

A.L. HELMCAMP, INC.
P.O. BOX 456
BUFFALO, TX 75831
903-626-0165
jc@alhelmcamp.com

D.O.T PACKET

If you hold a current CDL whether you are applying for a CDL position or not we must have this packet along with a current Medical examiner's certificate on file before you begin work. It is your responsibility to get your Medical Examiner's certificate.

You will be responsible for filling out the appropriate mileage logs complete with name, date, and truck number each day that you drive. If you have any questions please call Anjela at the office 903-626-0165.

Thank you and drive safely!
Anjela Wietzikoski
DOT Coordinator

A.L. HELMCAMP, INC.

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

TELEPHONE NUMBERS _____

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED):

DRIVER LICENSES	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	STRAIGHT TRUCK				
	TRACTOR AND SEMI-TRAILER				
	TRACTOR-MULTIPLE TRAILERS				
	OTHER				

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

Note: This form is provided as a suggested format for a commercial motor vehicle driver's application for employment. A motor carrier may use any format for an application for employment which complies with 391.21.

A.L. HELMCAMP, INC.

Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N ____
B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N ____

Explain below (or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____
ADDRESS: _____ TO: _____
POSITION HELD: _____ SALARY \$ _____ per _____
SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____
REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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

(Date)

(Applicant's signature)

FORMER EMPLOYER VERIFICATION

SECTION 1: PREVIOUS EMPLOYEE INFORMATION & RELEASE

NAME: _____ SSN: _____

I hereby authorize _____
A.L. HELMCAMP, INC. _____ to release the following requested information to
for the purpose of investigation for qualifying me
to drive a commercial motor vehicle as required by the U.S. Department of Transportation & Federal
Motor Carrier Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. You are hereby released from
any and all liability that may result from furnishing such information. Your quick response to the re-
quest will be greatly appreciated.

Signature: _____ Date: _____

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY

Employed from _____ to _____ as a _____.

Did previous employee drive a motor vehicle for you? Yes No

If yes, please indicate the specific type of vehicle and time driven for you:

Tractor/Semi-Trailer _____ years _____ months; Straight Truck _____ years _____ months

Other (Please specify) _____; _____ years _____ months

What type trailer? Tanker Flat* Doubles Van Reefer

*What type cargo if you checked flat? _____

Was previous employee a safe and efficient driver? Yes No

Was previous employee's general conduct satisfactory? Yes No

Reason for leaving your employ: Discharged Resigned Laid Off Other

Is previous employee eligible for rehire? Yes No Upon Review

Did employee have any accidents/incidents? Yes No

If yes, # _____ Preventable # _____ Non-preventable

SECTION 3: NOTE REGULATIONS OF THE DEPT. OF TRANSPORTATION (49 CFR PART 40) requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.

In the past two years has the previously named applicant ever:

- Tested positive for a controlled substance? Yes No
- Tested with an alcohol concentration of 0.04 or higher? Yes No
- Refused to submit to a DOT drug or alcohol test, including a verified adulterated or substituted result? Yes No
- Had any other violations of DOT drug/alcohol testing requirements? Yes No
- Had any other violations of drug/alcohol regulations from previous employers? Yes No

Your Name: (print) _____ Title: _____

Your Signature: _____ Date: _____

Your Telephone Number: _____

Thank you
Anjela Wietzikoski
DOT Coordinator
jc@alhelmcamp.com
Phone (903) 626-0165
Fax (903) 626-4156

Motor Vehicle Driver's Certification of Violations

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS Under 49 C.F.R. 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

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

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

_____ Driver's Signature	_____ Date of Certification
_____ Motor Carrier's Name	_____ Motor Carrier's Address
_____ Reviewed by (Signature)	_____ Reviewed by (Title)
_____ Reviewed by (Printed Name)	_____ Date of Review

Note: This form is provided as a suggested format for a commercial motor vehicle driver's certification of violations. A motor carrier may use any format which complies with 49 CFR 391.21.

A. L. HELMCAMP, INC.

DRUG & ALCOHOL POLICY

Reviewed by GL 1-31-2011, gl

10.3 Drug & Alcohol Policy

1. Principle

A. L. Helmcamp, Inc., in order to provide a safer work environment and maintain high standards of employee health, has established a drug and alcohol testing policy. This policy shall be part of the terms and conditions of employment for all employees working for A. L. Helmcamp, Inc. The policy includes pre-employment, reasonable suspicion, random and post-accident drug and alcohol testing.

2. Alcohol

No employee may report to work or work while under the influence of alcohol. The consumption of alcohol is prohibited on all A. L. Helmcamp, Inc. job sites. Employees may not consume alcohol during lunch breaks, in any A. L. Helmcamp, Inc. vehicle or any time while traveling on company business, if the employee is scheduled to work thereafter on the same day. Any employee that reports to work or attempts to work while under the influence of alcohol shall be reprimanded and receive a minimum of 3 days suspension without pay and a positive alcohol test indicating legally intoxicated, will result in termination.

3. Illegal Drugs

An 'illegal drug' is any drug which cannot be legally obtained (marijuana, narcotics, ect.) or any drug, which although legal, has been illegally obtained, (prescription drugs not obtained or used for the prescribed purposes) The use or possession of any amount of an illegal drug by an employee at any time is prohibited. A positive test will result in termination of employment.

We also prohibit the possession, transport, and/or use of synthetic cannabis, also known as K2, Spice or similar, in any ALH vehicle and on all ALH work sites. Though this drug is still legal in many areas, ALH believes a person under the influence of this drug could be a danger to himself, other employees and to the public traveling through our work site. Any employee who refuses to comply with this rule may face termination of employment.

A. L. HELMCAMP, INC.

DRUG & ALCOHOL POLICY

Reviewed by GL 1-31-2011, gl

4. Drug and Alcohol Testing

All employees will be subject to testing for the presence of alcohol or illegal drugs. The test may be from body fluids(saliva or urine), blood or hair. New employees are required to submit to a pre-employment drug screen as a condition of employment. All employees involved in an accident must submit to a post-accident drug test. Any employee that, through their actions, give reason for suspicion of substance abuse, must submit to alcohol and drug testing. All employees will be subject to random testing for alcohol and illegal drugs.

5. Testing Procedures

- a. Random testing will have no defined intervals of testing. All employees will be subject to testing at any time.
- b. All samples will be collected at an A. L. Helmcamp, Inc., approved medical facility or a qualified Safety Department representative. Pre-employment test may be collected by pre-approved and qualified A. L. Helmcamp, Inc. Supervisors.
- c. Prior to testing, an employee will be given the opportunity to inform the person conducting the test of any prescription or over-the-counter medications that the employee has been taking immediately prior to testing.
- d. Employees will not have prior notice of their random test.
- e. An employee will be required to sign and date a permission slip acknowledging their consent to undergo alcohol and drug testing. Although no one will be required to take a test, refusal to do so will be interpreted as a voluntary quit.
- f. Employees who provide samples which test positive for the presence of alcohol or illegal drugs will be subject to immediate dismissal. A test for alcohol will be considered positive if blood, urine or saliva alcohol level is greater than 0.075.

A. L. HELMCAMP, INC. DRUG & ALCOHOL POLICY

Reviewed by GL 1-31-2011, gl

6. Appeal Procedures

When an employee is dismissed for submitting a sample that test positive, they may appeal the dismissal to the Safety Director. The Safety Director and the employee's immediate Supervisor will review the personnel file and the work history of the dismissed employee for the 12 months prior to the employee submitting a sample that tested positive.

The following information will be reviewed;

- a. Unexcused absences
- b. Unexcused tardies
- c. Disciplinary actions for violations of work or safety rules
- d. Dependability
- e. Attitude
- f. Work relations with other crew members

Additional information that is relevant to prior work history may be reviewed as well. Upon completion of the review process, the Safety Director will make his recommendation to the President for final approval of a dismissal or waiver of a dismissal.

Any employee given a waiver as explained above must enter a drug/alcohol rehabilitation program within seven (7) days of the waiver. Failure to do so will be accepted as a voluntary quit. The employee will also be subject to additional testing upon demand at the request of their supervisor for a period of eighteen (18) months. No prior warning will be given to the employee being tested. If the employee test positive on subsequent samples or refuses to submit to the subsequent testing they will be dismissed without benefit of appeal.

A. L. Helmcamp, Inc. considers safety in the workplace a very important goal. This policy has been implemented to further the effort of achieving that goal. The cooperation of all employee will be appreciated.

ACKNOWLEDGEMENT OF DRUG AND ALCOHOL POLICY

A.L. Helmcamp, Inc. of Buffalo, Tx, in order to provide a safer work environment and maintain high standards of employee health, has established a drug testing policy for CDL drivers. This policy shall become part of the terms and conditions of employment for all CDL drivers working at A. L. Helmcamp, Inc. and is in accordance with the Texas Department of Transportation Regulations adopted from the Federal Motor Carrier Safety Regulations, Title 49, Code of Federal Regulations, Part 382.

I acknowledge that I have read and understood the above policy.

NAME: _____

DATE: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to A.L. HELMCAMP, INC. (Prospective Employer) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

.....
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-506, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of the Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking any adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of the state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 [Public Law 103-322, Title XXX, Section 3000002(a)].

(Signature of Requestor)

(Date)

To:

.....
DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____.
As in accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: _____

ADDRESS: _____

LICENSE NUMBER: _____ STATE _____

DATE OF BIRTH: _____ SN: _____

REQUESTED BY

A. L. HELMCAMP, INC.
(Name of Company - Typed)

Anjela Wietzikoski
(Name of Requestor - Typed)

P.O. Box 456
(Address)
Buffalo, TX 75831
(City, State & Zip)

DOT Clerk
(Requestor's Position)