



Bobcat Tucking

EMPLOYMENT APPLICATION

Application Information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt./Unit #

_____ Email: _____
City State Zip Code

Date Available: _____ S.S. no: _____ Desired salary: \$ _____

Position applied for: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Emergency Contact

Full name: _____ Relationship: _____

Phone number: _____

Previous Address

Please list addresses for the last three years.

Address: _____
Street address City State Zip

Address: _____
Street address City State Zip

Address: _____
Street address City State Zip

Education

High school:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diploma:	_____
College:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:	_____
Other:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:	_____

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job title:	_____	From:	_____	To:	_____
Responsibilities:	_____				
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Was your position subject to FMCSR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Was your position subject to DOT alcohol & controlled substance testing?

Yes No

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference?

Yes No

Was your position subject to FMCSR?

Yes No

Was your position subject to DOT alcohol & controlled substance testing?

Yes No

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference?

Yes No

Was your position subject to FMCSR?

Yes No

Was your position subject to DOT alcohol & controlled substance testing?

Yes No

Military Service

Branch: _____

From: _____ To: _____

Rank at discharge: _____

Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

EMPLOYEE ACKNOWLEDGMENT AND AGREEMENT

I have received a copy of the Bobcat Trucking ("the Company") Employee Handbook ("Handbook") and understand that it is my responsibility to read and understand the Company's policies, rules, and procedures, including those set out in this Handbook. I further understand that the Company reserves the right to add, change, or delete benefits, wages, personnel policies, and any and all other working conditions as it deems appropriate, with or without prior notice. I understand that this agreement supersedes any prior handbooks, and that no employee of the Company is authorized to make any representation to the contrary unless it is approved in writing by the Human Resources.

I acknowledge that this Handbook is not a contract of employment between the Company and me for any specific time period. The employment relationship between the Company and all employees is at-will and can be terminated at any time, either by myself or the Company, without prior notice or cause. Nothing contained in this Handbook is intended to violate or restrict any rights of employees under the National Labor Relations Act or any other state, federal, or local laws.

I understand that I am responsible for complying with the Company's policies, rules, and procedures, including those set out in this Handbook and including those that govern my conduct after termination from employment. I also understand that failure to comply with those policies, rules, and procedures may result in disciplinary action, up to and including immediate termination of employment and appropriate legal relief after my separation. Finally, I understand that any time I have questions regarding a policy, rule, or subject outlined in this Handbook, I should ask Human Resources for an explanation or assistance.

Employee Name (Printed)

Employee Signature

Date

ACKNOWLEDGMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY AND POLICY PREVENTING HARASSMENT IN THE WORKPLACE

I acknowledge that I have read and understand the Company's Equal Employment Opportunity Policy and Policy Preventing Harassment in the Workplace, including the anti-retaliation provisions and the complaint procedures set forth in those policies. I further understand that mistreatment of an employee on social media will carry the weight of any other workplace interaction. I agree to comply with these policies and to cooperate fully in their administration and enforcement.

Employee Name (Printed)

Employee Signature

Date

ACKNOWLEDGMENT OF TIMEKEEPING POLICY

I acknowledge that I have received, read, and understand the Company's Timekeeping Policy ("Policy"). I agree to comply with the terms of this Policy, understand that the Company has no business reason for me to engage in conduct that violates the terms of this Policy, and understand that violations of this Policy may result in disciplinary action, up to and including immediate termination of employment.

Employee Name (Printed)

Employee Signature

Date

**ACKNOWLEDGMENT OF POLICY REGARDING TELEPHONES, COMPUTERS,
ELECTRONIC COMMUNICATIONS, AND INTERNET**

I acknowledge that I have read and understand the Company's policy regarding Telephones, Computers, Electronic Communications, and Internet. I agree that I have no expectation of privacy with regard to information that is communicated, received, or stored over these systems, and I consent to the Company's accessing and monitoring of these systems. I further agree that a violation of this policy may result in disciplinary action, up to and including immediate termination of employment. Finally, I understand that nothing in this policy prohibits employees from engaging in any activity that is protected by the National Labor Relations Act.

Employee Name (Printed)

Employee Signature

Date

ACKNOWLEDGMENT OF POLICY REGARDING EMPLOYEE MONITORING AND GPS

I acknowledge that I have read and understand the Company's policy regarding Employee Monitoring and GPS. I agree that I have no expectation of privacy with regard to the use of the Company's systems I consent to the Company's monitoring of those systems. I further agree that misuse of company property may result in disciplinary action, up to and including immediate termination of employment.

Employee Name (Printed)

Employee Signature

Date

**ACKNOWLEDGMENT OF POLICY REGARDING
CONFIDENTIALITY AND PROPRIETARY INFORMATION**

I acknowledge that I have read and understand the Company's policy regarding Confidentiality and Proprietary Information. I agree to hold all confidential and proprietary information of the Company in the strictest of confidence, both during my employment and after my employment ends for any reason. I further agree to use the Company's and its customers' confidential information only for the contemplated purpose and that I will not disclose such information to anyone outside of the Company who is not authorized to receive it. I also understand that violation of the Company's Policy regarding Confidentiality and Proprietary Information may lead to disciplinary action, up to and including immediate termination of employment and/or legal relief, including injunctive relief. Finally, I understand that nothing in this policy prohibits employees from engaging in any activity that is protected by the National Labor Relations Act.

Employee Name (Printed)

Employee Signature

Date

**ACKNOWLEDGMENT OF DRUG FREE
WORKPLACE AND SUBSTANCE ABUSE POLICY**

I acknowledge that I have read and understand the Company's Drug Free Workplace and Substance Abuse policy. I understand that a violation of this Policy may result in the revocation of my employment offer from, or the immediate termination of my employment with, the Company.

I understand that unannounced searches may be conducted of my person, and my personal effects, belongings, lockers, baggage, office and desk to determine whether I am in violation of the Company's Drug Free Workplace and Substance Abuse Policy and any other company policy. I give my consent to the Company or its authorized representative to conduct any such search.

I RELEASE AND AGREE TO HOLD HARMLESS THE COMPANY AND ITS OFFICERS, EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS, FROM ANY LIABILITY TO ME BASED ON ANY SEARCH UNDERTAKEN PURSUANT TO THIS POLICY, THE RESULTS OF THE SEARCH, OR ACTIONS TAKEN BASED ON THOSE RESULTS. THIS RELEASE INCLUDES, BUT IS NOT LIMITED TO, LIABILITY BASED ON NEGLIGENCE.

Employee Name (Printed)

Employee Signature

Date



MVR Information
Answer All Questions - *Leave No Blanks*



Driving Experience:

Valid Driver's License Number & Issuing State TX _____ Class _____ Expires _____ DOB / /
 List States Operated in for the Last Three Years _____
 Has your license ever been revoked/suspended? YES NO _____
 If yes, please explain: _____

Class of Equipment:

	Type of Equipment (Van, Tank, Flat, Etc) LEAVE NO BLANKS	Dates From - To LEAVE NO BLANKS	Approximate Number of Total Miles LEAVE NO BLANKS
Straight Truck	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____
Motor Coach-School Bus	_____	_____	_____
Other	_____	_____	_____

Restrictions: _____ *If no driver's license, check none.*
 Endorsements: _____ None _____

List all accidents for the past 3 years. Write "NONE" if none to report.

Date: _____
 Location: _____
 Describe: _____

Date: _____
 Location: _____
 Describe: _____

Date: _____
 Location: _____
 Describe: _____

List all traffic citations for the past 3 years. Write "NONE" if none to report.

Date: _____
 Location: _____
 Describe: _____

Date: _____
 Location: _____
 Describe: _____

Date: _____
 Location: _____
 Describe: _____

List all alcohol/drug related driving offenses (DWI, DUI, etc.) Write "NONE" if none to report.

Date: _____
 Location: _____
 Describe: _____

Date: _____
 Location: _____
 Describe: _____

Date: _____
 Location: _____
 Describe: _____

CRIMINAL HISTORY: Have you ever been convicted, plead guilty, or accepted deferred adjudication as a result of any misdemeanor or felony criminal charge filed against you in state, federal or military court? YES _____ NO _____

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: _____ Applicant Signature: _____ Date Signed: _____

Driver Qualification File Checklist

Driver Qualification (DQ) File Checklist

At a minimum, the following items must be maintained on each driver. 49 C.F.R. 391.51. You may put a copy of this checklist in each driver file to remind you to obtain each item.

Name of Driver _____ SSN: _____

CDL State: _____ Number: _____ Class: _____ Indorsements: _____

Date of Birth: _____ Hire Date: _____ Termination Date: _____

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input type="checkbox"/>	Driver's Application for Employment	49 C.F.R. 391.21
<input type="checkbox"/>	Initial Inquiry to State Agencies - 3 Year Driving History	49 C.F.R. 391.23(a)(1) & (b)
<input type="checkbox"/>	Driver's Road Test Certificate Or Equivalent	49 C.F.R. 391.31
<input type="checkbox"/>	Annual Inquiries to State Agencies*	49 C.F.R. 391.25(a)
<input type="checkbox"/>	Annual Review of Driving Record*	49 C.F.R. 391.25(c)(2)
<input type="checkbox"/>	Medical Examiner's Certificate*	49 C.F.R. 391.43
<input type="checkbox"/>	Medical Waiver - If Applicable*	49 C.F.R. 391.49
<input type="checkbox"/>	Annual Driver's Certification of Violations*	49 C.F.R. 391.27
<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	Other _____	_____

* These items may be removed three years after the date of execution of the document. 49 C.F.R. 391.51(d)

Additional items required by other parts or sections

<u>Added</u>	<u>Description</u>	<u>Required by</u>
<input type="checkbox"/>	Driver Investigation History File (Must be kept in a secure location)	49 C.F.R. 391.53
<input type="checkbox"/>	Driver's Written Authorization to Investigate	49 C.F.R. 391.53(b)(1)
<input type="checkbox"/>	Responses to Inquires / or failure to obtain response	49 C.F.R. 391.53(b)(2)
<input type="checkbox"/>	Safety Performance History	49 C.F.R. 391.53(c)
<input type="checkbox"/>	Negative Pre-Employment Drug Test	49 C.F.R. 382.301
<input type="checkbox"/>	Entry Level Driver Training - If Applicable	49 C.F.R. 380.513
<input type="checkbox"/>	Hazardous Materials Training	49 C.F.R. 172.704
<input type="checkbox"/>	Other _____	_____
<input type="checkbox"/>	Other _____	_____

Note: This form is provided as a suggested format for ensuring your DQ files are complete. A motor carrier does not need to have any form at all, but all required items must be in the DQ file.



BOBCAT TRUCKING INC.

Commercial motor vehicle driver's certification with driver license requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates a motor vehicle in intrastate, interstate or foreign commerce. Commercial motor vehicle means a motor vehicle or combination of motor vehicles used to transport passengers or property that has a gross combination weight rating of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating of more than 10,001 pounds; or has a gross vehicle weight rating of 26,001 or more pounds; or is designed to transport 16 or more passengers, including the driver; or is of any size and is used in the transportation of hazardous material that require placarding as defined under Part 383.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, including the driver, or transport hazardous materials that require placarding.

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

1. You, as a commercial motor vehicle driver, may not possess more than one license.
2. Sections 383.31 and 383.33 of the Federal Motor Carrier Safety Regulations require that you **notify your 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), you must report it to your employing motor carrier and that state that issued your license within 30 days.**

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements. The following license is the only one I will and do possess:

Driver License No.: _____

State: _____

Expiration Date: _____

Driver's Printed Name: _____

Driver's Signature: _____

Date: _____



BOBCAT TRUCKING INC.

Drug & Alcohol Policy Form

In 1988, Congress enacted the Drug Free Workplace Act to require federal contractors to establish and maintain a work environment that is free from the effects of drug use and abuse. Federal Regulations 49 CFR Part 40 (§382) present the general terms of this program and its guidelines. We agree with that goal and believe that **BOBCAT TRUCKING INC.** has responsibility to its employees and those who use or come in contact with its products/services, to ensure a safe and productive work environment. To satisfy these responsibilities, it is the policy of **BOBCAT TRUCKING INC.** and a condition of employment that an employee be present and able to perform their job free from the effects of alcohol, narcotics, depressants, stimulants, hallucinogens and cannabis or any other substances, which can impair job performance.

Our Commitment

We recognize that drug and alcohol abuse may be a sign of chemical dependency and that substance abuse can be successfully treated with professional help.

BOBCAT TRUCKING INC. provides an Employee Assistance Program (EAP) through SapList.Com for employees to deal with substance abuse and other personal problems that can affect work performance. Our commitment is to help employees remain productive members of our team. In certain circumstances, the company may insist upon a mandatory referral to our EAP as a condition of continued employment. No employee will be disciplined or discriminated against simply for seeking help.

Employee Responsibility

The employee is responsible for following all of our work and safety rules, and for observing the standards of behavior and employer, co-workers, and customers have the right to expect from you. In addition, if you believe you may have a problem with drugs or alcohol, you are responsible for seeking assistance, whether from or through the company or any other resource, before a drug or alcohol problem adversely affects your work performance or results in a violation of this policy. The time to seek help is BEFORE you are in "trouble", NOT AFTER. If a professional assessment is made that you have a problem with Drugs or Alcohol, your continued employment may be conditioned upon:

- Entering into and completing a treatment program approved by the company.
- Signing and living up to a last chance performance agreement.
- Undergoing a Follow-up Testing Program at company's discretion.

Scope of Our Policy

This Policy and each of its rules apply whenever an employee is on or in Company Property, surrounding grounds and parking lots, leased or rented space. Company time (including breaks and meal periods),

in any vehicle used on Company business, and in other circumstances (such as on customer premises or at business/sales functions) we believe may adversely affect our operations, safety, reputation or the administration of this policy.

Our Drug and Alcohol Rules

The following rules are extremely important and an employee who violates any one of them will be subject to disciplinary action, up to and including termination.

1. **Alcohol** - An employee may not possess, use, transfer, offer, or be under the influence of any intoxicating liquor while at work or on company business. This rule prohibits using any alcohol prior to reporting to work, during breaks or meal periods, or in conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.
2. An employee will be removed from a Safety Sensitive Position for 24 hours if your BA is more than .02 and less than .04. A Breath Test over .04 is a DOT Violation, and a referral will be required to a Substance Abuse Professional before being released back to a safety sensitive position.
3. **Drugs** - An Employee may not possess, use, transfer, offer, share, attempt to sell or obtain, manufacture, or be under the influence of any drug or similar substance and also may not have any drugs of similar substances present in the body. Thus, an employee who tests positive for any illegal drug violates this rule. This rule also pertains to Prescription drugs being taken without doctor's authorization.
4. **Drug Paraphernalia and Alcohol Containers** - An Employee may not possess any Drug Paraphernalia or Alcohol Containers.
5. **Prescriptions/ Over-the-counter Medications** - It is the employees' responsibility to check the potential effects of prescribed drugs and over-the counter Medications with your doctor or pharmacists before starting work, and to immediately let your supervisor know when such use makes it unsafe for you to report to work or do your job.
6. **Adulterants** - Any substance that is used for the purpose of Manipulating a drug test by adding to the specimen or ingesting.

Pre-Employment Testing

All safety sensitive employees are required to pass a DOT pre-employment urine drug test before being hired.

Random Testing Program

The Random testing program is implemented by a third party and/or a computerized Selection Process throughout the year. The Third-Party Administrator (TPA) combines the drivers from our company with drivers from other companies. The TPA selects 4 times per year and notifies the DER, Designated Employee Representative. The DER can notify the Driver within the selection period. When the driver is notified, they must test ASAP. The Federal Motor Carrier Safety Administration does not allow testing delays due to convenience or movement of freight. (FMCSA).

Mandatory Post Accident Testing

Post accident drug and/or alcohol testing will be at supervisor or company request, or as Defined in 49 CFR Part 40. See Chart.

Type of accident involved	Citation issued to the CMV driver? (Class A or B)	Test must be Performed.
i. Human Fatality	Yes No	Yes Yes
ii. Bodily injury with immediate medical treatment away from scene	Yes No	Yes No
iii. Disabling damage to any motor vehicle requiring tow away	Yes No	Yes No

Reasonable Suspicion Testing or Reasonable Cause

At least one Supervisor will be trained in accordance to 49 CFR 382.603 of the Federal Register to make these observations of Work Performance, Behavior, and Physical Indicators.

- Observable Symptoms or Unusual Behavior.
- The Odor or Smell of Alcohol or Drugs on the employee's breath or clothes or in
 - An area (such as in a vehicle, office, work area, or restroom) immediately controlled or occupied by the employee.
- Alcohol, alcohol containers, illegal drugs or drug paraphernalia in the employee's possession or in an area controlled or occupied by the employee (vehicle, office, desk restroom,);
- Unexplained or Significant deterioration in job performance.
- Unexplained significant changes in behavior (e.g., abusive behavior, repeated disregard of safety rules or procedures, insubordination, etc.);
- Evidence that the employee may have tampered with a previous drug test.
- Criminal citations, arrests or convictions involving drugs and alcohol.
- Unexplained absenteeism or tardiness
- Employee admissions regarding drug or alcohol use;
 - Any involvement in any work-related accident or near misses.
- Any type of Paraphernalia discovered on your person or Company Property

Fit for Duty

The company could require a fit for duty exam by a certified Medical Practitioner; this exam can be administered along with Drug and Alcohol Screen to determine if employee is fit for Duty. This could be requested in addition to the DOT Medical card Certificate.

Duty to Cooperate

An employee who fails to cooperate in the administration of this policy generally will be terminated and is in violation of §49 CFR Part 40. This includes such things as:

- Refusing to consent to testing, to submit a sample, or to sign required forms.
- Refusing to cooperate in any way (for example, refusing to courteously and candidly cooperate in any interview or investigation, including any form of truthfulness, misrepresentation or misleading statements or omissions.);
- Any form of dishonesty in the investigation or testing process.
- Refusing to test again at a time of the Company's choosing whenever any test results in a finding of a dilute sample or reasonable suspicion.
- Failure to accept the referral, to enter into and complete an approved treatment program, or to sign or adhere to the commitments in the Last Chance Performance Agreement.

EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING

1. I, _____ acknowledge receiving a copy of the Company's Drug and Alcohol Policy. Date _____
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to the Company for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company's standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.

I have read this entire policy and each of the above statements.

Yes No

Signature: _____

Date: _____

Safety Performance History Records Request – Page 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____ <small>First M.I. Last Social Security Number</small></p> <p>Hereby authorize: _____ <small>Date of Birth</small></p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <small>(employment application date)</small></p> <p>To: Prospective Employer: <u>Bobcat Trucking Inc.</u></p> <p>Attention: <u>Brandon Eagan</u> Telephone: <u>713-420-1937</u></p> <p>Street: <u>5255 FM 482</u></p> <p>City, State, Zip: <u>New Braunfels, TX, 78132</u></p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: _____</p> <p>Prospective employer's email address: _____</p> <p>_____ <small>Applicant's Signature Date</small></p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check D here if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 15%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>_____</p> <p>Any other remarks: _____ _____ _____</p> <p style="text-align: right;">Signature: _____ Title: _____ Date: _____</p>			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

Safety Performance History Records Request – Page 2

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here D, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- | |
|--|
| <p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Turn form over to complete SIDE 2 SECTION 3 |
|--|

- | |
|---|
| <p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form |
|---|



BOBCAT TRUCKING INC.

Employee acknowledgement requirement for notice

I have received, reviewed, and agree to abide by the USDOT, FMCSA, or PHMSA policies concerning drug and alcohol use as discussed in the DOT Drug/Alcohol Testing Overview below. I understand that the provisions of these policies are part of the terms and conditions of my employment and that I agree to abide by them.

Date: _____

Social Security #: _____

Print Name: _____

Signature: _____

DOT Drug/Alcohol Testing Overview

Reason for Testing

- Pre-employment Drug Only
- Post Accident Drug Only
- Random Drug and Alcohol
 - Computer Generated Selection Process
 - 50% Drug 10% Alcohol
- Reasonable Suspicion By Trained Observer

Testing Procedure

1. Present I.D.
2. Explanation of Testing Procedure
3. Completion of Chain of Custody Form
4. Refusal to cooperate with testing procedure will be considered positive test.

Results of Positive Test

- | | |
|---------|--|
| Drug | Confirmed positive by MRO |
| Alcohol | >.04 Removed from safety sensitive position, possible Termination of employment. |
| | >.02 but <.04 24 hours off duty, negative test upon return to duty. |

**FMCSA Drug & Alcohol Policy Addendum
Commercial Driver's License Drug & Alcohol Clearinghouse**

Beginning January 6, 2020, FMCSA will collect information on drivers' DOT drug and alcohol violations occurring under the Company's FMCSA DOT testing program.

The Company and service providers are required to report DOT drug and alcohol testing program violations to the Clearinghouse. Motor carriers, medical review officers, third-party administrators, and substance abuse professionals must provide when a driver:

- Tests positive for drugs or alcohol;
- Refuses drug and alcohol test; and undergoes the return-to-duty drug and alcohol rehabilitation process.

The following records will be collected and maintained in the Clearinghouse:

- A verified positive, adulterated, or substituted drug test result;
- An alcohol confirmation test with a concentration of 0.04 or higher;
- A refusal to submit to any test required by Subpart C of Part 382;
- An employer's report of actual knowledge, as defined at §382.107, including:
 - On duty alcohol use pursuant to §382.205;
 - Pre-duty alcohol use pursuant to §382.207;
 - Alcohol use following an accident pursuant to §382.209; and
 - Controlled substance use pursuant to §382.213;
- A substance abuse professional report of the successful completion of the return-to-duty process; and
- An employer's report of completion of follow-up testing.

The Clearinghouse will aid the Company in learning of a driver's need to start or continue with the necessary steps in the DOT return-to-duty process (i.e., Substance Abuse Professional (SAP) program) in order to operate a commercial motor vehicle (CMV).

FMCSA requires motor carrier employers to:

- Query the Clearinghouse for information on CDL driver applicants; and
- Conduct annual queries for all current CDL drivers.

Before the Employer may gain access to the information in the Clearinghouse, the CDL driver must grant consent. Failure to provide consent will prevent the Employer from using the CDL driver in a safety-sensitive function.

Receipt of Policy

I acknowledge that I have received a copy of the Employer's addendum to its DOT Drug & Alcohol Policy

Driver's Full Name (printed): _____

Driver's Signature: _____

Company Representative Signature: _____



6704 Guada Coma
Schertz, TX 78154
(210) 967-6169
Cmidrugtesting.com



BOBCAT TRUCKING INC.

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **BOBCAT TRUCKING INC.** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by **BOBCAT TRUCKING INC.** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **BOBCAT TRUCKING INC.** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **BOBCAT TRUCKING INC.** to conduct a limited query of the Clearinghouse, **BOBCAT TRUCKING INC.** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I also agree that this general consent form in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me, "throughout the duration of my employment", at the minimum on an annual basis, by or on behalf of **BOBCAT TRUCKING INC.**

Printed Name: _____

Signature: _____

CDL Driver's License Number: _____

Date: _____

Annual Review of Driving Record

ANNUAL REVIEW OF DRIVING RECORD Under 49 C.F.R. 391.25

Driver's Name (Last, First, M.I.)

Social Security Number

On the dates indicated below, I/we have reviewed the driving record of the above named driver in accordance with 49 C.F.R. 391.25 of the Federal Motor Carrier Safety Regulations. I/we considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C). I also considered the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. I/we gave great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicates that the driver has exhibited a disregard for the safety of the public. Having done the above I find that:

First annual review

- the driver meets the minimum requirements for safe driving, or
 the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Date of Review

Reviewer's printed name and title

Motor Carrier's Name

Second annual review

- the driver meets the minimum requirements for safe driving, or
 the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Date of Review

Reviewer's printed name and title

Motor Carrier's Name

Third annual review

- the driver meets the minimum requirements for safe driving, or
 the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Date of Review

Reviewer's printed name and title

Motor Carrier's Name

Note: This form is provided as a suggested format for documenting the annual review of a driver's driving record. A motor carrier may use any format for documenting the annual review which complies with 391.25.



BOBCAT TRUCKING INC.

Equivalent of Road Test

To whom it may concern,

At this time **BOBCAT TRUCKING INC.** will be utilizing Federal Motor Carrier Safety Regulations Section 391.33 (a)(1)- Equivalent of Road Test in order to meet the requirements of Section 391.31- Road Test.

FMCSR 391.33(a)- in place of, and an equivalent to, the road test required by 391.31, a person who seeks to drive a commercial motor vehicle may present, in a motor carrier may accept-

- (1) A valid commercial driver's license as defined in 383.5 of this subchapter, but not including double/triple trailer or tank endorsements, which has been issued to him/her to operate specific categories of commercial motor vehicles and which, under the laws of that state, licenses him/her after successful completion of the road request in a commercial motor vehicle of the type the motor carrier intends to assign to him/her.

At this time, I indicate in this document that the driver in this driver qualification file that is employed by **BOBCAT TRUCKING INC.** does not operate any double/triple trailer or tank vehicles that would be prohibited under section 391.33 equivalent of road test.

Hours of Service Record for First Time or Intermittent Drivers

Hours of Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time, or intermittently, a signed statement must be obtained, giving the total time on duty (driving, and on-duty not driving) during the immediate preceding seven days, and that time at which the driver was last relieved from the previous employer prior to beginning work

Name (Print) _____		
First	Middle	Last
DAY	TIME ON DUTY	
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	
6	_____	
7	_____	
TOTAL	_____	

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that the time I was last released from being on duty was at _____ on _____.

Signature: _____ Date: _____

Note: This form is provided as a suggested format for a documenting the new or intermittent driver's on-duty time for the previous 7 days, as required by 49 C.F.R. 395.8(j)(2). Use of this form is not required, but obtaining documentation and the signature of the driver is required.

Road Test Examination Form

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____ Phone Number _____

Driver's Address _____

City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by the motor carrier. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of
Performance _____ Task (as required by 49 C.F.R. 391.31)

_____ The pre-trip inspection (as required by 49 C.F.R. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units

_____ Placing the commercial motor vehicle in operation

_____ Use of the commercial motor vehicle's controls and emergency equipment

_____ Operating the commercial motor vehicle in traffic and while passing other vehicles

_____ Turning the commercial motor vehicle

_____ Braking, and slowing the commercial motor vehicle by means other than braking

_____ Backing and parking the commercial motor vehicle

_____ Other, please explain: _____

Type of equipment used in giving the road test: _____

Date _____ Examiner's Signature _____

Examiner's Title _____ Examiner's Printed Name _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Examiner's Remarks: _____

Note: This form is provided as a suggested format for recording a driver's road test. A motor carrier may use any format for documenting road tests which complies with 391.31.

Certification of Road Test

Instructions: If a road test is successfully completed (see previous form), the person who gave it shall complete a certificate of driver's road test. The original or a copy must be retained in the employing motor carrier's driver qualification file for the person examined. A copy should be given to the person who was examined.

CERTIFICATION OF ROAD TEST UNDER 49 C.F.R. 391.31

Driver's name _____

Social Security No. _____

Operator's or Chauffeur's License No. _____ State _____

Type of power unit _____

Type of trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20__, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

(Signature of examiner)

(Title)

(Organization and address of examiner)

Note: This form is provided as a suggested format for certifying a driver's road test. A motor carrier may use any format for certifying road tests which complies with 391.31.

Hours of Service Record for First Time or Intermittent Drivers

Hours of Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time, or intermittently, a signed statement must be obtained, giving the total time on duty (driving, and on-duty not driving) during the immediate preceding seven days, and that time at which the driver was last relieved from the previous employer prior to beginning work

Name (Print) _____		
First	Middle	Last
DAY	TIME ON DUTY	
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	
6	_____	
7	_____	
TOTAL	_____	
I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that the time I was last released from being on duty was at _____ on _____.		
Signature: _____ Date: _____		

Note: This form is provided as a suggested format for a documenting the new or intermittent driver's on-duty time for the previous 7 days, as required by 49 C.F.R. 395.8(j)(2). Use of this form is not required, but obtaining documentation and the signature of the driver is required.



BOBCAT TRUCKING INC.

Company Policy on Use of Cell Phones, Wireless, and other Communication Devices

This policy is to provide guidelines for the use of personal-owned or company-owned/company-provided communication devices (cell phones, Nextel phones, PDA's, radios, pagers, etc.) by company truck drivers while driving/operating company equipment-commercial motor vehicles (CMV's), and additionally applies to any company driving for company business (sales, or otherwise). The primary focus of this policy is to improve the safety for our employees, customers and visitors; and to reduce distractions on public roads not only for our drivers, but also for others on the road.

Failure to comply with this policy will result in discipline up to and including termination of employment.

Potential Hazards

The primary hazards of these various communication devices include:

- ▶ Driver Inattention- Driver concentrates on multiple issues while also trying to drive. Driver often compromises defensive driving techniques
- ▶ Operational Distractions- Driver removes hands from vehicle controls to operate cellular devices or to look up phone numbers and other materials as they converse with others
- ▶ Sudden Distractions- Many drivers now try to operate "mini-offices" on their front seats. They move papers around while driving, lunge for devices or papers that shift while driving, etc.

Guidelines

All company CMV truck drivers, as well as all others who are driving for company business, must adhere to all federal, state or local rules and regulations regarding the use of cell phones while driving. Accordingly, company CMV truck drivers, as well as all others who are driving for company business, must not use cell phones (or, any other communication device) if law, regulations or other ordinance prohibits such conduct.

All company "(non-CMV) drivers" should not operate cellular (or, any other communication device) while driving a company or personal vehicle (personal also includes rentals or leased vehicles). Although "hands- free" technology may in fact free up the hands, there is still evidence that suggests such use still represents an increased distraction and hazard to safe vehicle operations.

If a company "(non-CMV) driver" is required to receive, or make a call while operating a company, rented, or personal vehicle, the "driver" should pull safely off the road and only engage in communications once the vehicle is safely parked in a lawfully designated area.

If a company "(non-CMV) driver" is required to place or receive a call while driving, they should be aware that using any device while driving causes distraction and should be avoided whenever possible.

The driver should immediately advise caller that his or her vehicle is "in motion"; and identify any hazardous situations-i.e. congested traffic or bad weather. Even when a call is required as outlined above by local branch management, the "driver" is able to (be expected to) hang up without warning in precarious traffic situations. This can be explained to management later, as to why the "driver" felt the need to disconnect.

All "drivers" should be familiar with their communication equipment (devices)- know how to operate before they are "on the road". Hands-free devices and voice and/or speed dialing should be utilized to minimize distractions.

All company truck drivers **are not allowed** to use a Mobile Telephone while operating a commercial motor vehicle (CMV) unless in the Hands-free mode. This includes operating a commercial vehicle on a public roadway, including while temporarily stationary because of traffic, a traffic control device, or other momentary delays. Driving does not include operating a CMV when the driver has moved the vehicle to the side of, or off a roadway and has halted in a location where the vehicle can safely remain stationary. It is only permissible to use a hand-held mobile telephone only to communicate with law enforcement officials or other emergency services if necessary.

(Mobile telephone means a mobile communication device that falls under or uses any commercial mobile radio service, as defined in regulations of the Federal Communications Commission, 47 CFR 20.3. It does not include two-way or Citizens Band Radio Services.)

Use of hand-held mobile telephone means:

1. Using at least one hand to hold a mobile telephone to conduct a voice communication;
2. Dialing or answering a mobile telephone by pressing more than a single button, or
3. Reaching for a mobile telephone in a manner that requires a driver to maneuver so that he/she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with 49 CFR 393.33 and adjusted in accordance with the vehicle manufacturer's instructions.

The Federal Motor Carrier Safety Administration states that the use of devices for texting by CMV operators while driving on a public road commerce decreases safety and is prohibited by 49 CFR 390.17.

(Texting means manually entering alphanumeric text into, or reading text from, an electronic device)

This action includes, but is not limited to, short message service, emailing, instant messaging, a command or request to access a World Wide Web page, pressing more than a single button to initiate or terminate a voice communication using a mobile telephone, or engaging in any other form of electronic text retrieval or entry, for present or future communication.

Texting does not include:

- Inputting, selecting, or reading information on a global positioning system or navigation system;
- Pressing a single button to initiate or terminate a voice communication using a mobile telephone;
- Using a device capable of performing multiple functions (e.g. fleet management systems, dispatching devices, smart phones, citizens band radios; music players, etc.) for a purpose that is not otherwise prohibited in this part.

Disqualified of drivers, 391.15 of the Federal Motor Carrier Safety Administration will disqualify a driver for a violation of using a hand-held mobile telephone while operating a commercial motor vehicle.

Duration of disqualifications:

- Second Violation: A driver is disqualified for 60 days if the driver is convicted of two violations of FMCSR 392.82(a) in separate incidents committed during any 3-year period.
- Third or subsequent violations: A driver is disqualified for 120 days if the driver is convicted of three or more violations of FMCSR 392.82(a) in separate incidents committed during any 3-year period.

BOBCAT TRUCKING INC. is entrusting all company drivers to take the responsibility of operating all motor vehicles, both CMV and non-CMV in a safe manner.

Driver Print Name: _____

Driver Signature: _____

Date Signed: _____



BOBCAT TRUCKING INC

Consent and Authorization to Request and Release Information

I understand and agree that I must have a negative controlled substance and/or alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and, if applicable, medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment. Such testing will be performed by an outside testing source. I further understand that if I refuse to take such test, I may be denied current or future employment.

I authorize and consent to **BOBCAT TRUCKING INC.** to obtaining any and all documents and information regarding my previous employment from my present and past employers, or agents these employers may designate, regarding my employment, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information based upon any and all materials in and out of my personnel files and records. I also authorized and consent to BOBCAT TRUCKING INC, to obtain Safety Performance History and DOT Drug and Alcohol test Results information in accordance with Part 40.23 and Section 391.23(a)(2) and (e) of the Federal Motor Carrier Safety Regulations.

I authorize and consent to **BOBCAT TRUCKING INC.** to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certification.

Applicant Print Name: _____

Applicant Signature: _____

Date Signed: _____