

A-Y Wood Products Inc.

2398 FM 2787, Joaquin, TX 75954

Phone: (936) 269-3581 Fax: (936) 269-4003

TO ALL APPLICANTS

In accordance with Federal regulations, please fill-in this application so that it is complete, legible and verifiable. Do not leave an empty blank.

All past employment MUST include addresses, dates, contacts and phone numbers for verification.

If you are a CDL driver applicant, we MUST have ten (10) years of previous employment history if available. If you do not have 10 years of experience, please indicate so.

If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.

If the answer to a question is not applicable, enter NONE or initial the appropriate block.

Make sure you sign on all lines requiring your signature and that you initial and date each of the mandatory notification boxes.

IF YOU HAVE ANY QUESTIONS – ASK!

WE WILL USE THE INFORMATION THAT YOU PROVIDE ON THS APPLICATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES. THANK YOU FOR APPLYING.

DRIVER'S APPLICATION FOR EMPLOYMENT

<u>Before you complete the employment application – Read this!</u> <u>Initial and date to the left of each notification block.</u>	
Initials/Date	General Disclaimer: I understand that A-Y WOOD PRODUCTS, INC. hereafter “ The Company ”, is not obligated to hire me, that any employment offer will not be for any specified period, that either party may terminate my employment at will, with or without notice or cause, and that no one is authorized to enter into any agreement with me contrary to the foregoing. Nothing contained in my employment application or in granting of an interview is intended to create an employment contract between The Company and me or to provide any benefit(s). None of the benefits or policies described in any handbook are intended by reason of publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by The Company , or to change my status as an “at will” employee (as permitted by law). All statements and provisions in the handbook(s) are procedural or are guidelines and The Company has the right to change any policy, benefit or procedure at any time without notice.
Initials/Date	Agreement to Follow Rules: If employed, I agree to adhere to all rules, policies, guidelines, procedures, regulations and statutes promulgated by or issuing from The Company or local, state or federal regulatory agencies. I understand that there is no expectation of privacy for any of my personal property on The Company's premises, including vehicles. I consent to and agree that The Company may inspect my personal property, along with desks, lockers, toolkits, etc., to investigate possible violations of The Company's rules, policies, guidelines, procedures or local, state or federal regulations or statutes.
Initials/Date	Possess Only One License: As a commercial motor vehicle (CMV) driver you may <u>not</u> possess more than one motor vehicle operator's license (See the Texas Transportation Code (TRC) §522.026 for the full text).
Initials/Date	Notification of Conviction to Department or Employer: A person who holds or is required to hold a commercial driver's license and who is convicted in another state of violating a state law or local ordinance relating to motor vehicle traffic control shall notify, in writing, the Texas Department of Public Safety and The Company not later than the 30th day after the date of conviction. (See the TRC §522.061 for the full text).
Initials/Date	Notification of Disqualification: A person who is denied the privilege of driving a CMV in a state for any period, who is disqualified from driving a CMV, or who is subject to an out-of-service order shall notify The Company of that fact before the end of the first business day after the date the person receives notice of that fact (See the TRC §522.063 for the full text).
Initials/Date	Notification of Previous Employment and Offenses: Anyone applying for employment as a CMV driver will provide the following information for the 10 years preceding the date of application: The names and addresses of the previous employers for which the applicant drove a CMV; the dates between which the applicant drove for each employer; the reason for leaving the employment of each employer; and each criminal offense or serious traffic violation of which you have been convicted and each suspension, revocation or cancellation of driving privileges that resulted from the conviction (See the TRC §522.064 and 49 CFR §391.15(b)(2) for full text).
Initials/Date	Notice of Drug and Alcohol Testing: I understand that I must submit to The Company's controlled substance and alcohol testing program and to provide biological samples to be tested. Controlled substances include, but are not limited to: marijuana, cocaine, amphetamines, opiates and phencyclidine. The Company may contract with a third party to obtain, analyze and report on the samples provided. A positive controlled substances and/or alcohol test, or a refusal to test, will disqualify me from consideration for employment or will result in my termination if employed. The Company will report the results of positive controlled substances and/or alcohol tests to the Texas Department of Public Safety in accordance with TRC §644.252. The Company will also release this information to motor carriers and other third parties upon receipt of a properly executed release document. A positive result or a refusal on a post-accident test may also result in denial of any Workers Compensation claims I make due to any injury sustained in an accident. My initials indicate that I have received a copy of The Company's Controlled Substance and Alcohol Policy and Educational materials. My initials authorize The Company to withhold the cost of pre-employment tests if I terminate employment within 60 days of my hire date.
Initials/Date	Applicant Rights (49 CFR §391.23(i)): I understand that I have the following rights regarding the information that will be provided to The Company pursuant to paragraphs (d) and (e) of 49 CFR §391.23(i): The right to review previous employer information; to have errors corrected and to have corrected information re-sent to The Company to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information. Drivers who have previous Department of Transportation regulated employment history in the preceding three years and who wish to review previous employer-provided investigative information must submit a written request to The Company . This 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.

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A-Y Wood Products Inc.

2398 FM 2787, Joaquin, TX 75954

Phone: (936) 269-3581 Fax: (936) 269-4003

RELEASE AUTHORIZATION

Work Record and Consumer Reports Release Authorization: Per 49 CFR §391, I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish **A-Y WOOD PRODUCTS, INC.** hereafter "**The Company**", any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that **The Company** does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer's premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims of damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish **The Company** with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.

Medical Records Release Authorization: I authorize **The Company** to obtain medical documentation or information concerning my past or present medical status. I release anyone with such records from liability, claim and/or damages for providing my medical information to **The Company**.

Drug and Alcohol History Release Authorization: Per 49 CFR §40 and §382, I authorize and require my previous and/or current employer(s) as well as any other person or company listed by me in writing, by verbal interview, by whom I was employed or to whom I applied for employment in the three year period preceding the date of this application to release to **The Company** the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug and/or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP), including records pertaining to my evaluation and treatment (if required by a SAP). I authorize the release by whatever means is most expedient that will maintain the confidentiality of the information transmitted. I agree to hold harmless any past employer, person or company I applied with as well as their employees, agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS AND AGREEMENTS

SIGNATURE

DATE

PRINTED NAME

This release will be forwarded to all previous employers to consult with your previous employers and to obtain your DOT safety performance history if any.

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COMPLETE ALL FIELDS – PLEASE PRINT

Name: _____

Last First Middle
Social Security Number _____ -- _____ -- _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

ADDRESSED FOR THE PAST THREE (3) YEARS

	NUMBER	STREET	CITY	STATE	ZIP	HOW LONG
PRESENT:						
PREVIOUS:						
PREVIOUS:						
PREVIOUS:						

DOT-REGULATED EXPERIENCE (IF NONE, INITIAL HERE _____)

CLASS	TYPE	DATES		STATES OPERATED IN
		From	To	
Straight Truck	<input type="checkbox"/> Box Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			
Straight Truck – Cargo	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Non-Hazardous Material			
Straight Truck + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			
Truck-Tractor + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			
Truck-Tractor + Cargo Tank	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Non- Hazardous Material			
Other (SPECIFY)				

DRIVER LICENSE

NUMBER	TYPE	STATE	EXPIRATION DATE

Have you ever had a driving license, permit or privilege suspended, revoked or denied? Yes ☐ No ☐

If YES, Explain: _____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (IF NONE, INITIAL HERE: _____)

DATE	NATURE OF ACCIDENT (head-on, rear-end, upset, etc...)	FATALITIES	INJURIES

TRAFFIC CONVICTION AND FOREFEITURE FOR THE PAST THREE (3) YEARS-OTHER THAN PARKING VIOLATIONS FOR W _____ CONVICTED OR FORFEITED

BOND OR COLLATERAL (IF NONE, INITIAL HERE: _____)

DATE	LOCATION	CHARGE	PENALTY

Do you have a legal right to work in the United States? Yes ☐ No ☐

Are you currently subject to an out-of-service order? Yes ☐ No ☐ Are you currently disqualified to drive? Yes ☐ No ☐

Do you have a current medical examiner's certificate? Yes ☐ No ☐ Expirations Date: _____

Do you have any interstate or intrastate medical, vision or limb waivers: Yes ☐ No ☐ If YES, check the appropriate box and type below:

Interstate ☐ Expirations Date: _____ Intrastate ☐ State: _____ Expiration Date: _____

Type: Insulin ☐ Limb ☐ Vision ☐ Other (Specify): _____

1. Have you ever refused to be tested for Drugs & Alcohol? Yes ☐ No ☐

2. Have you ever tested positive for drugs and/or alcohol? Yes ☐ No ☐

3. Have you ever tested positive on any pre-employment drug or alcohol test for a job which you have applied for but did not obtain? Yes ☐ No ☐

If you answered "yes" to the 3 above questions, please attach a statement of explanation and provide proof of return to duty process.

DRIVER'S APPLICATION FOR EMPLOYMENT

PREVIOUS EMPLOYERS FOR THE PAST TEN (10) YEARS. LIST THE MOST RECENT FIRST

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?

Yes ☐

No ☐

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?

Yes ☐

No ☐

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?

Yes ☐

No ☐

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?

Yes ☐

No ☐

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?

Yes ☐

No ☐

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40?

Yes ☐

No ☐

***Includes vehicles having a gross vehicle weight rating of 26,001 lbs or more intrastate (10,001 lbs or more interstate); vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in any quantity requiring placards.**

DRIVER'S APPLICATION FOR EMPLOYMENT

STATEMENT OF ON-DUTY HOURS

Indicate your total time on-duty in any capacity during the immediate preceding seven (7) days AND the time at which you were last relieved from duty prior to beginning employment with this company. §395.8 (j)(2) **ALL BLANKS MUST HAVE AN ENTRY.**

Day Number	1	2	3	4	5	6	7	
Date								Total Hours
Hours Worked								

I was last relieved from duty at:

Time: _____ AM ☐ PM ☐

On _____
Day Month Year

Describe any trucking, transportation, training, courses, and/or specialized equipment other experience that may be helpful:

OTHER COMPENSATED WORK

Are you currently working for another employer? Yes ☐ No ☐

At this time do you intend to work for another employer while employed with this company? Yes ☐ No ☐

Once I am employed with this company, if I begin working for additional employer(s) for compensation I will immediately inform this company.

CERTIFICATION AND SIGNATURE

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge. My signature also indicates that I understand and will comply with all federal, state, local and company policies, rules and regulations.

Signature

Date

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Certifications of Violations 391.27

Name: (Last, First M.I.) (Social Security Number)

Date Offense Location Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I provided Under Part 383) required to be listed during the previous 12 months.

Signature of Driver

Date signed

**ANNUAL REVIEW OF DRIVING RECORD
391.25**

Name (Last, First, M.I.) (Social Security Number)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- ☐ the driver meets the minimum requirements for safe driving, or
- ☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

A-Y WOOD PRODUCTS, INC.
Motor Carrier's Name

Reviewed by: Signature and Title

DRIVER'S APPLICATION FOR EMPLOYMENT

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law Compliance Management, LLC., expressly disclaims any warranties or responsibility, or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by [Employer] (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by **HireRight Inc, 5151 California Ave., Irving, CA 92617, toll-free number 800-400-2761** and/or Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

- New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law
- New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.
- Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
- Minnesota and Oklahoma applicants only: Please circle yes if you would like to receive a copy of a consumer report if one is obtained by the Company. YES or NO

Signature: _____ **Date:** _____

DRIVER'S APPLICATION FOR EMPLOYMENT

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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("A-Y WOOD PRODUCTS, INC.") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **HireRight Inc, 5151 California Ave., Irvine CA 92617, toll-free number 800-400-2761, and/or Company**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

("A-Y WOOD PRODUCTS, INC.") may request an investigative consumer report about you from a third-party consumer reporting agency, about your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report about your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

These reports will be obtained by **HireRight, Inc., 5151 California Avenue, CA 92617, number 800-400-2761 and/or Company**.

Signature: _____ **Date:** _____

A-Y WOOD PRODUCTS, INC.

Summary of Drug and Alcohol Testing Policy

A-Y WOOD PRODUCTS, INC. has a vital interest in maintaining a safe, healthful, efficient and lawful work environment for its employees—a work environment free from the use of alcohol, the unlawful use of drugs, and the use of legitimate drugs and medication which may nevertheless affect safety and production. The use of drugs and/or alcohol increases the potential for, among other things, absenteeism, unsatisfactory work performance, poor morale and damage to the company's reputation.

The serious impact of drug use and alcohol abuse has been recognized by the federal government. The **FMCSA** has issued regulations which require A-Y WOOD PRODUCTS, INC. to implement an alcohol and controlled substances testing program. The purpose of the **FMCSA** issued regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial vehicles and covered employees.

This should be considered a summary of A-Y WOOD PRODUCTS, INC. testing policy that the use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any CDL-driver/employee while on A-Y WOOD PRODUCTS, INC. premises, engaged in company business, operating Carrier vehicles/Equipment, or while under the authority of A-Y WOOD PRODUCTS, INC. is strictly prohibited. Disciplinary action will be taken as necessary and at the discretion of A-Y WOOD PRODUCTS, INC.

Neither this policy nor any of its terms are intended to create a contract of employment or contain the terms of any contract of employment. A-Y WOOD PRODUCTS, INC. reserves the sole right to change, amend, or modify any term or provision of this policy without notice.

Drug and Alcohol Procedure

Designated Employee Representative

- *A-Y WOOD PRODUCTS, INC.*
- *Brent Andres*
- *2398 FM 2787, Joaquin, TX 75954*
- *Phone: 409-269-3581*

Required Testing Categories

CDL Driver Employee

Definitions:

- **Safety-sensitive function** means all time from the time a driver/employee begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety-sensitive functions include:

1. all time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver/employee has been relieved from duty by the company;
2. all time inspecting equipment as required by **Sec. 392.7** and **392.8** or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. all time spent at the driving controls of a commercial motor vehicle/company owned vehicle in operation;
4. all time, other than driving time, in or upon any commercial motor vehicle /company owned vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of **Sec. 393.76**);
5. all time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipment loaded or unloaded; and
6. all time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

_____ **Initial**

Alcohol Prohibitions

Part 382, Subpart b, prohibits any alcohol misuse that could affect performance of safety-sensitive functions.

This alcohol prohibition includes:

- use while performing safety-sensitive functions;
- use during the 4 hours before performing safety-sensitive functions;
- reporting for duty or remaining on-duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater;
- use of alcohol for up to 8 hours following an accident or until the driver undergoes a post-accident test; or
- Refusal to take a required test.

Drug Prohibitions

Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions. This drug prohibition includes:

- use of any drug, except when administered to a driver by, or under the instructions of, a licensed medical practitioner, who has advised the driver that the substance will not affect the driver's ability to safely operate a commercial motor vehicle. (The use of marijuana under California Proposition 215 or the use of a Schedule I drug under Arizona Proposition 200 is not a legitimate medical explanation. Under federal law, the use of marijuana or any Schedule I drug does not have a legitimate medical use in the United States.);
- testing positive for drugs; or
- refusing to take a required test.

_____ **Initial**

Required Alcohol and Controlled Substances Testing:

- **Pre-Employment**
- **Post Accident**
- **Random**
- **Reasonable Suspicion**
- **Return to Duty**
- **Follow-up**

A-Y WOOD PRODUCTS, INC. will use a consortium to administer its testing program. The consortium will protect the integrity of the participant and process. The consortium will ensure that the results of each test are attributed to the correct driver/employee.

- **Refusal to submit (to an alcohol or controlled substances test)** means that a driver:
 1. Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the company, consistent with applicable **DOT** regulations, after being directed to do so by the company. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a **Carrier Official** or **Consortium/Third Party Administrator**.
 2. Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);
 3. Fails to provide a urine specimen for any **DOT** required drug test (except pre-employment if the driver leaves before the testing process begins);

4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of the specimen;
5. Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fails or declines to take a second test the employer or collector has directed the driver to take;
7. Fails to undergo a medical examination or evaluation, as directed by the **MRO** as part of the verification process, or as directed by the **DER** (in the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment);
8. Fails to cooperate with any part of the testing process; or
9. Is reported by the **MRO** as having a verified adulterated or substituted test result.

_____ **Initial**

Consequences of Violation:

Any CDL Driver Employees found to be in violation of Part 382 of the FMCSA will be relieved of all duty and/or responsibility for work. Any violation of this policy may result in a suspension and/or termination. A-Y WOOD PRODUCTS, INC. reserves the right to address each violation as it determines in accordance with applicable regulations and policy requirements.

_____ **Initial**

Referral:

The misuse of alcohol and the use of Controlled Substances have a great and devastating impact on our personal lives and our co-workers. It will be the policy of A-Y WOOD PRODUCTS, INC. to assist any employee with the proper assistance as needed utilizing available methods of intervention and/or referral.

Receipt Page

As an employee of A-Y WOOD PRODUCTS, INC., I acknowledge that I have received a copy of the A-Y WOOD PRODUCTS, INC. Summary of Alcohol and Controlled Substances testing policy.

Driver/ Employee Signature

Date

Witness

EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

☐ I have voluntarily provided the above contact information and authorize A-Y Wood Products Inc. and company representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____