



Stephens Pipe & Steel, LLC.

P.O. Box 618/2224 E. Hwy 619

Russell Springs, KY 42642

800.451.2612

Local: 270-866.3331

Fax: 270.866.4412

DRIVER APPLICATION

Driver Information Form

Please Print

Driver Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Phone Number _____

Emergency Contact Name _____ Phone Number _____

License Information:

State _____ License Number _____ Expiration Date _____

Class _____ Endorsements _____

Date of Birth _____

Social Security Number _____

Medical Exam Certification Expiration Date _____

OFFICE USE ONLY:

Driver Code _____

Date of Hire _____

Pay Rate _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires ITO hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or Interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that Information I provide regarding current and/or previous employers may be sued, and those employer(s) will be contacted, for the purpose of Investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, If the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTED _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHERS _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions—please print)

Position(s) applied for _____

Name _____
Last
First
Middle

List your addresses of residency for the past 3 years.

Current Address

Street _____ City _____
 State _____ Zip _____ Phone _____ How Many
 yr./mo.

Previous

Street _____ City _____ State & Zip Code _____ How Many
 yr./mo.

Street _____ City _____ State & Zip Code _____ How Many
 yr./mo.

Street _____ City _____ State & Zip Code _____ How Many
 yr./mo.

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you ever been bonded? _____ Rate of pay expected _____
(Answer only if a job requirement)

If you, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

NO GAPS IN EMPLOYMENT	EMPLOYER 10 YEARS HISTORY	DATE	
NAME		FROM Mo. Yr.	TO Mo. Yr.
ADDRESS		POSITION HELD	
CITY ST ZIP		SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT -REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____	_____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS-DRIVER

List all driver licenses or Permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A.** Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
- B.** Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,BUMP,REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,BUMP,REFER)		
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,BUMP,REFER)		
TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO m. th. IS	(VAN,TANK,FLAT,BUMP,REFER)		
MOTOR COACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 7 passengers			
OTHER _____			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH [(OTHER THAN THOSE ALREADY SHOWN)]

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ (NAME) _____ (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Company Name: Stephens Pipe & Steel. LLC

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Tittle II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature

Date

Print Name

Social Security Number

**Verification and Consent Form
For Drug Testing**

Employee's Name _____

Address: _____

Reason for Screen: _____ Pre-Employment _____ Random _____ Cause _____ Accident _____

Date of Accident: _____ Claim No.: _____

Personal _____ Vehicle _____ Equipment _____ Other _____

Describe Accident:

I consent to urinalysis and blood screening tests to determine the presence of any drugs in my system as required by Stephens Pipe & Steel, LLC. I also consent for the results of these test, as well as other medical information pertinent to this accident to be released to Stephens Pipe & Steel, LLC.

****I understand that I am responsible for any costs associated with a "POSITIVE: screen result****

Supervisor/HR Signature

Employee Signature

Date

Date

VeriScreen

Professional Background Screening

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (for truck drivers only) in accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances for the past 3 years;
4. verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA-Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered, - CA Clv. Code 1786.22)

Full Name _____
(Please Print Clearly) Signature Date

Address: _____ City: _____ State: _____ Zip: _____

International Address: If Applicable _____

DOB: _____ SS# _____ Driver License Number: _____

Email: _____

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes

MOTOR VEHICLE DRIVERS

Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond of collateral during the preceding 12 months (section 391.27). Drivers who have provided information require by section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the **last 12 months**.
 (If you have had no violations, check the following box – NONE.)

DATE OPERATED	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 have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Drivers Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the Information requested below.

I have hereby reviewed the driving record of the above name driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Does not adequately meet satisfactory safe driving performance
- Is disqualified to drive a motor vehicle pursuant to Section 391.25

Action taken with driver _____

Reviewed by: _____ Date _____
Signature Date

_____ Title _____
Printed Name Title

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

PREVIOUS EMPLOYER INQUIRY

PROSPECTIVE EMPLOYER: STEPHENS PIPE & STEEL, LLC.
ATTENTION: CINDY WEST, TRANSPORTATION MANAGER
STREET: 2224 E HWY 619
CITY, STATE, ZIP: RUSSELL SPRINGS, KY 42642
PHONE: (270) 866-3331 EXT. 158 **FAX:** (978) 367-8480

SECTION 1: Driver Consent

I, _____ (Print Name) do hereby give consent to release information for the purposes of investigation as required by Section 49CFR 391.23 PART 40.25 of the Federal Motor Carrier Regulations. I hereby release my former companies from any and all liability of any type as a result of providing this information.

Signature _____ Date _____

SECTION 2: Information Request

Company Name _____
Address _____
City, State, and Zip _____
Phone # _____ Fax # _____
Driver's Name _____ SS# _____ - _____ - _____

METHOD	Date Sent/Received
Mailed	_____/_____/_____
Faxed	_____/_____/_____
E-mailed	_____/_____/_____
Phone	_____/_____/_____
Spoke to:	_____
Attempt: 1	_____ 2 _____ 3 _____

The above named driver has made an application with our company and states that he/she worked for you from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Please update your company information above, if there were any errors. Thank you.

Dates of employment _____ to _____

Job Title _____

Did he/she drive a motor vehicle for you? _____ If yes, what type? _____

3-Year Accident History

Date	City, State	#of Injuries	#of Fatalities	Tow
------	-------------	--------------	----------------	-----

Was he/she a safe and efficient driver? _____

Was he/she a Company Driver Independent Contractor Fleet Driver's

Reason for leaving your company Discharged Resigned Laid off Other: _____

Areas traveled _____

Commodities transported _____

Is this person eligible for re-hire? _____

In the 3 years prior to contractor's dated release, for DOT regulated testing, did the driver have:

1. Alcohol test with a result of 0.04 or higher? _____
2. Verified positive drug results? _____
3. Any refusals to be tested? _____
4. Other violations of DOT agency drug and alcohol testing regulations? _____
5. Did a previous employer report a drug and alcohol rule violation to you? _____

If you answered "Yes" to any of the above questions, did the employee complete the return-to-duty process?

If Yes, you must also forward the appropriate return-to-duty documentation (SAP reports, follow-up testing record).

Completed by: _____ Date: _____

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form to ensure confidentiality, such as fax, email, or letter. Prospective employer's confidential fax number or confidential email address: _____

THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH § 40.25 AND § 391.23

RECORD of ROAD TEST

This road test includes testing the driver for the following skills:

1. Pre-trip inspection.
2. Coupling and uncoupling of tractors and semi-trailers, if required.
3. Placing vehicle in operation.
4. Use of controls and emergency equipment.
5. Operating in traffic and passing other vehicles.
6. Making turns in traffic (does driver check mirrors when making right turns)
7. Braking, and slowing by means other than braking.
8. Safe backing and parking (does driver ensure all is clear before backing)

I gave the driver named below a road test, and he performed all above and other related activities satisfactorily, except_____

Indicate where additional training needed_____

Was the importance of Pre-trip inspections explained to the driver?_____

Signature of Examiner_____ Date_____



CERTIFICATE of ROAD TEST

Driver's name_____ Social Security Number_____

Operators CDL License Number_____ ST_____ Expiration Date_____

Type of Power Unit_____ Type of Trailer_____

This is to certify that the above named driver was given a road test under my supervision on _____
_____ Consisting of approximately _____ miles of driving and it is my considered opinion
that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle
listed above.

Signature of Examiner

Title

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions effective on or before February 1, 2016.

I acknowledge receipt of this **FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK** (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Titles 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S NAME (PLEASE PRINT)

DATE

DRIVER'S SIGNATURE

SUPERVISOR OR CARRIER REPRESENTATIVE SIGNATURE

3/16

NOTE: This receipt shall be read and signed by the driver. A responsible company Supervisor or carrier representative shall countersign the receipt and place in the driver's qualification file.

Alcohol and Controlled Substance Employee's Certified Receipt

Employee's Name

Company/Department

This is to certify that I have been provided educational materials that explain the requirements of §382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked (✓) items:

- ____ 1. The designated person to answer questions about the materials.
- ____ 2. The categories of drivers subject to Part 382.
- ____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- ____ 4. Specific information concerning prohibited driver conduct.
- ____ 5. Circumstances under which a driver will be tested.
- ____ 6. Test procedures, driver protection and integrity of the testing process, and safeguarding the validity of the test.
- ____ 7. The requirement that tests are administered in accordance with Part 382.
- ____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- ____ 9. The consequences of Part 382 Subpart B violations including removal from safety-sensitive function §382.605 procedures.
- ____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04
- ____ 11. Information on the effect of alcohol and controlled substances use on:– an individual's health
 - signs and symptoms of a problem
 - work
 - personal life
 - available methods of intervening when a problem is suspected
- ____ 12. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

PREVIOUS PER-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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

Company Name: _____

Street: _____

City: _____

State, ZIP: _____

Prospective Employee Name _____ ID number _____
(print)

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

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

Check one: YES _____ NO _____

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

Check one: YES _____ NO _____

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER INVESTIGATION HISTORY FILE CHECKLIST (49 CFR 391.53)

To be obtained within 30 days of hiring

To be kept in a secure location with controlled access

Copy of response(s) for the following investigation:

_____ Copy of driver's authorization for alcohol & controlled substances history.
From all previous DOT regulated employers that employed this driver for the past 3 years to include all responses. (49 CFR 391.(f))

_____ Whether the driver failed to undertake or complete a rehab program prescribed by a DOT substance abuse professional. (49 CFR 391.(e)(2))

_____ For a driver who successfully completed a program, information on whether the driver violated the program. (49 CFR 391.23(e)(3))

(If a driver refuses to provide this written consent for the release of the information above, the prospective motor carrier must not permit the driver to operate a commercial vehicle – 49 CFR 391.23(f)).

_____ General driver identification & employment verification information.

_____ A list of accidents & data as defined in 390.5 for past 3 yrs (until 05/01/06, only accidents after 4/29/03)

_____ Any accidents the previous employer may wish to provide.

_____ Good faith effort to contact.

This record must include the previous employer's name, address, date contacted and information received about the driver from the previous employer. Failures to contact a previous employer or of them to provide the required history information must be documented.

_____ Employee did not work for a DOT regulated employer any time during the past three years.

Additional notes: _____

The safety performance histories from previous employers for a driver hired must be retained for as long as the driver is hired and for three years thereafter.

The release of this information may take any form that reasonably assures confidentiality, including letter, fax or email.

**DRIVER STATEMENT OF ON-DUTY HOURS
(For Newly Hired Drivers)**

Instructions: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier safety Regulations, NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____ Driver's License _____ State _____

Number _____ Class _____ Endorsement(s) _____

Restrictions _____ Type of License _____ Issuing State _____

Day	1 (yesterday)	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

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

A.M.
P.M. On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

Are you currently working for another employer? (Check one)
 YES NO

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

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

Driver's Signature Date

Witness: _____
Company Representative Date

APPENDIX B

Driver Notification Letter

I certify that I have received a copy of, and have read the above company policy on Alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines, and so agree that I will remain medically qualified for these procedures. If I develop a problem with alcohol or drug abuse during my employment with Stephens Pipe and Steel, LLC. I will seek assistance through the current alcohol and drug testing administrator.

Signature

Date