

Crowe Transportation
2388 N Market St.
Elizabethtown, PA 17022
717-367-8535

APPLICATION FOR DRIVER POSITION

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

As part of the application process, I am aware that certain pre-qualification procedures are involved, including a driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee or owner operator of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring/leasing decision until such time as I receive a written notification from a Company official that I have been hired or leased on as an owner-operator, my position is that of an applicant.

PLEASE PRINT

NAME _____ SS# _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIP
HOME PHONE () EMAIL: _____

ADDRESSES FOR PAST THREE (3) YEARS – STATE HOW LONG AT EACH

DATE OF BIRTH ____/____/____

IF YOU HAVE WORKED FOR THIS COMPANY BEFORE, PLEASE FURNISH DATES:

FROM ____/____/____ TO ____/____/____ REASON FOR LEAVING _____

HOW DID YOU FIND OUT ABOUT OUR COMPANY? _____
INSERT NAME OF EMPLOYEE OR PAPER

DRIVER LICENSE

STATE LICENSE NUMBER TYPE OF LICENCSE EXPIRATION

WORK HISTORY EXPERIENCE AND QUALIFICATIONS

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From ____/____/____ To ____/____/____	<u>Comp</u>	<u>Duties</u>	<u>Annual Mileage</u>	<u>Reasons for Leaving</u>
	<u>City</u>			
	<u>State</u>	<u>Supervisor</u>	<u>Type of Equipment Driven</u>	Was this a safety-sensitive position requiring drug/alcohol testing?
	<u>Phone</u>			Yes ____ No ____

From ____/____/____ To ____/____/____	<u>Comp</u>	<u>Duties</u>	<u>Annual Mileage</u>	<u>Reasons for Leaving</u>
	<u>City</u>			
	<u>State</u>	<u>Supervisor</u>	<u>Type of Equipment Driven</u>	Was this a safety-sensitive position requiring drug/alcohol testing?
	<u>Phone</u>			Yes ____ No ____

From ____/____/____ To ____/____/____	<u>Comp</u>	<u>Duties</u>	<u>Annual Mileage</u>	<u>Reasons for Leaving</u>
	<u>City</u>			
	<u>State</u>	<u>Supervisor</u>	<u>Type of Equipment Driven</u>	Was this a safety-sensitive position requiring drug/alcohol testing?
	<u>Phone</u>			Yes ____ No ____

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	<u>City</u>			
	<u>State</u>	<u>Supervisor</u>	<u>Type of Equipment Driven</u>	Was this a safety-sensitive position requiring drug/alcohol testing?
	<u>Phone</u>			Yes ____ No ____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING)

DATE	LOCATION	OFFENSE	PENALTY

ACCIDENT RECORD FOR PAST FIVE (5) YEARS

DATE	TYPE OF ACCIDENT: HEAD-ON, BACKING ETC.	FATALITIES	INJURIES

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated with or without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice Presidents of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or to make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge.

Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider, which will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further, I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning: (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC or other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature)

Date

Applicant's Name (Please Print)

Yes No

A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B.	Has any license, permit or privilege been suspended or revoked?		
C.	Have you ever been convicted for driving while intoxicated?		
D.	Have you ever been convicted for possession, sale or use of a narcotic drug?		
E.	Have you ever been refused auto liability insurance?		
F.	Have you ever been arrested or convicted of a crime?		

If answer to A, B, C, D, E or F is yes, state circumstances and dates:

APPLICANT CERTIFICATION STATEMENT

I understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.

☐ No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

☐ Yes, I have information to report on my drug and alcohol history

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions	Date of violation
I had a verified positive drug test for a prior employer or as a pre-employment test	
I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer	
I refused to be tested (includes submitting a substituted or adulterated specimen)	
I performed a safety-sensitive function within four hours after using alcohol	
I used alcohol while performing safety-sensitive functions	
I was involved in an accident that required post-accident testing and I used alcohol prior to being tested	
I used controlled substances while performing a safety-sensitive function	
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have ☐ have not ☐ completed the return to duty requirements

Prior employer (or company which I applied to) Company Name
Employers Designated Employer Representative
Employers Address
Employer Telephone Number
Substance Abuse Professional information

"Certification: I CERTIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE.

I UNDERSTAND THAT FAILURE TO ACCURATELY REPORT INFORMATION MAY RESULT IN MY NOT BEING HIRED OR TERMINATION OF MY EMPLOYMENT IF I AM HIRED."

Date of application: ____/____/____

Print Full Name: _____

Signature: _____

To: _____
(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/leasing or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services, or another provider, which will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc. as well as information from DAC or other sources concerning: (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other companies or sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC or other companies that subscribe to their/these services. If you desire, you can review any of this information we receive when processing your application.

INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driven.

Accident information for all DOT recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT) that you wish to provide to the prospective employers.

DRUG AND ALCOHOL TEST RESULTS

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Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's record as directed by the specific, written consent of the driver authorizing the release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature)

Date

Applicants Name (Please Print)

Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

It is _____ company policy to perform certain background checks of its employees and
(Company Name)

applicants. This may include checking your prior employment, criminal and civil history, drug/alcohol test records, educational records, driving records, credit, etc. Thus you may be subject of a "consumer report" or "investigative consumer report". We will use this information as part of the basis for our decision regarding your employment. This means that your former employers may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency. That agency is Helpe, Inc. 402A Dicey Ford Road, Camden, SC 29020, 803-432-3933. In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain; we will also provide a copy of your rights in the form prescribed by the Federal Trade Commission. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Helpe, Inc. directly. By signing below you acknowledge receipt of a copy of New York Correction Law Article 23-A.

Acknowledgement and Authorization

I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Helpe to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. This may include requests for information regarding my criminal, civil and motor vehicle records. I authorize the release of this information by my prior employer and anyone else having information or documentation about me to Company and Helpe. I release the Company and Helpe and all other persons from any liability for supplying such information and or documentation. I agree that so long as I remain employed by the above named employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

_____ California, Minnesota and Oklahoma Applicants/Employees: Initial if you want to receive a copy of any report

California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the California notice regarding Background Investigation

Printed Name of Applicant/Employee

Date of Birth

Social Security Number

Signature

Date

Telephone Number

List your Current Address – Street/City Zip Code

List Your Former Addresses for the Last 7 Years Street/City Zip Code

List Your Former Addresses for Last 7 Years Street/City Zip Code

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

It is Crowe Transportation (Company) company policy to perform certain background checks of its employees and applicants. This may include checking your prior employment, criminal and civil history, drug/alcohol test records, educational records, driving records, credit, etc. Thus you may be subject of a "consumer report" or "investigative consumer report". We will use this information as part of the basis for our decision regarding your employment. This means that your former employers may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency. That agency is Helpe, Inc. 402A Dicey Ford Road, Camden, SC 29020, 803-432-3933. In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain; we will also provide a copy of your rights in the form prescribed by the Federal Trade Commission. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Helpe, Inc. directly. By signing below you acknowledge receipt of a copy of New York Correction Law Article 23-A.

Acknowledgement and Authorization

I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Helpe to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. This may include requests for information regarding my criminal, civil and motor vehicle records. I authorize the release of this information by my prior employer and anyone else having information or documentation about me to Company and Helpe. I release the Company and Helpe and all other persons from any liability for supplying such information and or documentation. I agree that so long as I remain employed by the above names employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

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California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the California notice regarding Background Investigation

Printed Name of Applicant/Employee	Date of Birth	Social Security Number
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Signature	Date	Telephone Number
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List your Current Address – Street/City Zip Code

List Your Former Addresses for the Last 7 Years Street/City Zip Code

List Your Former Addresses for Last 7 Years Street/City Zip Code

APPLICANT RIGHTS NOTIFICATION

As a driver applicant you have the following rights regarding the investigative information that will be provided to us the prospective employer pursuant to the Federal Regulations:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to us the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to you within five (5) business days of receiving the written request. If the prospective employer has not yet received the request information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provides the records to the prospective employer.

After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's safety performance history.

After October 24, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer;
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration following procedures specified in section 386.12 of the regulations.

Driver Signature

Date

**CHARLES E CROWE & SON, INC; dba CROWE TRANSPORTATION, INC.-
AUTO SAFETY PROGRAM**

I) PURPOSE AND SCOPE

- a. Protect all customers and employees from serious injury
- b. Reduce automobile accidents and related injuries
- c. Reduce property damage; and
- d. Promote safety on the job and the highway

II) PROGRAM GOALS

The primary goal of the Auto Safety Program (ASP) is to maintain a high level of safety awareness and foster responsible driving behavior. Such "Driver awareness" is intended to decrease the frequency of motor vehicle accidents and reduce personal injury and property damage.

"Drivers" are any employees who use a Charles E. Crowe & Son, Inc. vehicle or your personal vehicle for company business. Violations of this program or other company policies may result in disciplinary action, up to and including suspension of driving privileges or dismissal.

III) PROGRAM RESPONSIBILITIES

- a. Drivers are required to:
 - i. Read, understand and follow the requirements of this policy;
 - ii. Maintain a valid driver's license/CDL License and adhere to the license restrictions;
 - iii. Complete and sign the MVR authorization form provided by Charles E. Crowe & Son, Inc. at the time of hire or at any other time requested by Charles E. Crowe & Son, Inc.
 - iv. Immediately notify their supervisor of any illness, injury, physical condition, or use of medication that may impair their ability to safely driver a Motor Vehicle
 - v. Immediately notify their supervisor of any vehicle traffic (moving) violations and citation received while driving a company vehicle or personal vehicle
 - vi. Immediately notify their supervisor of any arrest and/or suspension of driving privileges due to driving while under the influence (DUI)
 - vii. Immediately notify their supervisor of the suspension, revocation or administrative restriction of his/her driver's license for any other reason. If this occurs, the driver must immediately discontinue driving a company motor vehicle or personal vehicle for company business.

**FAILURE TO REPORT UNDER THE PROVISIONS OF SECTION III (a)
ABOVE IS A VIOLATION THAT MAY RESULT IN DISCIPLINARY ACTION,
UP TO AND INCLUDING DISMISSAL.**

IV) AUTHORIZATION OF DRIVING PRIVILEGES

- a. Charles E. Crowe & Son, Inc. will not allow the employee to drive on company business if:
 - i. The "Driver" does not have a valid operator's license/CDL; or if
 - ii. The "Driver's" license is suspended or revoked for any reason; or if
 - iii. The "Driver" is deemed ineligible to drive for insurance purposes.

Additionally, a "Driver" with a suspended or revoked license may face termination if his/her position requires the operation of a motor vehicle.

Company policy requires that any employee with a medical condition/history, or physical factors that may impair their ability to operate a vehicle safely, must provide a written physician's exam, including an assessment of the employee's medical fitness to drive a vehicle. Charles E. Crowe & Son, Inc. reserves the right to deny employment or driving privileges based upon these considerations for positions that require driving as an essential function of the job.

V) AUTHORIZED VEHICLE USE:

- a. Existing Employees:

If an existing employee changes from a non-driving position to a position requiring driving on Charles E. Crowe & Son, Inc. business, the employee must complete and sign an MVR authorization form. Charles E. Crowe & Son, Inc. will attain an MVR report. Driver status will be based upon the MVR report

 - i. Periodic MVR checks: Charles E. Crowe & Son, Inc. will request MVR checks on full time and part time drivers annually.
 - ii) Charles E. Crowe & Son, Inc. will review MVRs for acceptability, as well as Charles E. Crowe & Son, Inc.'s insurance carrier.
 - iii) Unauthorized use of "Company Vehicles": If a driver allows an unauthorized individual to drive a Charles E. Crowe & Son, Inc.'s vehicle, disciplinary action may be taken, up to and including suspension of driving privileges or dismissal. Also, if the unauthorized use results in an accident, in addition to whatever disciplinary action, the responsible employee may be required to make restitution for the physical damages to the Charles E. Crowe & Son, Inc.'s vehicle.
 - iv) Non Company vehicles used for business- Employees that use Non-Company vehicles while conducting business for Charles E. Crowe & Son, Inc. are subject to these provisions:
 - 1) Maintaining automobile liability insurance at no less than \$250,000 per/occurrence

- 2) Maintaining Current state inspection and any other mandatory vehicle requirements by the state in which they reside
- 3) Maintain their "Non-Company Vehicle" in a safe operating condition

VI) DRIVER MVR CHECKS

- a. Initial MVR checks
 - i. Employee Applicants:

If an employee applicant is to be a driver or there exists a reasonable expectation that this employee may be required to drive a company vehicle or personal vehicle on company business at times during the discharge of his/her duties, Charles E. Crowe & Son, Inc. will obtain a completed MVR authorization form from the applicant and submit his/her name and driver information as necessary for an MVR evaluation.

THIS WILL APPLY TO ALL FULL AND PART-TIME EMPLOYEE APPLICANTS.

If a new employee is to begin work prior to the receipt and Evaluation of the MVR, Charles E. Crowe & Son, Inc. will allow said employee to drive on a conditional basis until the MVR is received and reviewed. This conditional situation does not waive any of Charles E. Crowe & Son, Inc.'s rights under the remainder of this document.

VII) IDENTIFICATION OF INELIGIBLE DRIVERS/CORRECTIVE ACTION PARAMETERS

A "driver" will be classified as an "Ineligible Driver", and placed on probation, suspended, or terminated if one or more of the following violations or conditions exist:

- a. Conviction for an alcohol and/or drug related driving offense
- b. Refusal to submit to a Blood Alcohol (BAC) test (as requested and administered by police);
- c. Current suspension or revocation of a driver's license
- d. Leaving the scene of an accident as defined by State Laws
- e. Felony Committed involving a vehicle
- f. Any other conditions or negative driver experience as deemed appropriate by Charles E. Crowe & Son, Inc. and/or insurance carrier.
- g. Conviction of reckless driving
- h. Any combination of three (3) Moving violations, at-fault accidents, or preventable accidents within three (3) year period;
- i. Other conditions or negative driver experience including but not limited

to:

- Preventable Accidents
- Failure to Properly Tarp or Secure Loads
- Failure to Properly Inspect or Maintain Equipment (Pre & Post Trip Inspections)
- Violation of Company Policy & Safety Items as Addressed in Section (IX) of this Document &/or any Other Safety, DOT, FMCSA, or any Other Safety Laws
- Out of Service Violations
- LOG Books & Hours of Service Violations
- Invalid CDL
- Failure to Have a Valid Physicians Card

VIII) MANAGEMENT CONTROLS & CORRECTIVE ACTIONS:

If an employee is identified by the insurance company or Charles E. Crowe & Son, Inc. as having a questionable driving record, OR violating any of the items in Section (VII) of this document. Charles E. Crowe & Son, Inc. will select one of three management control options:

- g. **OPTION #1: (PROBATION)** The driver will be placed on a driving probationary status. During that period, an MVR will be obtained every SIX (6) months, and the driver will receive a thorough review of company safety policies and guidelines. If additional violations or accidents are reflected in the Motor Vehicle Report, additional disciplinary action will be considered. Employee will receive a review of company safety and vehicle operating rules and regulations by company management. Probation will be in effect until motor vehicle records are clear, &/or management is satisfied that the driver is fully understanding of the safety involved in their actions. A clear driving record will be defined as no accidents or convictions reflected on the MVR for the past three (3) years. The driver will be notified in writing of probationary status, and be required to sign an acknowledgement of their probation.
- h. **OPTION #2: (SUSPENSION OF DRIVING PRIVILEGES):** The Employee may be suspended from all company driving privileges. He/She will NOT be authorized to drive any motor vehicle at any time on Company Business.
- c. **OPTION #3: (TERMINATION)**

IX) DRUG TESTING:

- i. Employee/Drivers will be subject to pre-employment, post job offer drug and alcohol tests. Also, Charles E. Crowe & Son, Inc. reserves the right to test Employees randomly, subsequent to an auto accident, and if there is Reasonable belief that a driver is under the influence of drugs. There is a "Zero" tolerance to any positive results of a drug test, and drivers will be Subject to termination in the event of a positive drug test.

X) ACCIDENT REPORTING:

i. ACCIDENT PROCEDURES

When an accident occurs, the procedures are as follows:

- i. The driver must notify local police and remain at the scene of the Accident, exchange personal, vehicle, and insurance information with the involved party(ies).
- ii. The driver must notify his/her supervisor immediately concerning The details of the accident within 24 hours after the accident.
- iii. The driver must not admit fault or offer any payment.
- iv. Driver must complete "accident pack" and take pictures

ii. DETERMINING ACCIDENT PREVENTABILITY

- iii. The manager will determine if the accident was preventable and if so, will notify management of the finding
- iv. A "Preventable Accident" is one in which the driver failed to do everything to avoid it.

XI) SAFETY ITEMS:

- j. **VEHICLE SAFETY BELTS:** The driver and ALL occupants are Required to wear safety belts when operating or riding in a Motor Vehicle. The driver and accompanying Company personnel are responsible to ensure that all passengers are properly secured.
- k. **IMPAIRED DRIVING:** A driver may not operate a motor vehicle at any time when his/her ability is impaired, affected, or influenced by alcohol, illegal drugs, medications, illness, fatigue, or injury
- l. **TRAFFIC LAWS:** All drivers are required to abide by all federal, state, and local motor vehicle regulations, laws, and ordinances.
- m. **VEHICLE CONDITION:** Each driver is responsible for ensuring that the Motor Vehicle is maintained in a safe driving condition. The Driver or Drivers ARE REQUIRED to inspect the vehicle on a daily basis, maintain a proper amount of fuel, check as necessary and add oil and other vehicle fluids. Vehicle mechanical or safety problems are to be reported immediately to vehicle maintenance personnel.
- o. **PERSONAL USE OF COMPANY VEHICLES:** Drivers must receive specific authority from company management to use company vehicles for personal use.
- p. **MOBILE/CELL PHONES:** Drivers **MUST** not use phones while operating a vehicle. You **MUST** not answer the phone while operating a vehicle. You must pull over to a safe area, turn on your 4 way flashers/emergency lights, and call the caller back when it is safe to do so.

XI) SAFETY ITEMS (Contd):

- q. **SPEED MANAGEMENT:** Excessive speed is a primary cause of many accidents. Drivers must not exceed posted speed limits and are subject to disciplinary action if caught exceeding speed limits
- r. **FOLLOWING DISTANCE:** Drivers are required to keep a safe following distance between their vehicle and the vehicle that is directly in front of the vehicle that the driver is operating.

XII) ADDITIONAL SAFETY RULES

- n. Drivers May Not
 - i. Pick up hitchhikers;
 - ii. Accept payment for carrying passengers or materials
 - iii. Assist disabled motorist or accident victims beyond their level of medical training: EMT, CPR, Basic First Aid, ETC. If a driver is not qualified to provide the above services, he/she must restrict assistance to calling the property authorities.

I have hereby read and understand every and all provisions of this Auto Safety Program:

Employee/Driver Name printed

Employee/Driver 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 _____ ("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 _____ ("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.

LAST UPDATED 12/22/2015

NEW YORK CORRECTION LAW
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction or preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protection property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.