

# HOUSTON SPECIALIST CARGO

16303 LYONS SCHOOL RD, 103  
SPRING, TX 77379

## BASIC WORK RULES AND EXPECTATIONS

Welcome to Houston Specialist Cargo. We are excited that you have chosen to work at our Company and hope your time with us will be a productive and rewarding experience.

We have some basic work rules and expectations that we would like to share with you. Please thoroughly review this document. If you have any questions, please speak with your immediate supervisor or the Human Resources Department.

### **ATTENDANCE, PUNCTUALITY AND REPORTING TO WORK\***

*\*The attendance rules/expectations listed below pertain to all appointed non-instructional employees.*

Every employee is important to the overall success of our company. Tardiness and absenteeism place a burden on your co-workers, especially if someone else must do your job when you are not at work. You are expected to be reliable and punctual in reporting for scheduled work.

You are expected to report to work on time at the scheduled start of your work shift. Reporting to work on time means that you are ready to start work, not just arriving at your scheduled start time.

For those instances when you cannot avoid being late to work as scheduled:

- You must personally contact the employee designated in your work area to take absence calls prior to the start of your work shift. It is important to provide as much notice as possible, especially if a substitute needs to be contacted to work your shift.
  - If the designated employee is not available, you should contact the designated backup employee or the school or department main office.
    - Leave a phone number where you can be reached so that your immediate supervisor can return your call.
- You need to provide the reason for your tardiness or absence.
- You need to indicate what time you expect to arrive at work.
- If you are going to be later than anticipated, you must contact your designated contact as soon as this becomes apparent to you to indicate a revised arrival time.
- Notifying a co-worker that you are going to be tardy is not acceptable.

For those instances when you are unable to report to work at all on a scheduled shift:

- You must personally contact the employee designated in your work area to take absence calls prior to the start of your work shift. It is important to provide as much notice as possible, especially if a substitute needs to be contacted to work your shift.
  - If the designated employee is not available, you should contact the designated backup employee or the school or department main office.
    - Leave a phone number where you can be reached so that your immediate supervisor can return your call.
- You need to provide the reason for your absence.
- You need to indicate if you plan to return to work for your next scheduled shift.
- If your absence exceeds one work day, you must call your immediate supervisor every day of your absence, unless you have provided a doctor's note excusing you for multiple days.
- Notifying a co-worker that you are going to be absent is not acceptable.

If you will be tardy or absent from work for a pre-arranged, approved absence (e.g. paid time off or a leave of absence):

- Notify your supervisor of your upcoming absence as far in advance as possible
- If your absence is for a medical reason, you may need to provide a doctor's note along with the leave form. Refer to your union contract for details (if applicable).
- You should also contact the Human Resources Department to request information on Family and Medical Leave for absences of more than three consecutive days.

Excessive tardiness and/or absences, including unpaid absences, repeated absences or tardiness or a pattern of absences and/or tardiness (i.e. tardiness or absences the day before or after a weekend, particular days of the week or month; the day before or after a holiday), may be grounds for disciplinary action. Failure to properly report your tardiness/absence may also result in disciplinary action.

## **WORKDAY HOURS AND SCHEDULING**

Confirm your work hours and days with your immediate supervisor. Information on work schedules may also be found in your union contract (if applicable).

Information on breaks and meal periods may be found in your contract. Specific times should be scheduled with your immediate supervisor.

- Typically, Lunch breaks are 60 minutes in length.
- The meal period is typically unpaid and all contracted employees are required to take a meal break.
- No employee is authorized, without prior supervisory approval, to perform work during the lunch period.

## **RECORDING HOURS WORKED**

All hourly paid employees are required to complete a time card on which you accurately record hours worked and reasons for absences.

- When you meet with your assigned payroll representative, you will be provided instruction on how to accurately complete a time card.
- Time cards must be signed by your immediate supervisor and submitted to the Payroll Department according to the company pay schedule (which has been provided to you as part of your new hire orientation paperwork).
- Your immediate supervisor and payroll representative can provide you with specific dates to turn in time cards.

## **MAINTAINING YOUR PERSONAL RECORDS**

It is your responsibility to provide current accurate information regarding your address, telephone number, insurance dependents and beneficiaries, change in dependents, change in name, etc.

- Contact the Human Resources Department to obtain the necessary form to make any of these changes.
- Before your name can be changed, you must obtain a new Social Security card showing your desired name.

## **PERSONAL APPEARANCE OF EMPLOYEES**

Dress, grooming and personal cleanliness standards contribute to the morale of all employees and affect the professional image presented to students, parents and visitors.

- You are expected to present a clean, neat appearance and to dress in clothing appropriate for the work to be done.
- Employees in certain positions are issued a uniform or may be required to wear designated safety items, such as steel toe shoes.

## **Drugs and Alcohol**

- No person will be permitted on a job site or at (Houston Specialist Cargo Repair Shop) to be under the influence of drugs or alcohol or medication which may represent a risk to people, property or the environment. Being under the influence of drugs or alcohol is strictly prohibited, and will result in disciplinary action, up to and including denying of access to site. Whilst on site you may be required to undertake Drug and Alcohol testing in accordance with Houston Specialist Cargo Drug & Alcohol testing protocols.

## **Cameras**

- Photographs, including still and video, of anything on site are not to be taken without the express permission of management. Any photographs that have been taken without permission are to be destroyed before leaving site.

## **PERSONAL PHONE CALLS, VISITS AND BUSINESS**

The company expects the full attention of its employees while they are working. We recognize that employees may occasionally have to take care of personal matters during the workday.

- NO CELLPHONES IN THE SHOP FLOOR, CELLPHONES SHOULD BE LEFT IN THE LOCKER OR EMPLOYEE VEHICLE.
- Employees should try to conduct personal business either before or after the workday or during breaks or meal periods and should keep personal phone calls short.
- Employees should limit incoming personal calls, visits or personal transactions.
- Company phones are available to serve the company's needs. A pattern of excessive personal phone calls using company phones, personal visits and/or private business dealings while at work is not acceptable and may lead to disciplinary action.
- Personal long-distance calls and faxes using company equipment are not permitted.
- COMPUTERS AND PHONES ARE MEANT FOR HOUSTON SPECIALIST CARGO LLC BUSINESS PURPOSES ONLY.

## **HOUSEKEEPING**

The company expects its employees keep a clean a safe work environment.

- Employees need to keep their workplace clean and tidy at all times.
- Employees are expected to keep the washroom neat and tidy every day.
- Every Friday the office needs to be swept and mopped before end of work day.
- Please wipe your shoes before entering the work spaces.
- PLEASE ENSURE ALL WINDOWS AND DOORS ARE LOCKED BEFORE LEAVING YOUR WORK SPACE.
- Equipment must not be removed from the shop with out written permission from the acting supervisor.
- Company vehicle is not permitted for personal use unless authorized by a supervisor.

## **LUNCH/ BREAKS**

- Employee must notify shop supervisor before going on break or lunch.
- Employees are entitled to a one-hour lunch break and two fifteen breaks on a working day.
- If employees do not advise supervisor, disciplinary action will be taken.

## **SAFETY RULES**

Houston Specialist Cargo LLC believes in maintaining safe and healthy working conditions for our employees. To achieve our goal of providing a safe workplace, each employee must be safety conscious. We ask all employees to continually be on the lookout for unsafe working conditions or practices.

- If you observe an unsafe condition, please warn others and report the condition to your supervisor immediately.
- If you have a question regarding the safety of your workplace and practices, please ask your supervisor for clarification.

Any work-related injury or accident, no matter how minor, is to be reported to your supervisor immediately.

- Injury reports can be obtained from your supervisor, the school nurse, the school office or the Human Resources Office.
- If emergency medical care is required, the employee should go to the nearest emergency center, doctor or hospital.

## **SMOKING**

Smoking or use of any other tobacco products in company office or shop premises is prohibited.

For more information or if you have questions, please contact the Human Resources

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PRINT NAME

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SIGNATURE

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DATE

A large, faint watermark of the Houston Specialist Cargo LLC logo is centered in the background. The logo is a shield-shaped emblem with a blue border. Inside the shield, there is a white five-pointed star at the top, and below it, a stylized orange and blue graphic that resembles a truck or a cargo container.

HOUSTON SPECIALIST

CARGO LLC

DRIVER CODE OF

CONDUCT

HOUSTON  
SPECIALIST  
CARGO

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**HOUSTON  
SPECIALIST  
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## Purpose

The purpose of this plan, and the procedures associated with it, is to:

- Establish a bench marked set of acceptable and complaint behaviors
- Encourage application of the Driver's Code of Conduct for all stakeholders associated With Houston Specialist Cargo LLCC

## Introduction

Driving a heavy vehicle is a responsible undertaking. Your behavior reflects upon the community reputation of Houston Specialist Cargo LLC, and in this regard your full compliance with the Driver Code of Conduct is required.

## Code of Conduct

### Commercial Driver License

All drivers must hold a current and valid driving license Class A with a valid Medical Card.

### Speed Limit

The speed limit is to be strictly obeyed, and speeding will not be tolerated. Speeding will result in disciplinary action.

All heavy vehicles operating out of the site are to observe the posted public road speed limits, with speed adjusted appropriately to suit the road environment and prevailing weather conditions.

### Incidents

All incidents, including near misses, must be reported immediately to Safety and Compliance.

### Behavior

Whilst on site, it is a requirement of that all vehicle drivers (including any passengers) behave in a polite and professional manner towards employees, contractors, visitors, members of the public, other drivers, and any other person at all times. Houston Specialist Cargo LLC fosters a culture of courtesy, modesty and teamwork, and expects that drivers will assist employees and other drivers in the unloading process, so that all vehicles are unloaded and dispatched as efficiently as possible.

Displays of aggression, physical and/or verbal abuse, harassment, sexual harassment, bad language, bullying, and unsociable behavior by vehicle drivers (including any passengers), and any other representatives (whether physically on site or not) will not be tolerated. Skylarking and so-called practical jokes will not be tolerated. Unacceptable behavior will result in disciplinary action, up to and including denying access to site.

It is expected that employees, contractors, visitors and members of the public will behave in a polite and professional manner to vehicle drivers whilst they are on site.

*Unacceptable Behavior* --- Is any activity such as discrimination, verbal or physical harassment, sexual harassment, unwanted invasion of personal space, bullying, transmission of offensive images and text and so on. It is important to remember that the test for unacceptable is based on the feelings and interpretation of the recipient regardless of the intention of the originator.

### Smoking

Smoking is not permitted in site offices.



### Drugs and Alcohol

No person will be permitted on a job site or at the Houston Specialist Cargo LLC office to be under the influence of drugs or alcohol or medication which may represent a risk to people, property or the environment. Being under the influence of drugs or alcohol is strictly prohibited, and will result in disciplinary action, up to and including denying of access to site. Whilst on site you may be required to undertake Drug and Alcohol testing in accordance with Houston Specialist Cargo LLC Drug & Alcohol testing protocols.

### Cameras

Photographs, including still and video, of anything on site are not to be taken without the express permission of management. Any photographs that have been taken without permission are to be destroyed before leaving the site.

### Mobile Phones

Mobile phones, iPads, and smart watches are not to be used whilst driving. To use a mobile phone, iPad, smart watch or other device that can divert the driver's attention, the driver must:

- Stop or park the vehicle and apply the park brakes
- Put the transmission into 'Park' or first gear
- Turn off the ignition.

### Load restraint

All vehicles arriving at or departing from Big Monster Logistics LLC must have their loads securely restrained to prevent unacceptable movement during all conditions of transportation.

### Fatigue

All heavy vehicle drivers operating out of the site are to be aware of their fatigue management scheme and operate within its requirements.

### Site Exit

It is recommended that all heavy vehicles turn left upon exiting the site.

### Comply with directions of authorized personnel

All drivers must comply with the direction of authorized site personnel when within the site.

### Pedestrians

On-site, pedestrians have right of way at all times.

### Damage

All drivers are responsible for damage caused to trucks during operation of the vehicle. If drivers DO NOT report any damage or unlawful behavior to company management the driver will be responsible for all cost associated with the damages and may result in termination.

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**PRINT NAME**

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**SIGNATURE**

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**DATE**



**HOUSTON  
SPECIALIST  
CARGO**

Federal Motor Carrier Safety Administration (FMCSA)  
Skill Performance Evaluation (SPE) Certification  
49 CFR 391.49

Sample Initial Letter of Application

All initial and renewal Skill Performance Evaluation (SPE) certificate requests must adhere to the regulatory requirements detailed in this section.

To enable processing of your application we require all of the information included in this section. We have included a suggested format in this packet that will help facilitate the processing of your SPE certification request. We will not process incomplete applications.

Application type:

Joint application

49 CFR 391.49(b), a letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant, if the application is accepted, this is a joint application.

Unilateral application

49 CFR 391.49(3) Exception, a letter of application for an SPE certification may be submitted by the driver applicant, this is a unilateral application.

Application address: The application must be addressed to the applicable field service center, FMCSA, for the State in the applicant is licensed, or where the co-applicant motor carrier's principal place of business is located.

(1) Identification of the applicant(s):

- ☒ Name and complete address of the motor carrier co-applicant;
- ☒ Name and complete address of the driver applicant;
- ☒ The U.S. DOT Motor Carrier Identification Number, if known;
- ☒ A description of the driver applicant's limb impairment for which SPE certificate is requested.

(2) Description of the type of operation the driver will be employed to perform:

- ☒ State(s) in which the driver will operate for the motor carrier co-applicant (if more than 10 States, designate general geographic area only);
- ☒ Average period of time the driver will be driving and/or on duty, per day;
- ☒ Type of commodities or cargo to be transported;
- ☒ Type of driver operation (i.e., sleeper team, relay, owner operator, etc.); and

- ☒ Number of years' experience operating the type of commercial motor vehicle(s) requested in the letter of application and total years of experience operating all types of commercial motor vehicles

(3) Description of the commercial motor vehicle(s) the driver applicant intends to drive:

- ☒ Truck, truck tractor, or bus make, model, and year (if known);  
Drive train;
- ☒ Transmission type (automatic or manual—if manual, designate number of forward speeds);  
Auxiliary transmission (if any) and number of forward speeds; and  
Rear axle (designate single speed, 2 speed, or 3 speed)
- ☒ Type of brake system;
- ☒ Steering, manual or power assisted;
- ☒ Description of type of trailer(s) (i.e., van, flatbed, cargo tank, drop frame, lowboy, or pole);
- ☒ Number of semitrailers or full trailers to be towed at one time;
- ☒ commercial motor vehicles designed to transport passengers, indicate the seating capacity of commercial motor vehicle; and  
Description of any modification(s) made to the commercial motor vehicle for the driver applicant; attach photograph(s) where applicable

(4) Otherwise qualified:

- ☒ The co-applicant motor carrier must certify that the driver applicant is otherwise qualified under the regulations
- ☒ In the case of a unilateral application, the driver applicant must certify that he/she is otherwise qualified under the regulations of this part.

(5) Signature of applicant(s):

- ☒ Driver applicant's signature and date signed;
- ☒ Motor carrier official's signature (if application has a co-applicant), title, and date signed.  
Depending upon the motor carrier's organizational structure (corporation, partnership, or proprietorship), the signer of the application shall be an officer, partner, or the proprietor.

(6) The letter of application for an SPE certificate shall be accompanied by:

- ☒ A copy of the results of the medical examination report
- ☒ A copy of the medical certificate

- ☒ A medical evaluation summary completed by either a Board-qualified or Board-certified physiatrist (doctor of physical medicine) or orthopedic surgeon. The c-applicant motor carrier or the driver applicant shall provide the physiatrist or orthopedic surgeon with a description of the job-related tasks the driver applicant will be required to perform;

- ☒ The medical evaluation summary for a driver applicant disqualified due to an amputation shall include:

An assessment of the functional capabilities of the driver as they relate to the ability of the

- ☒ driver to perform normal tasks associated with operating a commercial motor vehicle; and

A statement by the examiner that the applicant is capable of demonstrating precision

- ☒ prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately

The medical evaluation summary for a driver applicant disqualified for an impairment shall include:

- ☒ An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;

- ☒ An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and

- ☒ A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately

- ☒ A description of the driver applicant's prosthetic or orthotic device worn, if any

#### (7) Road test when applicable:

- ☒ A copy of the driver applicant's road test administered by the motor carrier and the certificate issued or
- ☒ A unilateral applicant shall be responsible for having a road test administered by a motor carrier or a person who is competent to administer the test and evaluate its results.

#### (8) Application for employment:

- ☒ A copy of the driver applicant's application for employment completed pursuant to § 391.21; or
- ☒ A unilateral applicant shall be responsible for submitting a copy of the last commercial driving position's employment application he/she held. Please state if you have had previous employment as a commercial driver

#### (9) A copy of the driver applicant's SPE certificate of certain physical defects issued by the individual State(s), if applicable

(10) A copy of the driver applicant's State Motor Vehicle Driving Record for the past 3 years from each State in which a motor vehicle driver's license or permit has been obtained

(11) The driver shall supply each employing motor carrier with a copy of the SPE certificate.

Upon granting an SPE certificate, the Division Administrator/State Director, FMCSA, will notify

the driver applicant by letter and co-applicant motor carrier (if applicable). The terms, conditions and limitations of the SPE certificate will be specified. The SPE certificate form will identify the power unit (bus, truck, truck tractor) for which the SPE certificate has been granted.

The Division Administrator/State Director, FMCSA, may deny the application for SPE certificate

or may grant it totally or in part and issue the SPE certificate subject to such terms, conditions, and limitations as deemed consistent with the public interest. The SPE certificate is valid for a period

not to exceed 2 years from date of issue, and may be renewed 30 days prior to the expiration date.

Falsifying information in the letter of application, the initial application, or falsifying information

required by this section by either the applicant or motor carrier is prohibited.



HOUSTON  
SPECIALIST  
CARGO

## Sample SPE Initial Letter of Application

Sample forms that comply with the regulatory requirements to apply for an SPE certificate are included in this packet. You are responsible for insuring that your application is complete and includes all required information.

A Board-certified or Board-qualified orthopedic surgeon or physiatrist must complete the medical evaluation summary. If you do not have access to an orthopedic surgeon or a physiatrist we suggest that you go to a rehabilitation facility for this examination as these facilities and their personnel generally have experience in evaluating individuals with missing or impaired limbs.

If applying for a unilateral SPE certificate (independent of your employer) you must obtain a copy of your State motor vehicle driving record, a road test and a road test certificate. The road test must be administered by a motor carrier or someone competent to administer the test and evaluate the results. If you are submitting a co-application (with your employer), please contact the Medical Program Specialist at the Service Center associated with the location of your employer's principal place of business for further instructions.

If you have any questions, please contact the Medical Program Specialist at the Service Center for the State where you are a legal resident.

Service Center	Territory Included	Office Location
Eastern	CT, DC, DE, MA, MD, ME, NJ, NH, NY, PA, PR, RI, VA, VI, VT, WV	4749 Lincoln Mall Drive, Suite 300A Matteson, IL 60443 (708) 283-3577
Midwestern	IA, IL, IN, KS, MI, MO, MN, NE, OH, WI	4749 Lincoln Mall Drive, Suite 300A Matteson, IL 60443 (708) 283-3577
Southern	AL, AR, FL, GA, KY, LA, MS, NC, NM OK, SC, TN, TX	1800 Century Blvd. Suite 1700, Atlanta, GA 30345-3220 (404) 327-7371
Western	American Samoa, AK, AZ, CA, CO, Guam, HI, ID, Mariana Islands, MT, ND, NV, OR, SD, UT, WA, WY	1800 Century Blvd. Suite 1700, Atlanta, GA 30345-3220 (404) 327-7371

The following information must be submitted with your  
Skill Performance Evaluation (SPE) certificate initial application

Application type,

49 CFR 391.49(b), a letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant, if the application is accepted, this is a joint application.

49 CFR 391.49(3) Exception, a letter of application for an SPE certification may be submitted by the driver applicant, this is a unilateral application.

You must submit,

1. A unilateral (Driver Applicant) SPE certificate application, or
2. A joint application from the Driver Applicant and the application from the Motor Carrier that will employ the driver, if an SPE Certificate is issued. Please note: if the employer changes, SPE certification reapplication with the new employer is required. Contact the FMCSA program specialist to obtain appropriate guidance.
3. The Motor Carrier driver application.
4. A copy of the results of your medical examination report, pursuant to 49 CFR 391.43, the Medical Examination Report for Commercial Driver Fitness Determination.
5. A copy of your signed medical examiner's certificate.
6. A Medical Evaluation Summary completed only by either a board qualified or board certified psychiatrist (doctor of physical medicine) or orthopedic surgeon will be accepted.
7. A copy of the road test and road test certificate or a copy of both sides of your commercial driver's license (CDL).
8. A copy of your State motor vehicle driving record (MVR) for the past 3 years from each State in which you held a driver's license or permit.
9. If applicable, a copy of your SPE certificate or waiver of certain physical defects.

Please review the above requirements before mailing your application to ensure that all required information is included in your packet. If you have questions contact the Medical Program Specialist in the Service Center for the State where you are a legal resident.

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Signature

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Date



PLEASE PRINT CLEARLY

check application type:      Unilateral ☐ Joint ☐

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
MAIDEN NAME IF APPLICABLE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H): \_\_\_\_\_ (CELL) \_\_\_\_\_ DRIVER S LICENSE#: \_\_\_\_\_

STATE OF ISSUANCE OF DRIVER'S LICENSE: \_\_\_\_\_

DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: \_\_\_\_\_

TYPE OF PROSTHESIS WORN, IF APPLICABLE: \_\_\_\_\_

DESCRIPTION OF OPERATION

STATES OF OPERATION: \_\_\_\_\_ TYPE OF CARGO: \_\_\_\_\_ AVERAGE PERIOD OF DRIVING TIME: \_\_\_\_\_

TYPE OF OPERATION (Sleeper Team, Relay, etc.): \_\_\_\_\_

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: \_\_\_\_\_

NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: \_\_\_\_\_

DESCRIPTION OF VEHICLE(S)

VEHICLE TYPE (truck, truck tractor, bus, etc.): \_\_\_\_\_ IF BUS, INDICATE SEATING

CAPACITY: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL#: \_\_\_\_\_ YEAR: \_\_\_\_\_

TRANSMISSION TYPE (automatic or manual): \_\_\_\_\_ # OF FORWARD SPEEDS: \_\_\_\_\_

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS: \_\_\_\_\_ REAR AXLE SPEED (designate single speed, 2 speed, 3 speed). \_\_\_\_\_

TYPE OF BRAKE SYSTEM: \_\_\_\_\_

STEERING (Manual or power assisted): \_\_\_\_\_

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: \_\_\_\_\_

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): \_\_\_\_\_

DESCRIPTION OF VEHICLE MODIFICATIONS: \_\_\_\_\_

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE  
FEDERAL MOTOR CARRIER SAFETY REGULATIONS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# APPLICATION FOR EMPLOYMENT

COMPANY NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

## ADDRESS FOR THE PAST THREE YEARS:

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip code)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

## DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT STRAIGHT TRUCK TRACTOR AND SEMI-TRAILER TRACTOR-TWO TRAILERS OTHER	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

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 A STATEMENT GIVING DETAILS

## EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding  
this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

\*\*\*\*\*

This certifies that this application was completed by me, and that all entries on it and  
information in it are complete to the best of my knowledge.

\_\_\_\_\_  
Date

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

## DRIVER'S ROAD TEST EXAMINATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ (MAIDEN NAME IF APPLICABLE) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) : \_\_\_\_\_ (CELL) \_\_\_\_\_ SPE TESTING SITE STATE: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

\_\_\_\_\_ Pre-trip inspection (As required by Sec. 392.7)

\_\_\_\_\_ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)

\_\_\_\_\_ Placing the equipment in operation

\_\_\_\_\_ Use of the vehicle's controls and emergency equipment

\_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.

\_\_\_\_\_ Turning the vehicle

\_\_\_\_\_ Braking, and slowing the vehicle by means other than braking

\_\_\_\_\_ Backing, and parking the vehicle.

\_\_\_\_\_ Other, Explain

\_\_\_\_\_  
\_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) \_\_\_\_\_

EXAMINER'S NAME (SIGNATURE) \_\_\_\_\_

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: \_\_\_\_\_

**CERTIFICATE OF DRIVER'S ROAD  
TEST**

Instructions: If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD  
TEST**

DRIVERS LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

(MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_

Type of Trailer(s): \_\_\_\_\_

If Passenger carrier, type of Bus: \_\_\_\_\_

This is to certify that the above-named driver completed a road test under my supervision on \_\_\_\_\_ (DD/MM/YYYY) consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): \_\_\_\_\_

Examiner's Name (Signature): \_\_\_\_\_

Title: \_\_\_\_\_

State Test Site: \_\_\_\_\_

Organization and Address of Examiner: \_\_\_\_\_

\_\_\_\_\_

# EMPLOYEE EMERGENCY CONTACT FORM

Name \_\_\_\_\_

Department \_\_\_\_\_

## **Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

## **Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

## **Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

☐ I have voluntarily provided the above contact information and authorize \_\_\_\_\_ and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

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

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes 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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing 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 <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*



HOUSTON  
SPECIALIST  
CARGO



## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____	<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>M.I.</span> <span>Last</span> <span>Social Security Number</span> </div>
Hereby authorize: _____	Date of Birth _____
Previous Employer: _____	Email: _____
Street: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To:	Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: _____	
Prospective employer's email address: _____	
Applicant's Signature	Date
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>			
<b>ACCIDENT HISTORY</b>				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____				
Any other remarks: _____ _____ _____ _____				
Signature: _____ Title: _____ Date: _____				

**PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
<ol style="list-style-type: none"><li>Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/></li><li>For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/></li></ol>	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PAGE 1 PART 1:</b> Prospective Employee <ul style="list-style-type: none"><li>Complete the information required in this section</li><li>Sign and date</li><li>Submit to the Prospective Employer</li></ul> <b>PAGE 2 PART 4a:</b> Prospective Employer <ul style="list-style-type: none"><li>Complete the information</li><li>Send to Previous Employer</li></ul> <b>PAGE 1 PART 2:</b> Previous Employer <ul style="list-style-type: none"><li>Complete the information required in this section</li><li>Sign and date</li><li>Turn form over to complete SIDE 2 SECTION 3</li></ul>	<b>PAGE 2 PART 3:</b> Previous Employer <ul style="list-style-type: none"><li>Complete the information required in this section</li><li>Sign and date</li><li>Return to Prospective Employer</li></ul> <b>PAGE 2 PART 4b:</b> Prospective Employer <ul style="list-style-type: none"><li>Record receipt of the information</li><li>Retain the form</li></ul>
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**RECORDS REQUEST FOR  
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(i)(2)** Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

**PART 1:**

**COMPLETED BY THE DRIVER/APPLICANT**

**TO:**

Prospective Employer: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

**FROM:**

Driver/Applicant: \_\_\_\_\_ Social Security/I.D. # \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.  
☐ I will arrange to pick up.

Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

**PART 2:**

**COMPLETED BY THE PROSPECTIVE EMPLOYER**

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

**Information supplied to:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Comments: \_\_\_\_\_

**By:**

Signature/person providing information

Telephone #

Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

**COPY 1 PROSPECTIVE EMPLOYER**

# Substance Abuse Policy Acknowledgment Form

The policy of the company is to maintain a drug and alcohol-free work environment that is safe and productive for our employees and others participating with our company. To meet these objectives, the following policy has been adopted.

- The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs while on company or clients premises or while performing services for our company or client is strictly prohibited.
- Houston Specialist Cargo LLC also prohibits reporting to work or performing services while impaired by the use of alcohol or consuming alcohol while on duty.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

Pre-employment: As may be required/requested by Houston Specialist Cargo LLC.

For Cause: Upon reasonable cause to believe that a substance abuse problem exists, testing may be conducted.

Random: Unannounced random selection of employees may be performed.

Post Accident: Any employee involved in an accident/injury while performing services for our company that results in property or damage or bodily injury requiring medical treatment will be required to submit to a substance abuse screening.

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination.

The results of all drug testing will be treated confidentially and for no purpose other than for Houston Specialist Cargo LLC to make employment-related decisions.

Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable state law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Employee)

# Release & Consent Form For Substance Abuse Screening

Houston Specialist Cargo LLC requires that employees assigned to it successfully pass a substance abuse screen. As a condition for consideration for assignments with certain clients of Houston Specialist Cargo LLC,

I, \_\_\_\_\_, voluntarily authorize any laboratory designated by Houston Specialist Cargo to conduct a screening or screenings, for the purpose of determining the presence of drugs or alcohol in my system.

I consent to the release by the laboratory designated by Houston Specialist Cargo, of the results of the drug and alcohol screen to Houston Specialist Cargo.

I hereby release and forever discharge Houston Specialist Cargo, the laboratory, and the agents and employees of, from any and all lawsuits, proceedings, claims, or causes of action arising from the screen or screens, and from any action or inaction of Houston Specialist Cargo based on the results of the screening.

I UNDERSTAND ACCTKNOWLEDGE MAY REQUIRE A SUBSTANCE ABUSE SCREEN WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH ACCTKNOWLEDGE POLICY AND THIS RELEASE AND CONSENT. I UNDERSTAND MY WORKER'S COMPENSATION BENEFITS MAY BE DENIED IF AN ON THE JOB INJURY OR ACCIDENT IS DUE TO MY USE OF ALCOHOL OR MY UNLAWFUL USE OF ANY CONTROLLED SUBSTANCES.

MY REFUSAL TO SUBMIT TO SUBSTANCE ABUSE SCREENING WILL BE GROUNDS FOR TERMINATION.

I understand the meaning of this release and consent form, and I have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent form solely as a condition for consideration of assignments with Houston Specialist Cargo LLC.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Employee)