



ATTACHMENT A DRIVER'S APPLICATION FOR EMPLOYMENT

NAME (LAST, FIRST, MIDDLE)	DOB:
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EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. 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. (List last seven employers below, starting with the most recent one first.)

MONTH, YR		NAME &	SALARY	POSITION	REASON FOR LEAVING
		ADDRESS OF EMPLOYER			
START	END				
START	END				
START	END				
START	END				
START	END				
START	END				
START	END				

• Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD For Past Three Years or More

Dates	Nature of Accident	Fatalities/Injuries
Last Accident		
Next Previous		
Next Previous		

TRAFFIC CONVICTIONS AND FORFEITURES (For the Past 3 Years; Other Than Parking Violations)			
Date	Location	Charge	Penalty

DRIVER LICENSES EXPERIENCE AND QUALIFICATIONS			
State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____

B. Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Other				

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

A. Show any trucking, transportation or other experience that may help in your work for this company.

B. List courses and training other than shown elsewhere in this application. _____

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

LOWE'S PELLETS & GRAIN, INC.

Applicant Name: _____

Agreement to Pre-Employment Drug & Alcohol Screen Requirements & Procedures

I understand that pursuant to Department of Transportation ("DOT") regulations and Lowe's Pellets & Grain (hereinafter "Employer") requirements, I must submit to a pre-offer and/or post-offer drug screen and a post-offer alcohol screen before I may be employed in a safety sensitive position (as defined by DOT regulations) with the Employer. I understand that if I fail either or both of these screens, I will be unqualified for the position and, based on the employer's independent authority, will not be eligible to re-apply for six months.

I understand that the drug and alcohol screens will be done by means permitted by current DOT regulations. I understand that if I test positive for any of the substances listed below, or if I refuse to provide an appropriate sample, I will be considered unqualified to operate a commercial motor vehicle under DOT regulations, and that I will therefore be unqualified for employment as a driver for the Employer. I understand that I may not test positive for the following substances:

- Amphetamines (including methamphetamine)
- Barbiturates
- Cocaine
- Marijuana (including cannabinoids and THC derivatives)
- Opiates (and their derivatives including morphine and codeine)
- Phencyclidine (PCP)

I understand that the Medical Review Officer (MRO) will maintain the results of the drug screen, and will report the results to the Employer. I understand that the results will be held confidentially, and will not be released to any other party without my written consent. I understand that if any drug screen results show a confirmed positive, I will have an opportunity to demonstrate a valid medical reason for the positive test result with the MRO. I understand that I must be available and cooperate with the MRO.

I understand that if I test positive for alcohol, I will be unqualified for employment as a driver for the Employer. I understand that the results of the alcohol screen will be held confidentially, and will not be released to any other party without my written consent. I understand that there will be no MRO review of alcohol tests.

Having read and understood this agreement, I agree to submit to a pre-offer and/or post-offer drug screen and a post-offer alcohol screen. Further, I agree that any offer of employment with the Employer is conditional upon my submission to a drug screen and an alcohol screen and upon a negative result for those screens.

Date

Applicant Signature

Release of Information Form -- Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* 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.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: Lowe's Pellets & Grain, Inc.

Address: 2372 West State Road 46, Greensburg, Indiana 47240

Phone #: 812-663-7863 Fax #: _____

Designated Employer Representative: Alan Lowe

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | |
|---|----------|------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ____ | NO ____ |
| 2. Did the employee have verified positive drug tests? | YES ____ | NO ____ |
| 3. Did the employee refuse to be tested? | YES ____ | NO ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ____ | NO ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ____ | NO ____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ | YES ____ NO ____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____