



Greenway Carriers, LLC

3200 Atkinson Drive

Lufkin, TX 75901

Ph: 936-632-6374 Fax: 936-238-3622

TO ALL APPLICANTS

In accordance with Federal regulations, please fill-in this application so that it is complete, legible and verifiable. Do not leave an empty blank.

All past employment **MUST** include addresses, dates, contacts and phone numbers for verification.

If you are a CDL driver applicant, we **MUST** have ten (10) years of previous employment history if available. If you do not have 10 years of experience, please indicate so.

If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.

If the answer to a question is not applicable, enter **NONE** or initial the appropriate block.

Make sure you sign on all lines requiring your signature and that you initial and date each of the mandatory notification boxes.

IF YOU HAVE ANY QUESTIONS – ASK!

WE WILL USE THE INFORMATION THAT YOU PROVIDE ON THIS APPLICATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES. THANK YOU FOR APPLYING.

DRIVER'S APPLICATION FOR EMPLOYMENT

Before you complete the employment application – Read this!

Initial and date to the left of each notification block.

Initials/Date	General Disclaimer: I understand that Greenway Carriers, LLC hereafter " The Company ", is not obligated to hire me, that any employment offer will not be for any specified period, that either party may terminate my employment at will, with or without notice or cause, and that no one is authorized to enter into any agreement with me contrary to the foregoing. Nothing contained in my employment application or in granting of an interview is intended to create an employment contract between The Company and me or to provide any benefit(s). None of the benefits or policies described in any handbook are intended by reason of publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by The Company , or to change my status as an "at will" employee (as permitted by law). All statements and provisions in the handbook(s) are procedural or are guidelines and The Company has the right to change any policy, benefit or procedure at any time without notice.
Initials/Date	Agreement to Follow Rules: If employed, I agree to adhere to all rules, policies, guidelines, procedures, regulations and statutes promulgated by or issuing from The Company or local, state or federal regulatory agencies. I understand that there is no expectation of privacy for any of my personal property on The Company's premises, including vehicles. I consent to and agree that The Company may inspect my personal property, along with desks, lockers, toolkits, etc., to investigate possible violations of The Company's rules, policies, guidelines, procedures or local, state or federal regulations or statutes.
Initials/Date	Possess Only One License: As a commercial motor vehicle (CMV) driver you may <u>not</u> possess more than one motor vehicle operator's license (See the Texas Transportation Code (TRC) §522.026 for the full text).
Initials/Date	Notification of Conviction to Department or Employer: A person who holds or is required to hold a commercial driver's license and who is convicted in another state of violating a state law or local ordinance relating to motor vehicle traffic control shall notify, in writing, the Texas Department of Public Safety and The Company not later than the 30th day after the date of conviction. (See the TRC §522.061 for the full text).
Initials/Date	Notification of Disqualification: A person who is denied the privilege of driving a CMV in a state for any period, who is disqualified from driving a CMV, or who is subject to an out-of-service order shall notify The Company of that fact before the end of the first business day after the date the person receives notice of that fact (See the TRC §522.063 for the full text).
Initials/Date	Notification of Previous Employment and Offenses: Anyone applying for employment as a CMV driver will provide the following information for the 10 years preceding the date of application: The names and addresses of the previous employers for which the applicant drove a CMV; the dates between which the applicant drove for each employer; the reason for leaving the employment of each employer; and each criminal offense or serious traffic violation of which you have been convicted and each suspension, revocation or cancellation of driving privileges that resulted from the conviction (See the TRC §522.064 and 49 CFR §391.15(b)(2) for full text).
Initials/Date	Notice of Drug and Alcohol Testing: I understand that I must submit to The Company's controlled substance and alcohol testing program and to provide biological samples to be tested. Controlled substances include, but are not limited to: marijuana, cocaine, amphetamines, opiates and phencyclidine. The Company may contract with a third party to obtain, analyze and report on the samples provided. A positive controlled substances and/or alcohol test, or a refusal to test, will disqualify me from consideration for employment or will result in my termination if employed. The Company will report the results of positive controlled substances and/or alcohol tests to the Texas Department of Public Safety in accordance with TRC §644.252. The Company will also release this information to motor carriers and other third parties upon receipt of a properly executed release document. A positive result or a refusal on a post-accident test may also result in denial of any Workers Compensation claims I make due to any injury sustained in an accident. My initials indicate that I have received a copy of The Company's Controlled Substance and Alcohol Policy and Educational materials. My initials authorize The Company to withhold the cost of pre-employment tests if I terminate employment within 60 days of my hire date.
Initials/Date	Applicant Rights (49 CFR §391.23(i)): I understand that I have the following rights regarding the information that will be provided to The Company pursuant to paragraphs (d) and (e) of 49 CFR §391.23(i): The right to review previous employer information; to have errors corrected and to have corrected information re-sent to The Company to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information. Drivers who have previous Department of Transportation regulated employment history in the preceding three years and who wish to review previous employer-provided investigative information must submit a written request to The Company . This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

DRIVER'S APPLICATION FOR EMPLOYMENT

Greenway Carriers, LLC

3200 Atkinson Drive

Lufkin, TX 75901

Ph: 936-632-6374 Fax: 936-238-3622

RELEASE AUTHORIZATION

Work Record and Consumer Reports Release Authorization: Per 49 CFR §391, I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish **Greenway Carriers, LLC** hereafter "**The Company**", any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that **The Company** does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer's premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims of damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish **The Company** with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.

Medical Records Release Authorization: I authorize **The Company** to obtain medical documentation or information concerning my past or present medical status. I release anyone with such records from liability, claim and/or damages for providing my medical information to **The Company**.

Drug and Alcohol History Release Authorization: Per 49 CFR §40 and §382, I authorize and require my previous and/or current employer(s) as well as any other person or company listed by me in writing, by verbal interview, by whom I was employed or to whom I applied for employment in the three year period preceding the date of this application to release to **The Company** the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug and/or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP), including records pertaining to my evaluation and treatment (if required by a SAP). I authorize the release by whatever means is most expedient that will maintain the confidentiality of the information transmitted. I agree to hold harmless any past employer, person or company I applied with as well as their employees, agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS AND AGREEMENTS

SIGNATURE

DATE

PRINTED NAME

This release will be forwarded to all previous employers to consult with your previous employers and to obtain your DOT safety performance history if any.

DRIVER'S APPLICATION FOR EMPLOYMENT

Greenway Carriers, LLC

3200 Atkinson Drive

Lufkin, TX 75901

Phone: 936-632-6374 Fax: 936-238-3622

COMPLETE ALL FIELDS – PLEASE PRINT

Name: _____

Last

First

Middle

Social Security Number _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

ADDRESSES FOR THE PAST THREE (3) YEARS

	NUMBER	STREET	CITY	STATE	ZIP	HOW LONG
PRESENT:						
PREVIOUS:						
PREVIOUS:						
PREVIOUS:						

DOT-REGULATED EXPERIENCE (IF NONE, INITIAL HERE _____)

CLASS	TYPE			DATES		STATES OPERATED IN
				From	To	
Straight Truck	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Straight Truck – Cargo	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Non-Hazardous Material				
Straight Truck + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Truck-Tractor + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Truck-Tractor + Cargo Tank	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Non-Hazardous Material				
Other (SPECIFY)						

DRIVER LICENSE

NUMBER	TYPE	STATE	EXPIRATION DATE

Have you ever had a driving license, permit or privilege suspended, revoked or denied? Yes No

If YES, Explain: _____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (IF NONE, INITIAL HERE: _____)

DATE	NATURE OF ACCIDENT (head-on, rear-end, upset, etc...)	FATALITIES	INJURIES

TRAFFIC CONVICTION AND FOREFITURE FOR THE PAST THREE (3) YEARS-OTHER THAN PARKING VIOLATIONS FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED

BOND OR COLLATERAL (IF NONE, INITIAL HERE: _____)

DATE	LOCATION	CHARGE	PENALTY

Do you have a legal right to work in the United States? Yes No

Are you currently subject to an out-of-service order? Yes No Are you currently disqualified to drive? Yes No

Have you ever been convicted of a felony? Yes No

If YES, explain on a separate sheet of paper. This information will be kept confidential. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Do you have a current medical examiner's certificate? Yes No Expirations Date: _____

Do you have any interstate or intrastate medical, vision or limb waivers: Yes No If YES, check the appropriate box and type below:

Interstate Expirations Date: _____ Intrastate State: _____ Expiration Date: _____

Type: Insulin Limb Vision Other (Specify): _____

- Have you ever refused to be tested for Drugs & Alcohol? Yes No
 - Have you ever tested positive for drugs and/or alcohol? Yes No
 - Have you ever tested positive on any pre-employment drug or alcohol test for a job which you have applied for but did not obtain? Yes No
- If you answered "yes" to the 3 above questions, please attach a statement of explanation and provide proof of return to duty process.

DRIVER'S APPLICATION FOR EMPLOYMENT

PREVIOUS EMPLOYERS FOR THE PAST TEN (10) YEARS. LIST THE MOST RECENT FIRST

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

EMPLOYER				DATE	
Name:				Mo. ____ YR. ____	Mo. ____ YR. ____
Address:				Position:	
	Street	City	State/Zip	Pay:	
Contact:		Phone:		Reason for Leaving:	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job designated as a "safety sensitive function" in any DOT-Regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? Yes No

***Includes vehicles having a gross vehicle weight rating of 26,001 lbs or more intrastate (10,001 lbs or more interstate); vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in any quantity requiring placards.**

DRIVER'S APPLICATION FOR EMPLOYMENT

STATEMENT OF ON-DUTY HOURS

Indicate your total time on-duty in any capacity during the immediate preceding seven (7) days AND the time at which you were last relieved from duty prior to beginning employment with this company. **ALL BLANKS MUST HAVE AN ENTRY.**

Day Number	1	2	3	4	5	6	7	
Date								Total Hours
Hours Worked								

I was last relieved from duty at:

Time: _____ AM PM On _____ Day _____ Month _____ Year

Describe any trucking, transportation, training, courses, and/or specialized equipment other experience that may be helpful:

OTHER COMPENSATED WORK

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while employed with this company? Yes No

Once I am employed with this company, if I begin working for additional employer(s) for compensation I will immediately inform this company.

CERTIFICATION AND SIGNATURE

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge. My signature also indicates that I understand and will comply with all federal, state, local and company policies, rules and regulations.

Signature _____
Date



DRIVER'S APPLICATION FOR EMPLOYMENT

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Ph: 936-632-6374 Fax: 936-238-3622

Certifications of Violations 391.27

Name: (Last, First M.I.) (Social Security Number)

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I provided Under Part 383) required to be listed during the previous 12 months.

Signature of Driver

Date signed

**ANNUAL REVIEW OF DRIVING RECORD
391.25**

Name (Last, First, M.I.) (Social Security Number)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Greenway Carriers, LLC
Motor Carrier's Name

Reviewed by: Signature and Title

**DRIVER'S APPLICATION FOR EMPLOYMENT
Background Report Disclosure and Authorization**

This disclosure and authorization is required by the Federal Motor Carrier Safety Administration (FMCSA). The information in the following box is provided in the identical wording required by the FMCSA. The use of words such as application, employment, employer and prospective employer in no way affect your status with Greenway Carriers, LLC in seeking certification as a driver, and not as an applicant for employment with Greenway Carriers, LLC.

In connection with your application for employment with your application for employment with Greenway Carriers, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors any 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 obtain from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provided 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 the safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part of 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 of the information it obtain 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 the 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 adverse action and is unable to provide you with 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 and the completeness of any information or report. If you request a copy of your 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Greenway Carriers, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving record and information regarding my safety inspection history. In understand that I am consenting to 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 <http://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information report 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.

Please note: any crash or inspection in which you are involved will display on you PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashed 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports Provided to me by Greenway Carriers, LLC and understand that if I sign this consent form, Greenway Carriers, LLC may, in connection with my certification questionnaire, obtain a report of my crash and inspection history. I hereby authorize Greenway Carriers, LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above and agree not to file or pursue any complaints against Greenway Carriers, LLC and/or any employees, representatives, or agents arising out of their respective efforts to obtain work-related, driving history, or criminal background information about me.

Signature: _____ **Print Name:** _____ **Date:** _____

DRIVER'S APPLICATION FOR EMPLOYMENT



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

- 1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310

I, _____,
Print Name of CDL Holder

of _____,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to Greenway Carriers, LLC C/O Compliance Management LLC,
Print Name

of 622 South Washington, Livingston, TX 77351,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

If you would like information about how to receive responses by e-mail in the future, please check this box: []

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: http://www.txdps.state.tx.us/forms/index.htm.

DRIVER'S APPLICATION FOR EMPLOYMENT



**Texas Commercial Driver License
Self-Certification Affidavit**



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

Last Name	First Name	Middle Name	Maiden Name
Driver License Number	Birth Date	Social Security Number	

I certify my commercial transportation is:

- Category 1. Non-excepted Interstate. I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
- Category 2. Excepted Interstate. I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
- Category 3. Non-Excepted Intrastate. I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
- Category 4. Excepted Intrastate. I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

Signature

Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

Email (pdf format only): CDLMedCert@dps.texas.gov

Fax: 512-424-2002

Mail: Texas Department of Public Safety
Enforcement & Compliance Service

Attention: CDL Section

P.O. Box 4087

Austin, Texas 78773

**QUALIFICATION OF INTERSTATE DRIVER
CERTIFICATION**

CDL-4 (Rev. 11/02)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall Be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME		/MIDDLE NAME		/MAIDEN NAME	
DRIVERS LICENSE NUMBER		BIRTH DATE				SOCIAL SECURITY NUMBER	
		MO.	DAY	YEAR	AGE NOW		

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in interstate or Foreign commerce, you must certify to and meet the qualifications as taken from Federal Rule 49 C.F. R., Part 391.

Interstate Commerce means trade, traffic, or transportation in the United States which is between a place in a State and a place outside of such State (including a place outside of the United States) or is between two places in a State through another State or a place outside of the United States.

I certify that I:

- a. am at least 21 years of age.;
- b. can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to officials inquires, and to make entries on reports and records;
- c. am not disqualified to drive a motor vehicle.

I further certify that I:

- 1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
- 2. Have no impaired of;
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
- 3. Have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
- 4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
- 5. Have no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
- 6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
- 7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
- 8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
- 9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
- 10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognized the colors of traffic signals and devices showing standard red, green and amber;

(OVER)

- 11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
- 12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
- 13. Have not current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTERSTATE OR FOREIGN COMMERCE. I FURTHER CERTIFY THAT I MEET ANY OTHER APPLICABLE PROVISIONS AS REQUIRED BY 469 CFR PART 391.11.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY
() WAIVER PRESENTED:

QUALIFICATIONS OF INTRASTATE DRIVER CERTIFICATION AND EXEMPTION

CDL-5 (Rev. 11/02)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME	/FIRST NAME	/MIDDLE NAME	/MAIDEN NAME	
DRIVERS LICENSE NUMBER	BIRTH DATE			SOCIAL SECURITY NUMBER
	MO.	DAY	YEAR	AGE NOW

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in intrastate commerce, you must certify to and meet the following qualifications as taken from 49 Code of Federal Regulations (CFR), Part 391, and the Texas Transportation Code, Chapter 522.

Intrastate commerce is the transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed. The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate. If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

I certify that I:

- a. Am at least 18 years of age
- b. Am not disqualified to drive a motor vehicle.

I further certify that I: (check the appropriate box)

- a. Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous material placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989 and am not required to meet the medical standards set forth in the Federal Motor Carrier Safety Regulations.

Drivers who claim this exemption and who are seeking to obtain or maintain employment as a school bus driver must undergo and pass an annual physical examination as required by V.C.S. Article 6687b, Section 5(a), recodified as Texas Transportation Code Ann., Section 521.022 (1996).

- b. Meet the physical qualifications of 49 CFR, Part 391, as follows:
1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
 2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
 3. Have no established medical history or clinical diagnosis of diabetes melitus currently requiring insulin for control;
 4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
 5. Have no established medical record history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
 6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
 7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
 8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
 9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
 10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or have been granted a waiver.

(OVER)

11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 55 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTRASTATE COMMERCE. I FURTHER CERTIFY THAT I WILL OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

<p style="text-align: center;">DEPARTMENT USE ONLY</p> <p style="text-align: center;">Waiver Presented:</p> <p style="text-align: center;">() LIMB () VISION</p>

Greenway Carriers, LLC

3200 Atkinson Drive
Lufkin, TX 75901
936-632-6374

Summary of Drug and Alcohol Testing Policy

Greenway Carriers, LLC has a vital interest in maintaining a safe, healthful, efficient and lawful work environment for its employees—a work environment free from the use of alcohol, the unlawful use of drugs, and the use of legitimate drugs and medication which may nevertheless affect safety and production. The use of drugs and/or alcohol increases the potential for, among other things, absenteeism, unsatisfactory work performance, poor morale and damage to the company's reputation.

The serious impact of drug use and alcohol abuse has been recognized by the federal government. The **FMCSA** has issued regulations which require Greenway Carriers, LLC to implement an alcohol and controlled substances testing program. The purpose of the **FMCSA** issued regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial vehicles and covered employees.

This should be considered a summary of Greenway Carriers, LLC testing policy that the use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any CDL-driver/employee while on Greenway Carriers, LLC premises, engaged in company business, operating Carrier vehicles/Equipment, or while under the authority of Greenway Carriers, LLC is strictly prohibited. Disciplinary action will be taken as necessary and at the discretion of Greenway Carriers, LLC.

Neither this policy nor any of its terms are intended to create a contract of employment or contain the terms of any contract of employment. Greenway Carriers, LLC reserves the sole right to change, amend, or modify any term or provision of this policy without notice.

Drug and Alcohol Procedure

Designated Employee Representative

- **Mike Terrell**
- **3200 Atkinson Drive Lufkin, TX 75901**
- **Ph: 936-632-6374**

Required Testing Categories

CDL Driver Employee

Definitions:

- **Safety-sensitive function** means all time from the time a driver/employee begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety-sensitive functions include:

1. all time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver/employee has been relieved from duty by the company;
2. all time inspecting equipment as required by **Sec. 392.7** and **392.8** or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
3. all time spent at the driving controls of a commercial motor vehicle/company owned vehicle in operation;
4. all time, other than driving time, in or upon any commercial motor vehicle /company owned vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of **Sec. 393.76**);
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 shipment loaded or unloaded; and
6. all time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

_____Initial

Alcohol Prohibitions

Part 382, Subpart b, prohibits any alcohol misuse that could affect performance of safety-sensitive functions.

This alcohol prohibition includes:

- use while performing safety-sensitive functions;
- use during the 4 hours before performing safety-sensitive functions;
- reporting for duty or remaining on-duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater;
- use of alcohol for up to 8 hours following an accident or until the driver undergoes a post-accident test; or
- Refusal to take a required test.

Drug Prohibitions

Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions. This drug prohibition includes:

- use of any drug, except when administered to a driver by, or under the instructions of, a licensed medical practitioner, who has advised the driver that the substance will not affect the driver's ability to safely operate a commercial motor vehicle. (The use of marijuana under California Proposition 215 or the use of a Schedule I drug under Arizona Proposition 200 is not a legitimate medical explanation. Under federal law, the use of marijuana or any Schedule I drug does not have a legitimate medical use in the United States.);
- testing positive for drugs; or
- refusing to take a required test.

_____ Initial

Required Alcohol and Controlled Substances Testing:

- **Pre-Employment**
- **Post Accident**
- **Random**
- **Reasonable Suspicion**
- **Return to Duty**
- **Follow-up**

Greenway Carriers, LLC will use a consortium to administer its testing program. The consortium will protect the integrity of the participant and process. The consortium will ensure that the results of each test are attributed to the correct driver/employee.

- **Refusal to submit (to an alcohol or controlled substances test)** means that a driver:
 1. Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the company, consistent with applicable **DOT** regulations, after being directed to do so by the company. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a **Carrier Official** or **Consortium/Third Party Administrator**.
 2. Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);
 3. Fails to provide a urine specimen for any **DOT** required drug test (except pre-employment if the driver leaves before the testing process begins);
 4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of the specimen;

5. Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fails or declines to take a second test the employer or collector has directed the driver to take;
7. Fails to undergo a medical examination or evaluation, as directed by the **MRO** as part of the verification process, or as directed by the **DER** (in the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment);
8. Fails to cooperate with any part of the testing process; or
9. Is reported by the **MRO** as having a verified adulterated or substituted test result.

_____Initial

Consequences of Violation:

Any CDL Driver Employees found to be in violation of Part 382 of the FMCSA will be relieved of all duty and/or responsibility for work. Any violation of this policy may result in a suspension and/or termination. Greenway Carriers, LLC reserves the right to address each violation as it determines in accordance with applicable regulations and policy requirements.

_____Initial

Referral:

The misuse of alcohol and the use of Controlled Substances have a great and devastating impact on our personal lives and our co-workers. It will be the policy of Greenway Carriers, LLC to assist any employee with the proper assistance as needed utilizing available methods of intervention and/or referral.

Receipt Page

As an employee of Greenway Carriers, LLC, I acknowledge that I have received a copy of the Greenway Carriers, LLC Summary of Alcohol and Controlled Substances testing policy.

Driver/ Employee Signature

Date

Witness



GREENWAY
CARRIERS, LLC

The logo for Greenway Carriers, LLC features the word "GREENWAY" in a large, bold, green, sans-serif font with a white outline and a slight shadow. Below it, the words "CARRIERS, LLC" are written in a smaller, bold, green, sans-serif font, also with a white outline and shadow. The entire logo is centered on the page.