DePUY PAVING, INC. APPLICATION FOR COMMERCIAL DRIVER POSITION

| Date | raye i |
|---|---|
| Federal Department of Transportation laws require er and alcohol testing and any motor vehicle related acc in which they may operate a commercial motor vehicle | idents or infractions for persons applying for a position |
| The following (attached) consent form will be sent to not understand any portion of these forms, please let | |
| Motor Vehicle driving records affects all applicants; if liability insurer it would prohibit us from hiring you. St vehicle/automobile insurance, therefore if you are unimotor vehicle thus preventing us from hiring you. | ate of Ohio law requires all drivers have |
| Testing form. The form INQUIRY TO PAST EMPLO | ASE section of the Alcohol and Controlled Substances |
| Your signature below acknowledges that you have re forms regarding alcohol and controlled substance tes also acknowledges that you understand this informati "Waiver" form of your own free will and did not sign up | ting and inquiry to past employers. Your signature on and have signed the "Consent for Release" and |
| | |
| Signature of Job Applicant | Date |
| Please Print Name | |
| PLEASE SIGN AND RETURN THIS PAGE AND (Atta | ached) |

COMPLETE INFORMATION IN SECTION 1: "TO BE COMPLETED BY PROSPECTIVE

EMPLOYEE" AND SIGN SECTION 1 "APPLICANT'S SIGNATURE" AND DATE

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

| I, (Print | Full Name) | | | | | |
|---|--|--|--|--|-------------------|------------------|
| First, Middle, Last Name hereby authorize: | | | Social Security No. | | | |
| | us Employer: | | | Telepl | | te of Birth |
| Street: | tate, Zip | | | Fax | | |
| to relea | ase and forward the information requested by S lled Substances Testing records within the prev | | | concerning my A | | |
| In comp | rospective Employer: DePuy Paving, Inc. Attention: Bo DeF 1850 McKinley Av. Columbus OH 432 pliance with §40.25 and 391.23(h), release of the entiality, (i.e. fax, email, or letter). Under §391. | Puy Fa enue Di 22 his information must be | rect Fax: e made in a v | 614-272-0256 614-272-7144 614-539-1526 written form that quiry within thirty | t S ensures | s of receipt. |
| APPLI | CANT'S SIGNATURE | DA | ATE | | | |
| t sammen na menden er selt kommon | SECTION 2: TO BE COMPLET | ED BY PREVIOUS | S/CURREN | NT EMPLOYE | ER . | |
| | cant was NOT subject to Dept. of Transportations of employment – fromtoto | | | | | ck here □, |
| In answ | ant was subject to Department of Transportation vering these questions, include any required Dovers in the three (3) years prior to the application | OT drug or alcohol test | ting informati | to_ on you obtained | from o | ther |
| Within | the past three (3) years from the application | on date shown in Sec | ction 1: | | □Yes | □No |
| 1. | Has this person violated any of the drug a or Subpart B of Part 381, including: | nd/or alcohol prohib | itions under | r 49 CFR Part | 40 | |
| | •An alcohol test with a result of 0.04 or hi | gher alcohol concen | ntration | | | |
| | A controlled substances test result of po A refusal to submit to a random, post-ac | sitive, adulterated, o cident, reasonable-s | or substitute suspicion, o | d. r follow up | | |
| | controlled substances or alcohol test •Alcohol use while performing or within 4 | hours before perform | ming safety- | -sensitive | | |
| | functions. | of \$202.202 | | | | |
| | Alcohol use after an accident, in violation Controlled substances use while on duty | • | under §382 | 2.213. | | |
| 2. | If this person violated a DOT drug and/or complete a rehabilitation program prescrib | | | essional (SAP) | | |
| | If rehabilitation was required but you do n | ot know if he/she be | gan or com | N/A□ pleted such a ı | □ orograr | n, |
| | check here | | | | | |
| 3. | If this person successfully completed a S/did he/she subsequently have an alcohol | | | | | oy, |
| | drug test, or refusal to be tested? | | | N/A□ | | |
| | | Tel | lephone | | | |
| Compa | | | | | | |
| | , City, State, Zip n 2 Completed By: (signature) | | | Date | | |
| Section | 11 2 Completed by. (signature) | | THE STATE OF THE S | Date | | |

Complete, Sign and Date Section 1 and Return

FOR YOUR INFORMATION

§391.23 Investigation and inquiries

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in the paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances

prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 of this chapter, or 40 CFR part 40, subpart O. If the previous employer does not know this information (i.e. an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to

completion of a §382.605 or 49 CFR part 40, subpart O referral:

(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(ii) Verified positive drug tests;

(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of §40.321 (b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

§Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

- (a) Yes, as an employer you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e. a new hire, or employee transferring into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.
- (b) You must request the information listed in paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(2) Verified positive drug tests;

Refusals to be tested (including verified adulterated or substituted drug test results);

(4) Other violations of DOT agency drug and alcohol testing regulations, and

(5) With respect to any employee who isolated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (i.e. an employer who did not hire an employee who tested positive in a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from pervious employers under this section or other applicable DOT agency regulations.

- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safetysensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section

written consent for the release of the information cited in paragraph (a) of this section.

- (g) The release of information under this section must be in any written form (i.e. fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.