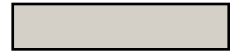


# Driver's Application For Employment



Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company K&H Farms LLC 630 Main Ave E Gaylord MN 55334 khfarms@rocketmail.com

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In compliance with Federal and State equal employment opportunities 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.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal 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 used, 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 \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

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

SIGNATURE OF INTERVIEWING AGENT \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ SSN \_\_\_\_\_

List your addresses for the past 3 years.

**Current Addresses**  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

## Previous Addresses

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ (Required for Commercial Drivers) Can you provide proof of age?  Yes  No

Have you worked for this company before?  Yes  No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded?  Yes  No Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

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

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 _____	To: _____
Address _____	_____	_____	_____
City _____ State _____	Zip _____	Position Held _____	_____
Contact Person _____	Phone Number _____	Salary/Wage _____	_____
Were you subject to the FMCRs While Employed? <input type="radio"/> Yes <input type="radio"/> No	_____	Reason For Leaving _____	_____
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="radio"/> Yes <input type="radio"/> No			

## EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
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="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
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="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
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="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
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="radio"/> Yes <input type="radio"/> No			

\*Includes vehicles having 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 the 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 10,000 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 required). If non, 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 required)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

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

State	Licence Number	Type	Expiration Date
<b>DRIVER</b>	_____	_____	_____
<b>LICENSES</b>	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever bee suspended or revoked?  Yes  No

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

**DRIVING EXPERIENCE** check yes or no

Class of Equipment	Equipment Type	From	Dates	To	Approx. No. of Miles (Total)
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

List states operated in for last five years: \_\_\_\_\_

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 the application

\_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown)

**EDUCATION**

Highest Grade Completed \_\_\_\_\_ Last School Attended & Location (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: \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with K&H Farms (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize K&H Farms (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or used him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTION 2 below, remove the carbon, complete SECTIONS 3 and 4 (if applicable), and then return ply 1 to the prospective employer shown in SECTION 1.

**PROSPECTIVE EMPLOYEE:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Remove ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name)	First, M.I., Last	Social Security Number
	hereby authorize:	
Previous Employer:		Date Of Birth
Street:		Email:
City, State, Zip:		Phone:
		Fax No.:
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____		
To		
Prospective Employer: _____		
Attention: _____ Telephone: _____		
Street: _____		
City, State, Zip: _____		
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 confidential fax number: _____		
Prospective employer's confidential email address: _____		
Applicant's Signature		Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		
<b>PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2</b>		

**SECTION 3:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

**SECTION 4:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here , and return.

Applicant **was** subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

	YES	NO	
1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:	<input type="checkbox"/>	<input type="checkbox"/>	
· An alcohol test with a result of 0.04 or higher alcohol concentration.			
· A controlled substances test result of positive, adulterated, or substituted.			
· A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.			
· Alcohol use while performing or within 4 hours before performing safety-sensitive functions.			
· Alcohol use after an accident, in violation of §382.303.			
· Controlled substances use while on duty, except as allowed under §382.213.			N/A
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5a:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed.  Emailed.  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Subsequent attempts to contact previous employer (391.23(c)(1)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5b:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_



## PREVIOUS PRE-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 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 return-to-duty process. (see Section 40.25(b)(5) and (e))

Driver's Name (Printed): \_\_\_\_\_

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must 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             Not Applicable

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

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by:

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

## DRIVER STATEMENT OF ON-DUTY HOURS

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 the driver was last relieved from duty prior to beginning work for the motor carrier as per Part 395.8(j)(2) Federal Motor Carrier Safety Regulations (FMCSR). NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

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

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Endorsement(s): \_\_\_\_\_ Restriction(s): \_\_\_\_\_

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:

\_\_\_\_\_ On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

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

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(8)(9) of the FMCSR's 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?

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.

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Date

## **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 or rated at 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 or rated 10,001 pounds or more, can transport 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, suspension, cancellation, or disqualification of your driver's license or driving privilege. 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 your employing motor carrier. The notification 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 or 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 DCL within 30 days.

The following license is the only one I possess:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_ In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_ In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/ DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company) (Typed Name)  
\_\_\_\_\_  
(Address) (Title)  
\_\_\_\_\_  
(City) (State) (Signature)

**DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT FOR  
EMPLOYMENT PURPOSES**

K&H Farms may obtain a consumer report (commonly known as a background report) and/or investigative consumer report from a consumer reporting agency for employment purposes. The consumer report may include information concerning your employment history, education, qualifications, character, general reputation, personal characteristics, criminal record, motor vehicle record, mode of living and/or credit standing and indebtedness. This information may be obtained from public and/or private sources.

A consumer report and/or an investigative consumer report may be obtained in processing your application for employment, or at any time during your employment period, as authorized by state law and/or the Fair Credit Reporting Act (FCRA). Should an investigative consumer report (a consumer report in which the above types of information are obtained through personal interviews) be requested, you will have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

In the event that information from a consumer report obtained about you from a consumer reporting agency is used in whole or in part in making an adverse decision with regard to employment, you will be provided with a copy of the consumer report and a description in writing of your rights under the law.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization Form and the attached Summary of Rights under the Fair Credit Reporting Act. I hereby authorize K&H Farms to obtain and/or its agent to obtain and furnish to K&H Farms information related to my background to be used for employment purposes. I hereby authorize any law enforcement agency, institution (including learning institution), information service bureau, credit bureau, record/data repository, court, motor vehicle record agency, employer, military, and other individuals and sources contacted by [Institution's Name] and/or its agent to furnish the information requested by the consumer reporting agency for employment purposes.

I understand and agree that a facsimile (FAX) or photographic copy of this authorization will be as valid as the original.

I hereby release K&H Farms, all its agents and employees, and all persons, agencies, and entities furnishing information or reports about me from all liability arising out of the request for or release of any of the above mentioned information or reports.

**Applicant/Employee**                      **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_



Summary of Rights  
FCRA.pdf

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or used him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTION 2 below, remove the carbon, complete SECTIONS 3 and 4 (if applicable), and then return ply 1 to the prospective employer shown in SECTION 1.

**PROSPECTIVE EMPLOYEE:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Remove ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name)	First, M.I., Last	Social Security Number
	hereby authorize:	
		Date Of Birth
Previous Employer:		Email: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>
Street:		Phone: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>
City, State, Zip:		Fax No.: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
To		
Prospective Employer:		
Attention:		Telephone: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>
Street:		
City, State, Zip:		
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 confidential fax number:		
Prospective employer's confidential email address:		
	Applicant's Signature	Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was employed or used by us.      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) <span style="border-bottom: 1px solid black; padding: 0 20px;"></span> from (m/y) <span style="border-bottom: 1px solid black; padding: 0 20px;"></span> to (m/y) <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
Did he/she drive a motor vehicle for you?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type?      Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
Completed by <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
Company: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
Street: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
City, State, Zip: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span> Telephone: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
Signature: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span> Date: <span style="border-bottom: 1px solid black; padding: 0 20px;"></span>		
If there is no safety performance history to report, check here <input type="checkbox"/> and return.      Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		
<b>PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2</b>		

**SECTION 3:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

**SECTION 4:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here , and return.

Applicant **was** subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

	YES	NO	
1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:	<input type="checkbox"/>	<input type="checkbox"/>	
· An alcohol test with a result of 0.04 or higher alcohol concentration.			
· A controlled substances test result of positive, adulterated, or substituted.			
· A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.			
· Alcohol use while performing or within 4 hours before performing safety-sensitive functions.			
· Alcohol use after an accident, in violation of §382.303.			
· Controlled substances use while on duty, except as allowed under §382.213.			N/A
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5a:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed.  Emailed.  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Subsequent attempts to contact previous employer (391.23(c)(1)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5b:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

# ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_

**INSTRUCTIONS TO CARRIER:** Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be shown on the reverse side.

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

## CERTIFICATE OF REVIEW

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that (Check One)

Driver meets minimum qualifications for safe driving including Section 391.15?  Yes  No

If no, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List action taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE  
REVIEWED

PERSON WHO CONDUCTED THE ANNUAL REVIEW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS TO BE MADE ON REVERSE SIDE CONCERNING DISQUALIFICATION

(This form is constructed to meet DOT requirements per Section 391.25)

**RETAIN THIS RECORD FOR THREE YEARS FROM DATE OF EXECUTION (Section 391.51(b)(5), (d)(2))**



# ANNUAL REVIEW OF DRIVING RECORD

## REMARKS SECTION

### REMARKS - INITIAL REVIEW FOR 12 MONTH PERIOD

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
YES      NO

Company ID & Qualification Card Issued

\_\_\_\_\_  
\_\_\_\_\_

Letter Of Disqualification Issued

\_\_\_\_\_  
\_\_\_\_\_

### REMARKS - SUBSEQUENT REVIEW DURING 12 MONTH PERIOD

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
YES      NO

Company ID & Qualification Card Issued

\_\_\_\_\_  
\_\_\_\_\_

Letter Of Disqualification Issued

\_\_\_\_\_  
\_\_\_\_\_

# Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

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 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 here.

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 shall so certify. (Section 391.27)

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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.

**IF NONE STATE NONE**

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.

Driver's Name (Print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
(DATE OF CERTIFICATION)

\_\_\_\_\_  
(DRIVER'S SIGNATURE)

\_\_\_\_\_  
(MOTOR CARRIER'S NAME)

\_\_\_\_\_  
(MOTOR CARRIER'S ADDRESS)

\_\_\_\_\_  
(REVIEWED BY: SIGNATURE)

\_\_\_\_\_  
(TITLE)

**RETAIN THIS RECORD FOR THREE YEARS FROM DATE OF EXECUTION (Section 391.51(h)(3))**

# *Alcohol And Drug Employee's Certified Receipt*

Employee's Name

**K & H Farms**

**OTR**

Company/Department

This is to certify that I have been provided educational materials required by §382.601 and my employer's policies and procedures with respect to meeting the Part 382 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 processes, 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 for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40, Subpart 0 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 affects of alcohol and controlled substances use on :
 

-an individuals health	-signs and symptoms of a problem
-work	-available methods of intervening
-personal life	when a problem is suspected
- \_\_\_\_\_ 12. Optional information:

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date

# ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

## §382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name:   K&H Farms, LLC  

Driver/Applicant Name: \_\_\_\_\_

(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance  
with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled:      Date: \_\_\_\_\_  
  Location: \_\_\_\_\_  
  Time: \_\_\_\_\_

2. Check type of test:       Alcohol                Controlled Substance

3. Check reason for test:    Pre-employment       Random            Reasonable suspicion/cause  
   Post-accident        Return to duty    Follow-up

4. Appointment instructions/comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required.

\_\_\_\_\_  
Driver/Applicant's Signature

\_\_\_\_\_  
Date

Witnessed by:

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

\_\_\_\_\_  
Date

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

I, \_\_\_\_\_, hereby consent to  K&H Farms LLC  to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent includes multiple limited queries for the duration of my employment with the company.

I understand that if the limited query conducted by  K&H Farms LLC  indicates that drug use or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to  K&H Farms LLC  without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for  K&H Farms LLC  to conduct a limited query of the Clearinghouse,  K&H Farms LLC  must prohibit me from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date