nearly every aspect of information processing by the brain. Alcohol-impaired drivers require more time to read a street sign or to respond to a traffic signal than unimpaired drivers; consequently, they tend to look at fewer sources of information. Research on the effects of alcohol on driver performance shows a narrowing of the attentional field beginning at about 0.04 percent BAC.

The most sensitive aspect of driving performance is the division of attention among component skills. Drivers must maintain their vehicles in the proper lane and direction while monitoring the environment for vital safety information, such as other vehicles, traffic signals, and pedestrians. Alcohol-impaired subjects who are required to divide their attention between two tasks tend to favor one of them. Therefore, alcohol-impaired drivers tend to concentrate on steering, becoming less vigilant with respect to safety information. Results of numerous studies indicate that divided attention deficits occur as low as 0.02 percent BAC.

The combined effects of these individual deficits on overall performance have been studied under simulated vehicle-operating conditions. A review of six ground-traffic simulator studies demonstrated consistently poorer performance at BACs of 0.048 percent and above.

Results of these studies permit certain conclusions to be drawn. First, the degree of impairment depends on the complexity of the task involved as well as the BAC. Second, the magnitude of alcohol-induced impairment rises as BAC increases and dissipates as alcohol is eliminated from the body. Third, at a given BAC, some skills are more impaired than others. Finally, investigators have not found an absolute BAC threshold below which there is no impairment of any kind. Certain skills important for driving are impaired at 0.01 to 0.02 percent BAC, the lowest levels that can be measured reliably by commonly used devices.

Effects of Controlled Substance Use: Amphetamines and Methamphetamines

Amphetamines and methamphetamines are both stimulant drugs. Amphetamines have common street names such as speed, uppers, black beauties, bennies, wake-ups, and dexies. Some common street names for methamphetamines include ice, crank, crystal meth, 64 glass, cristy, go fast, OZs and in smokable form "LA glass" (as in the city of Los Angeles).

Amphetamines and methamphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. While amphetamines are usually sold in tablet form, methamphetamines are available as powder, and may be swallowed, snorted, or injected.

Although they were widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. In action, methamphetamines are nearly identical to amphetamines. They are abused for the physical sense of energy at lower doses and the mental exhilaration of higher doses. Even small, infrequent doses can produce toxic effects in some people.

Signs and symptoms

Physical characteristics

- Hyperexcitability, restlessness, anxiety;
- Dilated pupils;
- Profuse sweating;
- Rapid respiration;
- Difficulty in focusing eyes; and
- Exaggerated reflexes, body tremors.

Other effects

- Impaired driving ability;
- Loss of appetite;
- Headaches/dizziness;
- Confusion;
- Panic;
- Talkativeness;
- Inability to concentrate;
- Short-term insomnia;
- Paranoid thoughts; and
- Hallucinations.

Health risks

Consider the physical effects on an individual using an amphetamine or methamphetamine:

Heartbeat disturbances or heart damage caused by severe constriction of capillary blood vessels;

- Increased blood pressure;
- Convulsions;
- Coma;
- Brain damage resulting in speech disturbances;
- High doses may cause toxic psychosis resembling schizophrenia; and
- Long-term users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair.

People with a history of sustained low-dose use quite often become dependent and believe they need to take the drug to “get by.” These users frequently keep taking amphetamines to avoid the “down” mood they experience when the “high” wears off.

Driving impairment

These drugs chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Effects of Controlled Substance Use: Cocaine

Cocaine (a.k.a., as blow, Charlie, coke, snow or zip) is a stimulant drug that is inhaled (snorted), ingested, or injected. Free-base cocaine (a.k.a., base, crack, or rock) is smoked.

Cocaine is considered the primary drug threat in the U.S. because it is easy to get, has a high rate of overdose, and has a strong correlation to violence. Review the following facts about its use:

- The number of cocaine overdose deaths has tripled.
- Treatment success rates are lower for cocaine than for other chemical dependencies.
- Cocaine causes the strongest mental dependency of any known drug. Strong psychological dependency can occur within one "hit" of crack.

Many people think that because crack is smoked, it is safer than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack "high" is reached in 4-6 seconds and lasts about 15 minutes.

Cocaine is used medically as a local anesthetic. It is abused for its powerful physical and mental stimulant properties. The entire central nervous system is energized by cocaine. Heart rate and blood pressure are elevated. Muscles become more tense and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Crack or rock cocaine gets its name from the popping sound heard when it is heated. The most dangerous effect of crack is that it can cause vomiting, rapid heart beat, tremors, and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing, and heartbeat are depressed — leading to death.

Signs and symptoms

Physical characteristics

- Fatigue;
- Anxiety and agitation;
- Runny or irritated nose;
- Difficulty in concentration;
- Dilated pupils and visual impairment;
- High blood pressure, heart palpitations and irregular heart rhythm;
- Insomnia; and
- Profuse sweating and dry mouth.

Other effects

- Impaired driving ability;
- Hallucinations;
- Talkativeness;
- Restless, aggressive behavior;
- Wide mood swings;

- Increased physical activity;
- Heightened, but momentary, feeling of confidence, strength and endurance;
- Paranoia (which can trigger mental disorders in users prone to mental instability);
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane, which may cause nosebleeds;
- Compulsive behavior such as teeth grinding or repeated hand washing; and
- Craving for more cocaine.

Health risks

The physical effects of cocaine use include accelerated pulse, blood pressure, and respiration. Use may also result in spasms of blood vessels in the brain and heart, leading to ruptured vessels that lead to heart attack and stroke. Regular use may upset the chemical balance of the brain, which may speed up the aging process by causing irreparable damage to critical nerve cells.

Mental dependency on crack cocaine occurs within days (within several months when coke is snorted). Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid and the fatal effects of an overdose are usually not reversible by medical intervention.

How cocaine impairs driving

Cocaine chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Effects of Controlled Substance Use: Marijuana

Marijuana (a.k.a., grass, pot, weed, gold, joint, hemp, and reefer) has the active chemical THC. Marijuana is one of the most misunderstood and underestimated drugs of abuse. It is used for its mildly tranquillizing, mood, and perception altering effects. It alters the brain's interpretation of incoming messages, but does not depress the reactions of the central nervous system. It alters a person's sense of time and reduces the ability to perform tasks requiring concentration, swift reflexes, and coordination. The drug has a significant effect on a user's judgment, caution, and sensory/motor abilities.

Signs and symptoms of use

Physical characteristics

- Reddened eyes;
- Slowed speech;
- Distinctive, pungent odor on clothing (aroma of alfalfa combined with incense);
- Lackadaisical "I don't care" attitude;
- Chronic fatigue and lack of motivation;
- Irritating cough; and
- Chronic sore throat.

Other effects

- Restlessness;
- Inability to concentrate;
- Increased pulse rate and blood pressure;
- Rapidly changing emotions and erratic behavior;
- Impaired memory and attention;
- Fantasies and paranoia;
- Decrease in/temporary loss of fertility;
- Distorted perception of time;
- Apathy;

- Delayed decision making;
- Aggressive urges;
- Anxiety; and
- Confusion.

Even though it is a common misperception that marijuana is harmless, it is important to note the following startling facts about its use:

- Unlike alcohol which dissipates in a matter of hours from the body, marijuana remains in the body for 28 days.
- The THC potency of marijuana has increased from 500 percent to 800 percent over the past several years makes smoking three to five joints (cigarettes) per week today the equivalent of 15 to 40 joints per week in 1978.
- Combining marijuana with alcohol or other depressant drugs can produce a multiplied effect, increasing the impairment caused by all substances.

Health risks

Over time, long-term inhalation of marijuana smoke may result in the following health hazards:

- Lung irritations;
- Emphysema-like conditions;
- Cancer;
- Heart conditions;
- Respiratory tract and sinus infections caused by the fungus *Aspergillus*, a common contaminant of marijuana;
- Lowered immune system response;
- Aggravation of ulcers; and
- Brain damage.

Marijuana causes long-term negative effects on mental function, also known as “acute brain syndrome,” characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

How marijuana impairs driving

Next to alcohol, marijuana is the most frequently found substance in drivers involved in fatal crashes. The following affect the performance of a driver who is under its influence:

- Impaired driving ability for at least 4-6 hours after smoking one “joint” (cigarette).
- Impaired signal detection (ability to detect a brief flash of light).
- Impaired tracking (ability to follow moving objects with the eyes).
- Impaired visual distance measurements.

THC is stored in body fat and is slowly released over time, causing a long-term effect on overall performance. Like the other drugs, marijuana chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Effects of Controlled Substance Use: Opiates

This classification of drugs includes narcotics, such as heroin, morphine, codeine, and many synthetic drugs used to alleviate pain, depress body functions and reactions. In large doses, opiates cause a strong euphoric feeling. Common street names are: horse, morpho, China, H, M, brown sugar, Harry and dope.

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even be obtained with a physician's prescription. It accounts for 90 percent of the narcotic abuse in the United States.

Most medical problems associated with the use of opiates are caused by uncertain dosages, use of unsterile needles, contamination of the drug, or from combining a narcotic with other drugs.

Signs and symptoms

Characteristics

- Mood changes;
- Impaired mental function and alertness;
- Impaired vision;
- Constricted pupils; and
- Impaired coordination.

Other effects

- Impaired driving ability;
- Drowsiness followed by sleep;
- Decreased physical activity;
- Sleeplessness and drug craving;
- Depression and apathy;
- Constipation; and
- Nausea and vomiting.

Health risks

One health risk is not from the actual drug itself, but rather from the IV needle of the user, which has a high risk for contracting hepatitis and HIV due to the sharing of needles.

Narcotics increase pain tolerance. As a result, people could more severely injure themselves and fail to seek medical attention due to a lack of pain sensitivity. The effects of narcotics are multiplied when used in combination with alcohol and other depressant drugs, causing an increased risk for overdose.

How opiates impair driving

Opiates chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Effects of Controlled Substance Use: Over-the-Counter and Prescription Medications

Over-the-counter medications, and even prescription medications, may interfere with a driver's ability to drive safely and within the requirements of the DOT Alcohol and Drug Regulations.

- Make sure you know about the possible side effects of these drugs before taking them — especially before driving.
- Consult your physician if you have any questions about a prescription and read the ingredients label and directions for use on every over-the-counter drug you use.

**Effects of Controlled Substance Use:
Phencyclidine (PCP)**

PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is often referred to as angel dust, rocket fuel, embalming fluid, and killer weed. PCP was developed as a surgical anesthetic in the late 1950s. Later, due to its unusual side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured. It is abused largely for its variety of mood-altering effects. PCP abuse is less common today than in the past.

Signs and symptoms

PCP scrambles the brain's internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult. A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

Physical characteristics

- Impaired driving ability;
- Impaired coordination;
- Thick, slurred speech;
- Severe confusion and agitation;
- Muscle rigidity; and
- Profuse sweating.

Other effects

- Loss of concentration and memory;
- Extreme mood shift;
- Nystagmus (jerky, involuntary eye movements);
- Rapid heartbeat;
- Dizziness;
- Convulsions; and
- Memory loss.

Health risks

The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body. PCP becomes more potent in combination with other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction. There are four phases to PCP use: toxicity (which may be accompanied by convulsions, combativeness, catatonia, and even coma), toxic psychosis (including visual delusions and paranoia), schizophrenia, and depression.

How PCP impairs driving

PCP chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously. It also causes severe disorientation.

As part of our continuing policy to ensure fair and equal treatment of our employees, we understand that there may be questions and concerns involving our drug and alcohol testing program. To assist our employees in understanding the requirements placed on both the employee and the employer please contact _____ at (xxx) xxx-xxxx.

Driver Quiz - Alcohol & Drug Use

Driver Name (Please Print): _____ Date: _____

1. A driver is prohibited from using alcohol:
 - a. While performing safety-sensitive functions.
 - b. During the 8 hours before performing safety-sensitive functions.
 - c. At all times whether on duty or off duty.
 - d. After 10 p.m.

2. The regulations prohibit the use of any drug that could affect performance of safety-sensitive functions including:
 - a. Having a drug concentration of 0.04 percent.
 - b. Use of drugs prescribed by a physician that will not affect a driver's ability to safely operate a commercial motor vehicle.
 - c. Testing positive for drugs.
 - d. None of the above.

3. Tests for drugs are done:
 - a. With a specially treated swab.
 - b. By analyzing a urine specimen.
 - c. Through a series of breath tests.
 - d. By analyzing a cardiac stress test.

4. Which of the following is not a type of testing required under the regulations.
 - a. Post-accident.
 - b. Random.
 - c. Return-to-duty.
 - d. Pre-employment alcohol testing.

5. What is the minimum annual rate for administering random drug testing.
 - a. 25 percent.
 - b. 50 percent.
 - c. 75 percent.
 - d. There isn't a minimum annual rate.

6. What is the minimum annual rate for administering random alcohol testing.
- a. 10 percent.
 - b. 25 percent.
 - c. 50 percent.
 - d. There isn't a minimum annual rate.
7. All people designated to supervise drivers must receive _____ minutes of training on alcohol misuse and _____ minutes of training on controlled substance use.
- a. 30 and 30.
 - b. 30 and 45.
 - c. 60 and 60.
 - d. 60 and 30.
8. All confirmation tests for alcohol must be performed by using:
- a. An evidential breath testing device.
 - b. An electrocardiograph.
 - c. Gas chromatography.
 - d. Mass spectrometry.
9. When randomly selected to undergo a drug or alcohol test, you:
- a. May report to the collection site at any time within the next 72 hours.
 - b. Must report to the collection site immediately.
 - c. Must make an appointment for a test with your family physician.
 - d. May report to the collection site within the next 16 hours.
10. After being notified that a drug test is positive a driver has _____ to request a test of the split specimen.
- a. 24 hours
 - b. 48 hours
 - c. 72 hours
 - d. an unlimited amount of time