

# Applicant Requirements

We thank you for your expressed interest in our company.

Before you start completing our application and associated documents, we must inform you of our pre-hire criteria. Should you be unable to satisfy the following requirements, please return this package as you will not be considered for employment.

1. Present your valid drivers license and social security card and be at least 21 years of age.
2. Must be able to pass a DOT physical and drug screen.
3. Must have reliable transportation to be able to report to work as scheduled.
4. Can read and speak the English Language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquires and to make entries on reports and records.
5. Driver's accident history cannot include any rollover accidents and no recordable accidents within the past 5 years where the driver was cited for a moving violation in connection with the crash or charged with the responsibility for the crash-in any type of vehicle.
6. Must be physically qualified and able to lift and or maneuver up to 50 pounds.
7. Must have operational phone service to be able to contact you.
8. Minimum of 6 months verifiable tractor/trailer experience.
9. Applicant must possess an acceptable driving record to meet our client's criteria.
10. Must be able to safely operate the type of equipment he/she will be assigned to drive.
11. Absolutely NO passengers are allowed in client's vehicles – must have permission prior from Client.
12. Provide a list of moving violations for the past 3 years.
13. No felony convictions or confinement for conviction of a criminal offense (regardless of the severity) in the past 5 years.
14. Must possess a valid Commercial Drivers License (CDL)
15. Must not have any convictions for any of the following offenses in the past 5 years (in any type of vehicle)
  - Driving under the influence of alcohol (or refusing to test) past 7 years
  - Driving under influence of a controlled substance past 5 years
  - Leaving the scene of an accident
  - More than one excessive speeding (15 mph or more above the posted limit)
  - Vehicular manslaughter or vehicular homicide
  - Eluding a police officer
  - Operating a vehicle with suspended or revoked license
16. Must be able to drive **“manual transmissions”**

We present these criteria prior to completing this package to save both yourself and our company any embarrassment later. Should you have any questions related to these requirements you must let us know NOW! Please sign the bottom of this letter acknowledging your understanding of the above requirements and your ability to satisfy these requirements, knowing you will be summarily replaced if found deficient in any of these requirements.

---

Applicant's Signature



## Applicant Qualifications

Please fill out form below indicating your willingness to perform certain duties while employed with Driver Logistics.

**Dry Van:** 20/40 ft. \_\_\_\_\_ 48 ft. \_\_\_\_\_ 53 ft. \_\_\_\_\_

**Freight you have hauled:** LTL \_\_\_\_\_ No Touch \_\_\_\_\_ Moving \_\_\_\_\_  
Drop & Hook \_\_\_\_\_

**Knowledge of areas:** Metro Detroit \_\_\_\_\_ Michigan \_\_\_\_\_ Tri-States \_\_\_\_\_  
Canada \_\_\_\_\_

**Hauling specialties:**

Doubles \_\_\_\_\_ Gravel Trains \_\_\_\_\_ Flat Bed \_\_\_\_\_ Tankers \_\_\_\_\_  
Switcher \_\_\_\_\_ Reefer \_\_\_\_\_ Switcher \_\_\_\_\_ Containers \_\_\_\_\_

**Please list your endorsements (including fast pass) and length of experience:**

---

---

---

**Comments:**

---

---

---

---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Driver Logistics Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## PAST EMPLOYMENT RECORD

Note: DOT Requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

## PAST EMPLOYMENT RECORD CONTINUED

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**DRIVER LOGISTICS**  
DOT Drug and Alcohol Information Release

**TO:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I authorize, per 49 CFR Part 40, Section 40.25, the release of information from my DOT regulated drug and alcohol testing records by all carriers (company/school) for the sole purpose of transmitting such records concerning DOT drug and alcohol testing, violations including pre-employment tests during the past three years and the name and phone number of my substance abuse professional who evaluated me during the past three years.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER/LESSOR**

Please list correct dates of employment/lease: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: Resignation \_\_\_\_\_ Termination \_\_\_\_\_ Layoff \_\_\_\_\_

Any accidents while in your employ? Number of preventable \_\_\_\_\_ Number of non-preventable \_\_\_\_\_

Details on accidents: \_\_\_\_\_

In what area did the individual operate? OTR \_\_\_\_\_ Regional \_\_\_\_\_ Local \_\_\_\_\_

Equipment operated: Straight Truck \_\_\_\_\_ Tractor Trailer \_\_\_\_\_ 48'/52' Dry Van \_\_\_\_\_ Flatbed \_\_\_\_\_

Reefer \_\_\_\_\_ Tanker \_\_\_\_\_ Doubles/Triples \_\_\_\_\_ Other \_\_\_\_\_

Materials handled: General \_\_\_\_\_ Hazmat \_\_\_\_\_ Specialized \_\_\_\_\_ Non Driving \_\_\_\_\_ Units Operated \_\_\_\_\_

General conduct satisfactory: Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

Eligible for rehire: Yes \_\_\_\_\_ No \_\_\_\_\_ With review \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER/LESSOR IF EMPLOYEE WAS EMPLOYED IN A SAFETY SENSITIVE POSITION**

- |  |        |
|--|--------|
| 1. Has this person ever tested positive for a controlled substance in past 3 years?  | YES NO |
| 2. Has this person ever tested with a BAC of 0.04 or greater in the past 3 years?  | YES NO |
| 3. Has this person ever refused a required test for drugs or alcohol in the past 3 years?  | YES NO |
| 4. Has this individual violated other DOT drug/alcohol regulations in the past 3 years?  | YES NO |
| 5. Have you ever received information from a previous employer that this individual violated DOT drug/alcohol regulations in the past 3 years? | YES NO |
| 6. Have you received documentation, if any, of completion of the RTD process following a rule violation?                                       | YES NO |

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of person providing information above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**PLEASE COMPLETE FORM AND FAX IT TO 248-474-6179**

Any questions please call 248-474-6100

## Drug, Alcohol, and Criminal Information

DOT 49 CFR Part 40 Sec 40.25

1. Have you been convicted of a felony in the last years six years? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

2. Have you tested positive for a controlled substance in the last three years? \_\_\_\_\_

3. Have you tested with a BAC of 0.04 or greater in the last three years? \_\_\_\_\_

4. Have you refused a required test for drug/alcohol in the last three years? \_\_\_\_\_

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

- - - - -SIGNED RECEIPT- - - - -

I hereby acknowledge receipt of the U.S. DEPARTMENT OF TRANSPORTATION (DOT), FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA), and CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY. I agree to familiarize myself with the requirements of the policy and comply with its provisions.

X \_\_\_\_\_  
PRINT CMV DRIVER'S NAME

\_\_\_\_\_  
CMV DRIVER'S SOCIAL SECURITY NUMBER

X \_\_\_\_\_  
CMV DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE



**PHYSICAL HISTORY**  
DOT Requirement

List any handicap that prevents you from doing certain kinds of work: \_\_\_\_\_

---

Are you physically capable of heavy manual work?	YES	NO	
Have you ever been injured on the job?	YES	NO	If yes, give the nature and degree of such injuries.

---

---

How much time have you missed from work in the past 3 years for illness: \_\_\_\_\_

Would you be willing to take a physical exam?	YES	NO
---	-----	----

**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.

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 by all rules and regulations of the Company, as permitted by Law. My services and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no individual or representative of the Company other than the Officer has any authority to enter into agreement for employment for any specified period of time, or to make any agreement to the contrary. Additionally, I understand that any cost associated with pre-employment medical, physical, and/or controlled substance testing will be deducted from my payroll.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that information may be requested as to my character, past and present employment, and other personal history. I further understand that you may be requesting information regarding my motor vehicle history, workers compensation claims, credit and criminal history, and other public records. I agree that any false information in support of my application for employment may subject me to discharge at any time during my employment.

I hereby authorize and release from liability without reservation, Driver Logistics LLC, past employers, schools, and/or any persons gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be deemed to be equivalent of the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number/State

**Current Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# Driver Logistics

19500 Middlebelt Rd Ste 350 Livonia, Mi 48152

## Driver's Certification of Driving Violations and/or 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 a 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 or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required 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\*\*

Drivers Name: \_\_\_\_\_

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 past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \_\_\_\_\_ Driver's Signature \_\_\_\_\_

This form may be faxed to (248) 474-6179 or email: [admin@driverlogistics.com](mailto:admin@driverlogistics.com)

### \*\* 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 named driver in accordance with Section 391.25 and find that he/she

- (Check one):  Meets minimum requirements for safe driving  
 Is disqualified to drive a motor vehicle pursuant to Section 391.15  
 Does not adequately meet satisfactory safe driving performance

Action taken with driver:

\_\_\_\_\_

Reviewed by:

Signature

Printed Name

Title

Date

# 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 some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1.) **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 violate 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 the state must be in writing.

The following license is the only one I will 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: \_\_\_\_\_



## CERTIFICATE OF RECEIPT OR POSSESSION FOR

- A. Information and educational materials on alcohol misuse and controlled substances use as specified and detailed under FMCSR Part 382.601.
- B. Written company policies and procedures with respect to meeting the requirements of FMCSR Part 382-Controlled Substances and Alcohol Use and Testing.
- C. Federal Motor Carrier Safety Regulations Handbook.
- D. Hazardous Materials Emergency Response Guide Book.

The undersigned certifies that he/she has received or posses the items listed above which were provided in accordance with FMCSR Part 385.601.

Signature of Driver: \_\_\_\_\_

Print Driver's Name: \_\_\_\_\_

Date of Reciept: \_\_\_\_\_

# PREEMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.403 Pre-employment testing requirements apply to driver applicants of this company.

---

## 391.403 Pre-employment Testing Requirements

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
  - (b) A driver applicant shall submit to controlled testing a pre-qualification condition.
  - (c) Prior to collection of a urine sample under 391.407 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.
- 

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Consent Agreement.

I further understand any costs associated with Pre-employment Urinalysis, upon employment, will be deducted from my payroll.

---

Signature

---

Print name

---

Authorized Signature  
Driver Logistics LLC

---

Date

**DRIVER DATA SHEET**  
For Casuals, New Hires, & Temporary Employees

Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Motor Vehicle Operator's License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Instructions: Motor carriers when using a driver for the first time or intermittently 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) FMCSR.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS								

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

Signature of Driver: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorized Company Representative



# DRIVER LOGISTICS

## Substance Abuse Policy

### Statement of Purpose and Policy

Driver Logistics LLC (Herein referred to as the Company) considers employees a most valued part of the company. Their health and safety is a serious company concern. Substance abuse may pose a serious threat to our employee's health and safety. It is therefore, the policy of the Company to prevent substance use or abuse from having an adverse effect on our employees. The Company maintains that the work environment is safer and more productive without the presence of illicit or inappropriate drugs or substances (herein referred to as prohibited substances) in the body, at Driver Logistics LLC or any of the Company's client site locations. Furthermore, all employees have a right to work in a drug-free environment and to work with individuals free from the effect of prohibited substances. Employees who use or abuse prohibited substances are a danger to themselves, their coworkers, the public, equipment, and assets of the Company.

Specifically, it is the policy of the Company that the use, sale, purchase, transfer, possession, or presence in one's system of any prohibited substance (except medications prescribed by a licensed physician) by employees while on Company or client premises, while engaged in Company or client business, while operation Company or client equipment, or while under the authority of the Company is strictly prohibited. The Company will notify and cooperate with law enforcement agencies in the investigation of any employee suspected of possession of or trafficking in illicit or inappropriate drugs. Any employee convicted of on the job possession of or trafficking in illicit or inappropriate drugs, or of working while intoxicated, will be terminated.

The Company will conduct pre-employment testing on all driver employee applicants. All employees will be subject to testing where circumstances establish that reasonable suspicion of a prohibited substance use exists, and following on the job accidents or injuries. In addition, employees will be subject to random testing per part 382 of FMCSR. Randomized testing will be performed on a monthly basis.

Any employee who tests positive will be subject to discipline up to and including termination. Any employee who refuses to comply with a proper request to testing will be considered to have tested positive. These procedures are designed not only to detect violations of this policy but to maintain the dignity of employee applicants and employees involved. Disciplinary action will, however, be taken as necessary.

### **AGREEMENT:**

As a Driver Logistics LLC employee, I understand and agree to abide by the Company's Substance Abuse Policy regarding the use, possession, or sale of alcohol or illicit drugs. I understand that evidence of alcohol abuse or drug abuse as outlined above will affect my continued employment with the Company.

---

Employee Signature

---

Date

---

Authorized Representative  
Driver Logistics LLC

---

Date

# DRIVER LOGISTICS

## Distracted Driving

### Policy

In November 2011, the Department of transportation announced a final rule prohibiting truck and bus drivers from using hand-held cell phones while operating their vehicles. Drivers who violate the restriction will face federal civil penalties of up to \$2,750.00 for each offense and disqualification from operating a Commercial Motor Vehicle (CMV) for multiple offenses. Companies can be fined up to \$11,000.00 for allowing drivers to use hand-held cell phones while driving. In addition, states (Michigan) will suspend a driver's commercial driver's license after 2 (two) or more serious traffic violations.

Therefore, **when driving** on company business, drivers may not use cell phones or any other mobile electronic devices while operating any motor vehicle. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, reading or responding to e-mails and text messages, adjusting a Global Positioning System (GPS), and accessing the internet

Furthermore, drivers are required to **pull over to a safe place and put the vehicle in "Park"**

If a call must be made or received while on the road, or to make adjustments to a GPS or other navigation devices.

Additionally, **when dispatching**, be aware that your drivers will not immediately answer your call if they are engaged in driving. Drivers have been instructed to pull to a safe place and put the vehicle in "PARK" if a call must be made or received while on the road. The company will not tolerate disregard of this policy.

These restrictions do not apply to calls made to report an emergency. In such caese, all cautionary measures should be practiced.

In conclusion, the company is concerned about the safety and well-being of its drivers. This is so important that violations of this policy will be considered serious and may result in the imposition of discipline uo to including termination.

We strongly encourage everyone to extend this distracted drivers policy to their personal driving.

Consider turning off, putting on silent or vibrate wireless phones or other devices before starting the vehicle.

Consider modifying your voice mail greeting to indicate that you are unavailable to answer calls or return messages while driving.

### RECEIPT OF DISTRACTED DRIVING POLICY

I acknowledge that I have read and understand the Company's distracted driving policy and I agree to comply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date