

# **MOTORCOACH OPERATOR**

## **JOB DESCRIPTION**

Operate motorcoaches up to 45 feet in length safely and courteously on all public roads, highways and required private property, including cities and mountainous regions, in all weather conditions while providing exceptional customer service in a safe and professional manner.

### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

- Proper and timely completion of required paperwork (DOT and company policy).
- Maintains accurate records of Hours of Service as regulated by FMCSA with onboard electronic logging devices and occasional paper logs.
- Informs passengers of safety rules and passenger related laws.
- Courteous and thoughtful treatment of passengers and other individuals sharing the roadway. Professional conduct at all times while on duty or while in uniform.
- Safely and properly load and unload luggage in a respectful, courteous and safe manner.
- Complies with all company safety policies and procedures.

### **JOB REQUIREMENTS**

#### **Education and/or Experience:**

High school diploma or equivalent. Must be D.O.T. qualified and possess a valid Commercial Drivers' License (Learners minimum) (CDL) of Class B or higher, with passenger and air brake endorsements. Must be at least 23 years old.

#### **Skills/Abilities:**

- Have knowledge of and comply with all Federal Motor Carrier Safety Regulations.
- Must be able to complete a thorough pre-trip and post-trip check of the motorcoach.
- Must be able to safely operate a motorcoach and handle passenger's baggage.
- Must be a careful, patient, non-aggressive driver with an excellent driving record, with defensive driving techniques and must have the ability to maneuver a motorcoach in tight places without any incidents or damage.
- Ability to operate a motorcoach in all types of weather conditions.
- Shall be responsible for the cleanliness of the interior of the coach.
- Be responsible for fueling, checking engine oil, coolant and other fluids levels.
- Upon return to the terminal the driver must wash the front and the rear of the bus.
- Ability to apply common sense understanding to carry out instructions furnished in written or verbal form. Complete all required paperwork in a timely manner that is legible and neat.
- Ability to solve practical problems and deal with a variety of variables in situations where limited standardization exists.
- Be able to read and speak in the English language sufficiently to complete all required paperwork in a timely manner that is legible and neat.

- Prepare reports and records, read maps and signs, and converse with the general public. Depending solely on a GPS device will lead you into trouble. Must be able to pass required DOT physical, drug and alcohol tests, and back ground screen.
- Maintain a clean driving record.

**Physical Demands:**

- Required to sit for long periods of time and use hands and fingers to grasp objects and controls, and reach with hands and arms.
- Often required to bend, stoop, kneel, and crouch.
- Required to stand, walk, climb, balance, see, talk and hear.
- Required to lift and push/pull heavy baggage of at least 75 lbs.

**DISQUALIFYING OFFENSES**

A professional driver's MVR will be reviewed to ensure that:

1. The operator’s license is still valid (has not been suspended or revoked).
2. The operator has not been convicted of a disqualifying offense as listed in the FMCSRs, 391.15.
3. The operator license that has multiple citations, violations and accidents will be disqualified.

If a driver is determined to be disqualified, Abbott Trailways may not permit him to operate a CMV.

The following are disqualifying events:

1. Suspension, revocation or denial of operating license and driving privileges.
2. Driving a commercial motor vehicle while under the influence of alcohol. This shall include:
  - a. Driving a commercial motor vehicle while the person's alcohol concentration is 0.04% or more.
  - b. Driving under the influence of alcohol, as prescribed by State law.
  - c. Refusal to undergo such testing as is required by any State or jurisdiction in the enforcement of driving under the influence of alcohol.
3. Driving a commercial motor vehicle under the influence of an identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine or a derivative of a narcotic drug.
4. Transportation, possession, or unlawful use of an identified controlled substance, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while the driver is on duty.
5. Leaving the scene of an accident while operating a commercial motor vehicle.
6. Committing a felony involving the use of a commercial motor vehicle.

## ABBOTT TRAILWAYS

### SAFETY DEPARTMENT

1704 Granby Street NE, Roanoke, VA 24012-5604

PH (800) 433-1111 Fax (540) 982-3986

- 
1. How many days a month \_\_\_\_\_ do you plan on being available to work for Abbott?
  2. Can you travel and do multiple day trips? \_\_\_\_\_
  3. What days of the week will you be available? S M T W T F S (circle all that apply)
  4. Do you have a problem with working a 15 hour day? \_\_\_\_\_
  5. Have you ever driven yourself to a major city DC, NY, Phil etc. and toured on your own? \_\_\_\_\_ Y/N
  6. Are you available for training Monday through Friday from 8:00 AM to 3:00 PM? \_\_\_\_\_ Y/N
  7. Have you ever done minor work to your vehicle such as oil change, change plugs, install brake pads or change a tire etc.? \_\_\_\_\_ Y/N
  8. How much money per week would you expect to make on this part-time job? \_\_\_\_\_
  9. Do you have a problem wearing the Abbott Uniform? \_\_\_\_\_ Y/N if yes why? \_\_\_\_\_
  10. Have you ever had disagreements with a boss or supervisor? \_\_\_\_\_ Y/N if yes how did you resolve the issue? \_\_\_\_\_
  11. Would people you worked with in the past say you are honest? \_\_\_\_\_
  12. Do you understand Abbott has a Zero Tolerance Substance Policy and you will be dismissed immediately upon testing positive? \_\_\_\_\_



**ABBOTT TRAILWAYS**  
1704 GRANBY STREET N.E.  
ROANOKE, VA 24012

COMMERCIAL DRIVER APPLICATION

**APPLICANT INFORMATION**

DATE: \_\_\_\_\_ POSITION APPLYING FOR: Driver

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMERGENCY PHONE: ( ) \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

*(The Age discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE: \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES: (CITY/STATE/ZIP)

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:**

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4      Post Graduate: 1 2 3 4

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr	Mo/Yr	Present or Last Employer
From _____	To _____	Name _____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ YES \_\_\_\_\_ 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? \_\_\_\_\_ YES \_\_\_\_\_ NO

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ YES \_\_\_\_\_ 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? \_\_\_\_\_ YES \_\_\_\_\_ NO

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ YES \_\_\_\_\_ 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? \_\_\_\_\_ YES \_\_\_\_\_ NO

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ YES \_\_\_\_\_ 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? \_\_\_\_\_ YES \_\_\_\_\_ NO

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ YES \_\_\_\_\_ 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? \_\_\_\_\_ YES \_\_\_\_\_ NO

**DRIVING EXPERIENCE**

<b>Class of Equipment</b>	<b>From</b>	<b>To</b>	<b>Approximate Number of Miles</b>
Straight Truck			
Tractor- Semi trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC/HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for the past three (3) years: (attach sheet if more space is needed);**

<b>Date of Accident</b>	<b>Nature of Accidents (Head on, rear end, etc)</b>	<b>Location of Accident</b>	<b># of Fatalities</b>	<b># of People Injured</b>

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

<b>Date</b>	<b>Location</b>	<b>Charge</b>	<b>Penalty</b>

**Driver's License (list each driver's license held in the past three (3) years):**

<b>State</b>	<b>License</b>	<b>Type</b>	<b>Endorsements</b>	<b>Expiration Date</b>

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is there any reason you might be unable to perform the functions of the job which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

### Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### To Be Read and Signed by Applicant:

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Remarks: (For office use only)

---

---

---

---



# APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I complete this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

## FOR OFFICE USE - DO NOT WRITE IN THIS SPACE

### PROCESS RECORD

Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year)

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

(if not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record Driver applicants only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File: \_\_\_\_\_ Supervisor \_\_\_\_\_

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION



**TRUCKING INDUSTRY:  
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>	
<b>Company Name:</b>	_____
<b>Company Contact Name:</b>	_____
<b>Fax #:</b> (____) _____ - _____	
<b>HireRight Account Code:</b>	_____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation. If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/ or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original. Print Applicant

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization for and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle record agencies, social security number verification, drug/alcohol testing results and history, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

BY my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on my behalf of the Company.

California, Minnesota or Oklahoma applicants only: You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# ABBOTT TRAILWAYS

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

---

Applicant's Signature

---

Date

---

Print Name

---

Social Security Number

**Motor Vehicle Driver's**  
**CERTIFICATION OF COMPLIANCE**  
**WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**  
Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.
  
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_  
(print)

ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**ORIGINAL - EMPLOYER**

Page 14 of 15

**ATTACHMENT A**  
**FORM OF CONSENT OF COMMERCIAL DRIVER**

A commercial driver may provide consent to the submission of a CDLIS Inquiry either by the following Instrument of Written Consent for CDLIS Inquiry or by a general form of consent that includes an expression of consent that is substantially equivalent.

INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize ABBOTT BUS LINES (Company Name) to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to ABBOTT BUS LINES (Company Name).

I hereby give this consent this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

COMMERCIAL DRIVER

\_\_\_\_\_  
[Signature]

\_\_\_\_\_ [print first] \_\_\_\_\_ [print last]