



DRIVER APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time ☐ Part-time ☐ Temporary ☐ employment?

When could you start work? _____

GENERAL

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older? _____ Yes ☐ No ☐
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ☐ No ☐

If employed, do you expect to be engaged in any additional business
or employment outside of our job? Yes ☐ No ☐

If yes, give details _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
Last First Middle Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

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

Street City State & Zip Code How Long? _____
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? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>			
OTHER _____			

LIST STATES OPERATED IN FOR 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 are true and complete to the best of my knowledge.

Signature: _____ Date: _____

EMPLOYMENT AT MILE HI EXPRESS

As a prospective employee at Mile Hi Express, there are a few things you need to know about the company and your employment here.

Mile Hi Express is a 1CC carrier and as such we are not obligated to pay overtime but we are currently doing so. We deduct a one half hour lunch break for all employees after 6 hours on the clock.

While working for Mile Hi Express you will be required to be certified to use pallet jacks and forklifts if hired for the warehouse. You may also be required to sweep floors or empty trash when you have down time. Also **you are required** to notify your supervisor immediately if you are involved in an accident or injury. In the case of a workmen's compensation injury, you are required to use our preferred provider and be aware we have a return to work program.

Also, failure to call in twice when missing work will result in your termination. If you are caught stealing from the company you will be subject to prosecution as well as termination.

You will be joining this company as a professional and will be expected to act as such at all times and present a clean appearance. As a professional there is no reason for you to get into any verbal or physical altercation at any time. Also, you will be required to attend safety meetings from time to time, keep your self-drug free, comply with your supervisor's instructions and treat everyone with respect. If you feel you are not being treated with respect, it will be your responsibility to inform your supervisor.

Mile Hi Express will provide you with an employee handbook. It will be your responsibility to comply with company policy. Mile Hi Express reserves the right to change or discontinue any policy or procedure at any time. You understand that your employment at Mile Hi Express is "at will" and may be terminated without cause. Mile Hi Express offers the following benefits:

- Medical, Dental and Vision Insurance effective the first day of the month after 60 days of employment, if elected— the company pays 75% of the medical insurance and you will be responsible for the remainder plus all of the dental and vision premiums
- Vacation pay – 1 week after 1 year, 2 weeks after 3 years and 3 weeks after 4 years
- Work environment committed to insuring all employees are treated with courtesy and respect at all times

The company's long-range goal is to focus on employee loyalty resulting in employee longevity. It will be the company's policy to reward employees according to longevity with hopes of encouraging pride in the company as well as themselves with an atmosphere that promotes an attitude that encourages employees to want to come to work.

I understand the above statements and agree with them.

Signature

Dated

#2

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 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 two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

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 two 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

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 Hereby authorize: _____
 First M.I. Last Social Security Number

Previous Employer: _____ Date of Birth: _____
 Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

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 _____
 (employment application date)

To: Prospective Employer: MILE HI EXPRESS, INC.
 Attention: CINDY ONEY Telephone: 303-296-8465
 Street: 1335 40TH ST
 City, State, Zip: DENVER, CO 80205

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.

Prospective employer's fax number: 303-296-8468
 Prospective employer's email address: CINDY@MILEHIEXPRESS.COM

Applicant's Signature _____ Date _____
 This information is being requested in compliance with §40.25(g) and 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐
 Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

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 ☐ here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
YES ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐

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.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Part 3 Completed by (Signature): _____ Telephone: _____

Date: _____

PART 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____

Date: _____

PART 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Date: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

☐ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

Company Name Mile Hi Express Inc

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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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 Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

ID number

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

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, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) 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 are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)



DRUG & ALCOHOL PROGRAM
FOR COMMERCIAL MOTOR VEHICLE DRIVERS
US DEPARTMENT OF TRANSPORTATION REGULATED VEHICLES

1335 40TH STREET-DENVER, CO 80205

INTRODUCTION

This written program provides the necessary information to employees concerning drug and alcohol policies and procedures for Commercial Motor Vehicle (CMV) that hold a Commercial Driver's License (CDL) at MILE HI EXPRESS INC. This program contains information about safe behaviors, testing requirements, training requirements, forms, regulatory compliance and safe work practices relating to the use of MILE HI EXPRESS INC.'S CMVs by CDL drivers.

PURPOSE, SCOPE & LIMITATIONS

This document provides coworkers with MILE HI EXPRESS INC expectations and requirements for creating and maintaining an alcohol and drug free working environment and provides an opportunity for team members with possible substance use problems to obtain help and support under FMCSA Regulations.

All CMV drivers holding a CDL and operate CMV's of 26,001 pounds or above are expected to report fit for duty for scheduled work and be able to perform assigned duties safely and acceptably without any limitations due to the use or after-effects of alcohol, illicit drugs, non-prescription drugs, prescribed medications.

This program contains safety requirements pertaining to the use, mis-use, testing guidelines and requirements for drugs and alcohol by CDL drivers of CMVs.



All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL) are subject to controlled substances and alcohol testing.

This plan does not apply to non CMV fleet vehicles, fork lifts or any other MILE HI EXPRESS INC. off-road motorized equipment or any other MILE HI EXPRESS INC staff member. This policy covers the regulatory requirements for drug and alcohol testing under DOT conditions for CDL drivers.

REVISION HISTORY

Rev #	Effective Date	Reason for Revision	Responsible Person
		Initial issue.	
1	01/01/2018	Re-employment & DOT testing updates	C Oney

DESIGNATED EMPLOYEE REPRESENTATIVE (DER)

A Designated Employee Representative (DER) is an individual who is able to receive communications and test results from service agents and who is authorized to take immediate actions to remove drivers from safety-sensitive functions and to make required decisions in the testing and evaluation process.

The Primary DER is:

Name: Cindy Oney
Physical address 1335 40th St Denver, Co 80205
Tel:303-296-8465 Fax:303-296-8468 email:Cindy@Milehiexpress.com

The following staff manager is a backup DER:

Dan Schneider
Physical address 1335 40th St Denver, Co 80205
Tel:303-296-8465 Fax:303-296-8468 email:Dan@Milehiexpress.com

PROHIBITIONS

No driver will:

- Report for work, perform any safety-sensitive functions or, while in the employ of MILE HI EXPRESS, INC., have at any time, any controlled substance present in their body. Presence of controlled substances will be determined by testing performed as described in this policy.
- Report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a CMV.
- Report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances.
- Consume alcohol while performing safety-sensitive functions.
- Will perform safety-sensitive functions, including driving, within four hours after using alcohol, report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. Report to work or perform safety-sensitive functions while having an alcohol concentration of .02 or greater. Drivers' alcohol concentration will be determined by testing performed as described in this policy.
- Consume alcohol after a DOT recordable accident unless 8 hours have expired or the Employee has been tested, whichever occurs first.
- Unlawfully manufacture, use, possess, or distribute controlled substances.
- Possess alcohol while on duty.
- Perform safety-sensitive functions within 4 hours after consuming alcohol.
- Refuse to take a required drug and/or alcohol test.

Drivers will inform a DER and their supervisor of any therapeutic/prescription drug use that may impair the driver's ability to operate a CMV. When an employee must take prescription or over-the counter drugs, the employee must ask the medical professional and/or pharmacist if the drug has any side effects which may impair the employee's ability to safely perform the employee's job duties. If there is the potential impairment of the employee's ability to work safely on the job, the employee must report this information to the supervisor and DER. With input from the employee, MILE HI EXPRESS, INC will determine if the employee should work in his/her regular job, be temporarily assigned to another job or placed off-work.

Any violation of this policy may result in discipline up to and including termination under MILE HI EXPRESS, INC independent authority. Employees who adulterate or otherwise interfere with accurate testing are in violation of this policy. Any driver, who has been observed, using, or possessing illegal drugs or consuming alcohol during work time, including lunch breaks, or on MILE HI EXPRESS, INC premises is in violation of this policy.

MILE HI EXPRESS, INC will provide to any employee who violates a DOT drug and alcohol regulation a listing of Substance Abuse Professionals (SAPs) readily available to the Employee as required under the federal regulations.

WHAT ARE THE CDL AND VEHICLE CLASSIFICATIONS?

The Federal standard requires States to issue a CDL to drivers according to the following license classifications:

- **Class A** -- Any combination of vehicles with a GCWR of 26,001 or more pounds provided the GVWR of the vehicle(s) being towed is in excess of 10,001 pounds.

- **Class B** -- Any single vehicle with a GVWR of 26,001 or more pounds, or any such vehicle towing a vehicle not in excess of 10,001 pounds GVWR.
- **Class C** -- Any single vehicle, or combination of vehicles, that does not meet the definition of Class A or Class B, but is either designed to transport 16 or more passengers, including the driver, or is transporting material that has been designated as hazardous under 49 U.S.C. 5103 and is required to be placarded under subpart F of 49 CFR Part 172 or is transporting any quantity of a material listed as a select agent or toxin in 42 CFR Part 73.

The following table describes vehicle weight classes assigned by the DOT:

Weight Class	Minimum GVWR (lbs.)	Maximum GVWR (lbs.)	Common Category	License Requirements
Class 1		6,000	Light Duty	Regular
Class 2	6,001	10,000	Light Duty	Regular
Class 3	10,001	14,000	Light Duty	CMV
Class 4	14,001	16,000	Medium Duty	CMV
Class 5	16,001	19,500	Medium Duty	CMV
Class 6	19,501	26,000	Medium Duty	CMV
Class 7	26,001	33,000	Heavy Duty	CDL
Class 8	33,001		Heavy Duty	CDL

PRE-EMPLOYMENT TESTING

Prior to the first time a driver performs safety-sensitive functions for MILE HI EXPRESS, INC., the driver will undergo testing for controlled substances as a condition prior to being sent on duty. MILE HI EXPRESS, INC. will not allow a driver to perform safety-sensitive functions until MILE HI EXPRESS, INC. has received a verified negative test result from MRO.

POST-ACCIDENT TESTING

Within 2 hours following an auto incident involving a CMV on a public road in commerce, MILE HI EXPRESS, INC. shall test for **alcohol and controlled substances** for each of its surviving drivers:

- 1) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
- 2) Who receives a citation within 8 hours for alcohol and 32 hours for controlled substances of the incident and the accident involved
 - I. Bodily injury resulting in immediate medical intervention away from the scene, or
 - II. One or more vehicles involved incur disabling damage requiring towing

Type of Accident	Citation Issued to CMV Driver	Test Must be Performed?
Human fatality	YES	YES
	NO	YES
Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
Disabling damage requiring tow away	YES	YES
	NO	NO

If a required alcohol test is not administered within 2-hours of the accident, MILE HI EXPRESS, INC shall maintain a file stating the reasons the test was not promptly performed. If an alcohol test is not administered within 8 hours of accident, and within 32 hours of accident for controlled substance testing, MILE HI EXPRESS, INC will cease attempts to administer test.

A driver who is subject to post-accident testing shall remain available for such testing if deemed necessary by MILE HI EXPRESS, INC.

RANDOM TESTING

Every driver will submit to random alcohol and controlled substance testing. The selection of drivers for random alcohol and drug testing will be made by a scientifically valid method. Each driver will have an equal chance of being tested. MILE HI EXPRESS, INC will utilize a Consortium/Third-party administrator to perform random selections for CMV drivers. Random testing will be unannounced and will be reasonably spread throughout the year.

Drivers are required to proceed to testing site immediately upon notification from MILE HI EXPRESS, INC that he/she has been selected to perform a random test. Drivers are not allowed to perform safety-sensitive functions until their testing requirements have been met.

REASONABLE SUSPICION TESTING

MILE HI EXPRESS, INC will require a driver submit to an alcohol and/or controlled substance test when MILE HI EXPRESS, INC has reasonable suspicion to believe that the driver has violated the prohibitions set forth by the DOT regulations. MILE HI EXPRESS, INC's determination that reasonable suspicion exists to require the driver to undergo an alcohol and/or controlled substance test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, and speech or body odors of the driver and witnessed and documented by a trained supervisor.

Alcohol testing is required only if the observations are made during, just preceding, or just after the period of the work day that the driver is required to be in compliance.

If an alcohol test is required by the above regulations is not administered within two hours following the determination of reasonable suspicion, MILE HI EXPRESS, INC will prepare and maintain on file a record stating the reasons why the alcohol test was not promptly administered. If a reasonable suspicion alcohol test is not administered within eight hours following the determination of reasonable suspicion, MILE HI EXPRESS, INC will cease attempts to administer the test.

FOLLOW-UP/RETURN-TO-DUTY TESTING

If a driver has received a positive test result she/he must have a return to duty test prior to performing any safety-sensitive functions.

A Substance Abuse Professional (SAP) prescribes an education and/or treatment program for a driver testing positive for controlled substances and/or alcohol concentration of .04 or greater.

Once the SAP has determined that the driver has successfully completed the prescribed education and/or treatment program, MILE HI EXPRESS, INC must administer a return to duty test if they choose to rehire the driver. It is at MILE HI EXPRESS, INC's discretion as to whether to re-employ the driver or not.

If rehired, MILE HI EXPRESS, INC may permit the driver to return to performing safety-sensitive functions once the driver has negative test results from a controlled substance test and/or an alcohol test with a concentration of less than .02 before returning to duty.

As a part of the SAP evaluation, follow up testing may be prescribed by the SAP and is required before returning to any safety-sensitive tasks.

The SAP makes the sole determination as to the number of follow up tests that will be required of a driver who violated a drug or alcohol regulation and wants to return to a safety-sensitive position. However,

- A minimum of 6 unannounced follow-up tests in the first 12 months of return to work is mandatory
- Testing may be required up to an additional 48 months after the first 12-month period
- Testing follows the driver to subsequent employers
- **NOTE:** MILE HI EXPRESS, INC has a zero drug and alcohol policy and will not retain a driver that has tested positive for any drug or alcohol.
- Once MILE HI EXPRESS, INC has been notified by the DOT SAP in writing that a previous driver has successfully completed the recommendations, MILE HI EXPRESS, INC may choose to rehire the driver and return the driver to safety sensitive duty pending a negative return to duty test. MILE HI EXPRESS, INC must also ensure that the driver is in follow-up testing as recommended by the SAP.

REFUSAL TO SUBMIT TO TESTING

Refusal to submit to a test means that a driver:

- 1) Fails to appear for any test (except a pre-employment test) immediately after being directed to do so by MILE HI EXPRESS, INC;
- 2) Fails to remain at the testing site until testing process is complete;
- 3) Fails to provide a urine specimen for any drug test required by DOT agency regulations;
- 4) In the case of a directly observed collection in a drug test, fails to permit the monitoring of the driver's provision of a 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 MILE HI EXPRESS, INC 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;
- 8) Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets, behave in confrontational way); or
- 9) Is reported by the MRO as having a verified adulterated or substituted test result.

The regulation does not contain an allowance for a refusal; the driver is automatically removed from the safety-sensitive function.

SAFETY SENSITIVE FUNCTIONS

Safety-sensitive function means all time from the time a driver 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 to include the following:

- At MILE HI EXPRESS, INC., shipper plant, terminal, facility, other property, waiting to be dispatched, on any public property
- Inspecting, servicing, or conditioning any commercial motor vehicle at any time
- At the driving controls of a CMV
- All time, other than driving time, in or upon any CMV except resting in a sleeper berth
- Loading, unloading, supervising, assisting, attending a vehicle giving or receiving shipments that are being loaded or unloaded
- Repairing, obtaining assistance or remaining in attendance upon a disabled vehicle

REMOVAL FROM SAFETY SENSITIVE FUNCTIONS

However at a minimum the driver will be removed from safety-sensitive functions.

If the driver's alcohol test results are 0.02 or greater but less than 0.04, MILE HI EXPRESS, INC. will not permit the driver to perform any safety-sensitive functions until a minimum of 24-hours following administration of the test. Upon its own independent authority, MILE HI EXPRESS, INC. may discipline the employee for testing between 0.02 but less than 0.04.

PREVIOUS EMPLOYER INQUIRIES

MILE HI EXPRESS, INC., after obtaining a prospective employee's written consent, requests the information listed below from the prospective employee's previous employer(s) regarding drug and alcohol testing history.

- Alcohol test results of 0.04 or higher
- Verified positive test results
- Refusals to be tested (including adulterated or substituted drug test results)
- Other violations of the DOT drug and alcohol testing regulations
- Successful completion of return to duty

The information must be obtained from previous employer(s) and reviewed within 30 days of prospective driver's hire date. If MILE HI EXPRESS, INC. has not been able to obtain previous employer(s) drug & alcohol historical information after 30 days, MILE HI EXPRESS, INC. must be able to document a good faith effort to obtain the information and filed in the drivers Drug & Alcohol Driver Qualification file.

RECORDKEEPING

MILE HI EXPRESS, INC. will maintain records of its alcohol misuse and controlled substance use prevention programs and maintain them in a secure location with controlled access.

Period of Retention

- Five Years
 - Alcohol test results of .02 or greater
 - Positive controlled substance test results
 - Records of verified positive controlled substance test results
 - Documentation of refusals for any test
 - Driver evaluations and referrals
 - Calibration documentation

- Administration records of the testing program
- Copy of each annual calendar year summary required by 382.403
- Two Years
 - Records related to the collection process
- One Year
 - Records of negative and cancelled controlled substance test results
 - Records of alcohol test results with a concentration of less than 0.02
 - MILE HI EXPRESS, INC will retain a drivers pre-employment Custody of Control form and Results in the drivers Drug & Alcohol Drivers Qualification file for as long as the driver is employed with MILE HI EXPRESS, INC and 3 years after termination.

DOT Drug Testing Regulatory Update

Effective August 31, 2009 direct observation collection procedures will be mandatory for all return-to-duty and follow-up drug testing. This amendment, therefore, restores the language of 49 CFR 40.67(b) to the version that became a final rule on June 25, 2008.

What are Direct Observation procedures?

40.67 (i) As the observer, you must watch the employee urinate into the collection container. Specifically, you are to watch the urine go from the employee's body into the collection container.

Why is the Department of Transportation doing this?

The department believes this new rule will combat attempts by employees to cheat on their drug tests.

What does this mean for me as an employer?

If the employer has an employee who has a verified positive, adulterated, or substituted test result, or has otherwise violated a DOT agency drug and alcohol regulation and chooses to put the employee through the return to duty process, the employer must order a direct observed collection for DOT return to duty and follow up tests.

What do I do as an employer?

If the employer has an employee who has a verified positive, adulterated, or substituted test result, or has otherwise violated a DOT agency drug and alcohol regulation and chooses to put the employee through the return to duty process, the employer must order a direct observed collection for DOT return to duty and follow up tests. The employer must ensure that a same sex collector is available at the collection site. If no same sex collector is available, the collection site may ask for a same sex employee representative to assist in observing the collection.

Overview of the DOT Change Effective October 1, 2010

The Department of Transportation (the Department or DOT) is amending certain provisions of its drug testing procedures dealing with laboratory testing of urine specimens. Some of the changes will also affect the training of and procedures used by Medical Review Officers. The changes are intended to create consistency with many, but not all, of the new requirements established by the U.S. Department of Health and Human Services.

What's changing?

1. **Lower levels of cocaine and amphetamines to return a positive result.**
2. The laboratory testing levels for two existing drugs (cocaine and amphetamines) have been lowered. The Department believes doing so will enhance the safety of the traveling public because more users of illicit drugs and more users of non-prescribed medications will be identified.
3. **Ecstasy has been added to required screening list.** The laboratory is now required to screen and confirm testing for the drug MDMA (aka. Ecstasy). The Department feels that MDMA is being marketed to a larger population in American communities.

4. **Labs must now conduct mandatory initial testing for heroin.** The department feels that as much as 10% more Heroin positives will be identified

You can view the Final Rule at the Federal Register's website:
<http://edocket.access.gpo.gov/2010/pdf/2010-20095.pdf>.

Overview of DOT Change effective November 13, 2017

The Department of Transportation (DOT) published a final rule in the Federal Register (82 FR 52229). The rule, among other items, added four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). It also added methylenedioxyamphetamine (MDA) as an initial test analyte and removed the testing for methylenedioxyethylamphetamine (MDEA).

When is the final rule effective?

The final rule is effective January 1, 2018.

What does this mean for employees?

You will ***also*** be tested for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these semi-synthetic opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, Exalgo®. In addition, you will no longer be tested for MDEA.

ATTACHMENT A: DRIVER ACKNOWLEDGMENT

Initials

	I have received and read a copy of <u>MILE HI EXPRESS, INC</u> 's Drug and Alcohol Written Safety Program for Commercial Motor Vehicle Drivers. I understand that if I have questions, I can contact the Designated Employee Representative (DER) to answer questions.
	I have received and read educational materials concerning the effects of alcohol and controlled substance and the symptoms of an alcohol or controlled substance problem and available methods of intervening when an alcohol or a controlled substance problem is suspected, including confrontation and SAP information.

DRIVER

Print Name: _____

Sign Name: _____

Date: _____

DESIGNATED EMPLOYER REPRESENTATIVE

Print Name: _____

Sign Name: _____

Date: _____