

APPLICATION FOR EMPLOYMENT



COMPANY Welch Excavation and Utility Co. Inc. STREET ADDRESS 17190 IH 20 East
 CITY, STATE AND ZIP CODE Winona, TX 75792

NAME _____
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

TELEPHONE NUMBERS _____

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

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

DRIVER LICENSES	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	STRAIGHT TRUCK				
	TRACTOR AND SEMI-TRAILER				
	TRACTOR-MULTIPLE TRAILERS				
	OTHER				

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

EQUAL OPPORTUNITY EMPLOYER

Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N ____
- B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N ____

Explain below(or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per _____

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per _____

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per _____

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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.

(Date)

(Applicant's signature)

EMPLOYMENT HISTORY (continued)

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

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
REASON FOR LEAVING				
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

Email Address _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Welch Excavation and Utility Co. Inc and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Welch Excavation Utility Co. Inc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Welch Excavation and Utility Co. Inc and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

DOT EMPLOYMENT VERIFICATION (Background Check)

Printed Name _____ Social Security _____

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed below, to the POTENTIAL motor carrier. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

I worked for this company from the dates of ___/___/___ until ___/___/___

Past Employer: _____ Contact Name: _____
Phone#: _____ Fax #: _____
Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

Previous Employer: The above driver has made application with our Company and states that s/he worked for you in the past. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors and use another sheet if necessary. Thank you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4. 3 YEAR ACCIDENT HISTORY No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5. Was s/he a: company driver contractor contractor's driver

6. Reason for leaving your company: Discharged Resignation Lay-off Military Duty Other:

7. Would you re-employ this person? Yes No Upon Review

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to : Welch Excavation and Utility Company, Inc.

17190 IH 20 E Winona, TX 75792 Phone 903-877-3528 Fax 903-877-3092

Email Paula@welchexcavation.net

Applicant Complete
One for each past employer

Past Employer Complete



WELCH EXCAVATION AND UTILITY COMPANY, INC.

Acknowledgment of Company Drug Testing:

I, _____ I freely and voluntarily agree and realize that as part of my employment, I may be subjected to pre-employment and future drug and/or alcohol screens for post-accident, reasonable suspicion, routine fitness-for-duty, return to work, follow-up, and/or random testing at the company's discretion. I understand that a refusal to submit to a blood, urinalysis, hair and/or breath test will result in immediate termination from employment. I understand that a tampered or an adulterated drug and/or alcohol specimen will be considered a refusal to test, resulting in immediate termination. I understand that a confirmed positive drug and/or alcohol test will result in immediate termination of employment, but if I am able to successfully complete substance abuse treatment at my expense, and if a job is still available, I may be given one chance to be rehired, upon a negative return to work drug and/or alcohol test.

Applicant Signature

Printed Name

Date

OUTLINE OF DRUG AND ALCOHOL POLICY

NOTICE TO ALL EMPLOYEES WHO ARE TRUCK DRIVERS POSSESSING COMMERCIAL DRIVERS LICENSES AND REGULATED BY 49 CFR PARTS 382 AND 40

WELCH EXCAVATION & UTILITY CO., INC. has a long-standing commitment to maintain the highest standards for employee safety and health and to prevent accidents and injuries resulting from drug abuse and alcohol mis-use.

Anti-Drug Plan

Please see DER (DESIGNATED EMPLOYER REPRESENTATIVE) if you wish to read the entire plan.

The following information extracted from the Company's Anti-Drug Plan and is provided as notification to covered employees in accordance with US Department of Transportation and other regulatory agencies rules and regulations.

DEFINITIONS:

Safety-Sensitive Duties: All time (1) awaiting dispatch; (2) inspecting, servicing, or conditioning any motor vehicle at any time; (3) all driving time; (4) All time other than driving time, in or upon any motor vehicle except time spent resting in a sleeper berth; (5) all time loading or unloading a vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; (6) all time spent performing driver requirements relating to accidents; and (7) all time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Post-Accident Definition: An occurrence involving a commercial motor vehicle operating on a public road which results in (1) a fatality; if a citation is issued (2) bodily injury to a person who as a result of the injury immediately receives medical treatment away from the scene of the accident; (3) one or more motor vehicles incurs disabling damage as a result of the accident, requiring the vehicle(s) to be transported away from the scene by a tow truck or other vehicle.

Post-Accident Procedures: Any company employee involved in such an accident while performing safety-sensitive duties shall immediately inform his supervisor and comply with all company instructions. The driver should not leave the scene of the accident (unless medical care away from the scene is required), and should not consume drugs or alcohol until after post-accident tests have been conducted. Refusal of an uninjured driver to remain readily available for a drug and/or alcohol post-accident test is considered the same as failing a test and is grounds for discipline up to and including termination of employment.

Prohibited Drugs: Marijuana, Cocaine, Opiates, Phencyclidine (PCP), and Amphetamines.

Collection Site for Drug Testing: CONTACT DER

Drug and Alcohol Testing Compliance Services (the third-party administrator for the Company) has contracted with collection sites near each employee's job site, specifying that all urine specimen collections will be conducted in accordance with 49 CFR Part 40, ensuring the privacy of the donor and the integrity of the specimen by means of strict chain-of-custody control throughout the process.

Types of Drug Tests:

(1) Pre-Employment (2) Post-Accident (3) Random (4) Reasonable Cause (5) Return-to-duty and (6) Follow-Up Tests

Employee Responsibilities: The use or possession of controlled substances just before performing, while performing, and immediately after performing safety-sensitive covered duties is strictly prohibited. (See Company Anti-Drug Policy for details of specific covered duties.) Employees and applicants for employment are expected to cooperate with all aspects of urine specimen collections for drug testing. Attempts to adulterate a specimen (such as adding water or substances other than human urine to the specimen) or interfere in any other way with a urine specimen collection will be considered the same as failing a drug test, and will be grounds for discipline up to and including termination.

Supervisor Responsibilities: Every supervisor covered by the company anti-drug policy will have 60 minutes training in identifying performance indicators of probable drug abuse, including whether a post-accident or reasonable cause drug test should be administered, and the exact procedures to take when calling for such tests.

Employee Who Fails or Refuses to Take a Drug Test or Interferes in any Manner in the Collection of Urine Specimens for Drug Testing: Such employees will be disqualified from performing safety-sensitive duties, and will be subject to discipline up to and including termination.

Conditions for Re-Hire: Any employee who has been terminated because of testing positive on a drug test or who has refused to take a drug test, or interfered in the collection of a urine specimen for drug testing, may apply for re-hire after 1 year from the date of an MRO-verified positive drug test under the following conditions:

- Applicant must pass a pre-employment drug test
- Applicant must present proof that he/she has been evaluated in a face-to-face meeting by a certified Substance Abuse Professional and has completed counseling, if any, recommended by the Substance Abuse Professional.

Description of Drugs and Effects of Abuse: See Program Manager for brochures describing drugs of abuse and their effects.

Alcohol Mis-Use Prevention Plan

Please see DER (DESIGNATED EMPLOYER REPRESENTATIVE) if you wish to read the entire plan.

Drug and Alcohol Testing Compliance Services (the third-party administrator for the Company) has contracted with collection sites near each employee's job site, specifying that all urine specimen collections will be conducted in accordance with 49 CFR Part 40, ensuring the privacy of the donor and the integrity of the specimen by means of strict chain-of-custody control throughout the process.

Types of Alcohol Tests:

- (1) Pre-Employment (2) Post-Accident (3) Random (4) Reasonable Cause (5) Return-to-duty and (6) Follow-Up Tests

Prohibited Conduct: A covered employee shall be prohibited from reporting for duty or remaining on duty requiring the performance of safety-sensitive duties while having an alcohol concentration of 0.02 or greater. The company shall prohibit the employee from using alcohol during the following time periods: (a) within 4 hours prior to performing safety-sensitive duties; (b) while being on call to perform safety-sensitive duties; (c) while performing safety-sensitive duties; and (d) for 8 hours following a reportable accident, or until such time as an alcohol test has been administered.

Employee Responsibilities: The use or possession of alcohol while on company property, or in any company vehicle, or on company time, including breaks or lunch, paid or unpaid, on any shift, is strictly prohibited.

Supervisor Responsibilities: Every supervisor covered by the company alcohol mis-use prevention policy will have 60 minutes training in identifying performance indicators of probable alcohol mis-use, including whether a post-accident or reasonable cause alcohol test should be administered, and the exact procedures to take when calling for such tests.

Employee Who Fails or Refuses an Alcohol Test: Any employee who has a breath alcohol concentration above 0.04 or who refuses to take an alcohol test will be disqualified from performing safety-sensitive duties, and will be subject to discipline up to and including termination.

Conditions for Re-Hire: Any employee who has been terminated because of failing an alcohol test or who has refused to take an alcohol test may apply for re-hire after 1 year from the date of a confirmed positive alcohol test under the following conditions:

- Applicant must pass a pre-employment drug test
- Applicant must present proof that he/she has been evaluated in a face-to-face meeting by a certified Substance Abuse Professional and has completed counseling, if any, recommended by the Substance Abuse Professional.

Collection Site for Alcohol Testing: CONTACT DER

Please contact the DER (DESIGNATED EMPLOYER REPRESENTATIVE) if you wish to read the entire plan.

This policy is available upon request.

Employee Signature



Witnessed by DER

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

I, _____, hereby provide consent to the Employer/Motor Carrier (named below) Safety Department to conduct multiple full and limited queries for the duration of my employment 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.

I understand that if the multiple full and limited queries conducted by the Employer/Motor Carrier's Safety Department indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Employer/Motor Carrier's Safety Department without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Employer/Motor Carrier's Safety Department to conduct a multiple full and/or limited query of the Clearinghouse, the Employer/Motor Carrier's Safety Department must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

(Name of Employer/Motor Carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named municipality ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR part 382 for the above-named municipality.

I understand that if any full and/or limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the employer/motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Signature: _____

Driver License Number: _____ 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 Welch Excavation ("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 Welch Excavation ("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

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____ Phone Number _____

Driver's Address _____

City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by the motor carrier. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of
Performance _____ Task (as required by 49 C.F.R. 391.31)

_____ The pre-trip inspection (as required by 49 C.F.R. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units

_____ Placing the commercial motor vehicle in operation

_____ Use of the commercial motor vehicle's controls and emergency equipment

_____ Operating the commercial motor vehicle in traffic and while passing other vehicles

_____ Turning the commercial motor vehicle

_____ Braking, and slowing the commercial motor vehicle by means other than braking

_____ Backing and parking the commercial motor vehicle

_____ Other, please explain: _____

Type of equipment used in giving the road test: _____

Date _____ Examiner's Signature _____

Examiner's Title _____ Examiner's Printed Name _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Examiner's Remarks: _____

Note: This form is provided as a suggested format for recording a driver's road test. A motor carrier may use any format for documenting road tests which complies with 391.31.

Instructions: If a road test is successfully completed (see previous form), the person who gave it shall complete a certificate of driver's road test. The original or a copy must be retained in the employing motor carrier's driver qualification file for the person examined. A copy should be given to the person who was examined.

CERTIFICATION OF ROAD TEST UNDER 49 C.F.R. 391.31

Driver's name _____

Social Security No. _____

Operator's or Chauffeur's License No. _____ State _____

Type of power unit _____

Type of trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20__, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

(Signature of examiner)

(Title)

Welch Excavation and Utility Company 17190 IH 20 East Winona, TX. 75792

(Organization and address of examiner)

Note: This form is provided as a suggested format for certifying a driver's road test. A motor carrier may use any format for certifying road tests which complies with 391.31.

ANNUAL REVIEW OF DRIVING RECORD
Under 49 C.F.R. 391.25

Driver's Name (Last, First, M.I.)

Social Security Number

On the dates indicated below, I/we have reviewed the driving record of the above named driver in accordance with 49 C.F.R. 391.25 of the Federal Motor Carrier Safety Regulations. I/we considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C). I also considered the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. I/we gave great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicates that the driver has exhibited a disregard for the safety of the public. Having done the above I find that:

First annual review

- the driver meets the minimum requirements for safe driving, or
 the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Paula Lopez

Reviewer's printed name and title

Date of Review

Welch Excavation and Utility Company Inc

Motor Carrier's Name

Second annual review

- the driver meets the minimum requirements for safe driving, or
 the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Paula Lopez

Reviewer's printed name and title

Date of Review

Welch Excavation and Utility Company Inc.

Motor Carrier's Name

Third annual review

- the driver meets the minimum requirements for safe driving, or
 the driver is disqualified to drive a commercial motor vehicle pursuant to 49 C.F.R. 391.15.

Reviewer's Signature

Paula Lopez

Reviewer's printed name and title

Date of Review

Welch Excavation and Utility Company Inc.

Motor Carrier's Name

Note: This form is provided as a suggested format for documenting the annual review of a driver's driving record. A motor carrier may use any format for documenting the annual review which complies with 391.25.