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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 South Highway 169, Olathe, KS 66062, is presenting the following questions, in which you the Applicant or 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 drug and/or alcohol (with a result of 0.04 or higher alcohol concentration) test at any of your previous employers?**

Yes No

If Yes,

a) Date of Test _____

Previous Employer _____

Address of Previous Employer _____

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 pre-employment drug and/or alcohol (with a result of 0.04 or higher alcohol concentration) test administered by a prospective employer you applied to, but the employer did not hire you?**

Yes No

If Yes,

a) Date of Test _____

Prospective Employer _____

Address of Prospective Employer _____

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 misrepresentation 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 agrees to furnish such additional information and complete such examinations as may be required to complete the Applicant's or Employee's contract file. It is agreed and understood the 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 Your Name _____