

TRANSAM

In accordance with the Department of Transportation's (DOT) Federal Motor Carrier Safety Regulation (FMCSR) Part 40.25, TransAm Trucking, Inc. and their Affiliates (The company) at 15910 S. Highway 169, Olathe, Kansas 66062, is presenting the following questions, in which you the Applicant of Employee are required to answer. (*a Yes will not necessarily prevent you from being hired*).

1. **Have you ever tested positive or refused a DOT regulated drug and/or alcohol (with a result of 0.04 or higher alcohol concentration) test at any of your previous employers or training schools you have attended?**

Yes No (Please circle one)

If Yes,

a) Date of Test _____

Previous Employer: Name _____
Address _____

- b) Can you provide/obtain proof that you have successfully completed the DOT Return to Duty requirements? Yes No

2. **Have you ever tested positive in a DOT regulated pre-employment drug and/or alcohol with a result of 0.04 or higher alcohol concentration) test administered by a prospective employer or training school you applied to, but the employer did not hire you or the school did not accept you?**

Yes No (Please circle one)

If Yes,

a) Date of Test _____

Previous Employer: Name _____
Address _____

- b) Can you provide/obtain proof that you have successfully completed the DOT Return to Duty requirements? Yes No

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty, which will result in immediate dismissal. It is agreed and understood that the Company or their agents will investigate the Applicant's or Employee's previous employer(s) as defined in FMCSR Part 40 to ascertain any and all information of concern to Applicant's or Employee's record, whether same is of record or not, and the Applicant or Employee releases employer(s) and person(s) named herein from all liability for any damages on account of his furnishing such information. The Applicant or Employee agrees to furnish such additional information and complete such examinations as may be required to complete Applicant's or Employee's contract file. It is agreed and understood that Applicant or Employee will be on a probationary period during which time the Applicant or Employee may be discharged without recourse. This certifies that I, the Applicant or Employee, completed this form and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ Applicant or Employee _____

Signature

Print Name: _____