



DRIVER QUALIFICATION FILE CHECKLIST

- | | |
|------------------------------------------------------------------------------------------|------------------|
| 1. _____ DRIVER APPLICATION FOR EMPLOYMENT | 391.21 |
| 2. _____ INQUIRY TO PREVIOUS EMPLOYERS (3 YEARS) | 391.23(a)(2)&(c) |
| 3. _____ INQUIRY TO STATE AGENCIES | 391.23(a)(1)&(b) |
| 4. _____ ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS | 391.27 |
| 5. _____ ANNUAL REVIEW OF DRIVING RECORD | 391.25 |
| 6. _____ MEDICAL EXAMINER'S CERTIFICATE* (TO BE ATTACHED) (MEDICAL WAIVER, IF ISSUED) | 391.43 |
| 7. _____ DRIVER'S ROAD TEST (TO BE COMPLETED DURING EMPLOYMENT) | 391.31 |

***NOTE:** DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES. DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S CERTIFICATE IN THEIR POSSESSION WHILE DRIVING.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | |
|----------------------------------|-------------------------------------------------|-------------------------|---------------------------|----------------|--------------------------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) |
| Address (Street Number and Name) | | | Apt. Number | City or Town | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's Telephone Number |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | | |
|-------------------------------------|--|-------------------------|---------------------------|----------|
| Signature of Preparer or Translator | | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | | |
| Address (Street Number and Name) | | City or Town | State | ZIP Code |



Employer Completes Next Page



Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

| | | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|
| Step 3: Claim Dependents | If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ _____ | | |
| | Add the amounts above and enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |

3437 9th Street
Baltimore, MD 21225
Office 443.692.6213
Fax 443.692.6219
accessdemolition.com



Commercial Driver Application

Fill in **ALL** Blanks & Provide **ALL** Information Requested—Print or Type

Date: _____
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ Home Telephone: _____
City: _____ State: _____ Zip: _____ Cellular Telephone: _____
Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 years period:

1 Street: _____ Dates: From _____ To _____
City: _____ State _____ Zip _____
2 Street: _____ Dates: From _____ To _____
City: _____ State _____ Zip _____
3 Street: _____ Dates: From _____ To _____
City: _____ State _____ Zip _____

Use backside of sheet for additional addresses

Date available to start: _____ Desired hourly rate: _____

Driver's License Information: All licenses held, last 3 years:

State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____

Experience

| | | |
|------------------------|----------|------------------|
| _____ | To _____ | _____ |
| Type of vehicle driven | Dates | Company/Employer |
| _____ | To _____ | _____ |
| Type of vehicle driven | Dates | Company/Employer |
| _____ | To _____ | _____ |
| Type of vehicle driven | Dates | Company/Employer |

All Accidents: Last 3 years (If none, write NONE)

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____
Date: _____ Describe: _____ Fatalities: _____ Injuries: _____
Date: _____ Describe: _____ Fatalities: _____ Injuries: _____



List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No
Date: _____ Violation: _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance ; explanation: _____

Employment History, last 10 years - account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____



3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____



For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer (s) and for that previous employer (s) to re-send the corrected information, to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees 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 anytime, 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 (5) business day deadlines 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 their request to review the records.

Certification

“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge”

Applicant’s Signature

Date Signed

SIGNIFICANT DATES:

Date of Hire: _____
 Time & Date of Pre-Employment CST: _____
 Time & Date of Pre-Employment CST Results Received: _____
 Date First Used In Safety Sensitive Position: _____
 Date of Termination: _____

COMMERCIAL VEHICLE DRIVER APPLICANT
 Controlled Substance and Alcohol Questionnaire
 Pursuant to 49 CFR part 40.25 (j)

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|-----------|
| Have You ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years? | | YES | NO |
| If YES — | Have you successfully completed the return-to-duty process? | YES | NO |
| If YES — | Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed. | | |

Applicant’s Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

3437 9th Street
Baltimore, MD 21225
Office 443.692.6213
Fax 443.692.6219
accessdemolition.com



*** Applicant Must Fill in Highlighted Fields ONLY***

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.

To: _____ Date: _____
Former Employer's Name

Mailing Address

City/State/Zip

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicants Signature Date

Witness's Signature Date

Applicant Name: _____ Last 4 Of SSN: _____

This individual is working for or has applied to Access Demolition, Inc as a driver and states that he/she was employed by you as a driver from _____ to _____. This individual's release authorization is below. Please reply to the inquiry below regarding this applicant. The information you provide will be treated confidentially. Please respond by e-fax to (443) 692.6219 or email to info@accessdemolition.com

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

• Did applicant work for you as a _____ from ___/___/___ to ___/___/___ YES or NO
IF NO, please explain: _____

• If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck (s) and/or truck/tractor (s) operated: _____
Commodities transported: _____ Area of operations: _____

• Accidents? YES or NO IF YES, please give date (s) and brief description of each accident:

• Why did this employee leave your company?

• Would you re-employ this person? YES or NO IF NO, please explain:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results?. ... YES or NO If yes, please give date(s): _____
- Refusals to be tested? YES or NO If yes, please give date(s): _____
- Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Additional comments: _____

Release Authorization:

You are hereby authorized to give Access Demolition, Inc. all information regarding my services, performance, character, and conduct while in your employ and you are released from any liability, which may result from furnishing such information to the above named company. Can be faxed to 443-692-6219 or emailed to info@accessdemolition.com

Applicant/Former Employee Signature: _____ Date: _____

Printed Named: _____

Title: _____



ACCESS DEMOLITION CONTRACTING INC.

Controlled Substances and Alcohol Testing Policy

Substance Abuse Policy

We recognize that controlled substance and alcohol use and abuse is a serious threat to the lives of our employees, a safe work environment, and our overall goal of ensuring a drug/alcohol free and healthy work environment. We are instituting this controlled substance and alcohol testing policy in an effort to deter individuals who have not began using, to encourage anyone currently using to seek the assistance necessary prior to identification in our program, and to identify those individuals that have made the decision to continue to use.

Our corporate philosophy on the detrimental effects of drugs/alcohol in an individual's life and the added safety risk posed by the drug/alcohol use in the workplace is clear. There is no place for drug/alcohol use or the lingering effects of "off hours use" that can be tolerated in our work environment.

Our substance abuse policy was established in order to promote and maintain a safe and healthful working environment for all employees.

This policy is not intended, and should not be construed as an employment contract. None of the statements or policies outlined herein are meant to imply that we guarantee employment for anyone. Employment with us continues to be considered "at will" and can be terminated by either us or the employee at any time and for any reason.

Signature

Date

I. Definitions

Where used in this policy statement, the following shall have the meaning set forth below:

Accident– Any time an employee is involved in an accident or incident in the workplace where:

- Significant property damage occurs
- A supervisor has reason to believe that a violation of a safety policy has occurred
- The accident is a result of careless or irresponsible actions
- The accident requires medical attention
- The accident requires time off from work



Company Premises– Includes but is not limited to all property, whether owned or leased or used by us. For the purposes of this policy, it also includes any other locations or modes of transportation to and from those locations while in the course and scope of employment or contract of operation.

Controlled Substance– Marijuana, Cocaine, opiates, amphetamines, alcohol, phencyclidine, and any substance listed on Schedule I or II (21 CFR Part 1308), or their metabolites, or any substance that may render the employee incapable of safely performing their duties.

Employee Subject To Testing– Any individual employed either full or part by us. Any contractor working for or leased to Access Demolition Contracting Inc. or anyone working under a 1099 Misc. form of employment.

Medical Review Officer (MRO) - A licensed physician responsible for receiving laboratory results generated by the testing laboratory who has the knowledge of substance abuse orders and appropriate medical training to interpret and evaluate an employee’s confirmed positive test results together with his/her medical history and other relevant biomedical information.

Reasonable Cause– Actions, appearance, or conduct of an employee, on duty, which are indicative of the possible impairment or possession, of alcohol or any other prohibited substance which is witnessed and documented by one or more supervisors. An accident may provide reasonable cause as defined in this policy.

Substance Abuse Professional– A licensed or certified psychologist, social worker, employee assistance professional (EAP), or addiction counselor with the knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances related disorders.

Under the Influence of Controlled Substances– Any amount of controlled substance (or a metabolite of a controlled substance) confirmed by a laboratory as greater than the cut-off levels designated by the testing laboratory, and verified by the MRO as illicit use, in any specimen provided by the donor.

Under the Influence of Alcohol– a saliva or breath alcohol concentration greater than 0

Signature

Date

II. Controlled Substance and Alcohol Use and Abuse Prohibitions

No employee of our company shall:

1. On duty, possess, be under the influence of, or use, any prohibited substance or any derivative thereof. In addition, no employee on duty shall possess, be under the influence of, or use any other substance, to a degree that renders the employee incapable of safely performing their duties.



2. Consume an intoxicating beverage regardless of its alcoholic content, or be under the influence of an intoxicating beverage, within 8-10 hours before going on duty.
3. Consume alcohol or any intoxicating beverage regardless of its alcoholic content, be under the influence of an intoxicating beverage, or have any measured alcohol concentration of .000 or greater, while on duty, or operating, or in physical control of a company vehicle.
4. Be on duty or operate a vehicle while in the possession of a controlled substance or an intoxicating beverage regardless of its alcoholic content.
5. Refuse to co-operate with the collection site personnel, company personnel, or in any way refuse to provide a specimen when required.
6. Refused to provide a specimen when required under this policy.
7. Fail to inform appropriate officials at our company of a reportable accident as soon as possible and provide the required specimens.
8. Use any controlled substances, including marijuana, without a legal prescription acceptable by the federal FDA, regardless of any state laws that allow such use without a legal prescription.
9. Ingest or use products derived from the hemp plant (hemp seeds, hemp oils, etc.). Use of such products will not constitute a valid excuse for a positive test in this program.
10. Adulterate, substitute, hydrate, or in any way attempt to destroy or alter a specimen. This will be deemed a refusal to provide a valid specimen as required by this testing program.

Signature

Date

III. **Mandatory Testing and Policy Enforcement**

The following procedures will be employed to assure compliance with this policy.

Mandatory Controlled Substance and/or Alcohol Testing

Employees shall submit to testing for the presence of controlled substances, and/or alcohol, upon request by us. Means of testing is by oral fluid. Testing will be required:

- a. ***Pre-employment Testing-*** As a condition of employment and prior to first performing any duties with us, the candidate shall provide a negative controlled substance test.
- b. ***Baseline Testing-*** To establish a company wide drug/alcohol free workplace, we require that all employees provide a specimen at the onset of this policy, and should need arise, at some point in the future.
- c. ***Random Testing-*** Employee will be tested for controlled substances as part of a random pool of all employees. Random testing shall be unannounced to the employee, and at the employee is notified that he/she has been selected, the employee must proceed immediately to the collection site to provide the specimen. Any employee that does not proceed immediately to the collection site shall be deemed to refuse to provide a test as required by this testing program.



- d. **Reasonable Cause Testing**– Where reasonable cause exists to suspect that an employee is under the influence of a controlled substance, alcohol, or other intoxicating beverage or substance, or in possession of a prohibited substance or paraphernalia a supervisor has the authority to require a controlled substance and/or alcohol test for that employee. When possible, two supervisors will concur that the reason exists to require the test.
- (i) A specimen must be provided and/or a breath test undertaken by the employee in all reasonable suspicion testing events.
 - (ii) Pending the receipt of the forensic laboratory findings in reasonable suspicion cases, the employee will be suspended with pay.
- e. **Post Accident Testing**– Any employee involved in an accident may be required to provide a specimen for controlled substance and/or alcohol testing, at the discretion of management.
- f. **Return to Duty and Follow Up Testing**– We are not obligated, and by inclusion of this provision in this policy does not undertake to any obligation to reinstate or rehire any employee who violated our company policy concerning controlled substances or alcohol. Following a positive test result or refusal to provide a test as required, should we, the company, decide to reinstate an employee, the employee must meet the following criteria:
- (i) Execute a “last chance” agreement provided by the company
 - (ii) Cooperate with a face-to-face evaluation by a Substance Abuse Professional (SAP) selected by us, the company.
 - (iii) Complete any treatment required by the SAP
 - (iv) Cooperate with a return to duty interview with the SAP
 - (v) Receive a written return to duty recommendation from the SAP
 - (vi) Provide a negative return to duty specimen as required
 - (vii) Submit to any and all unannounced follow-up tests as required by the SAP and us, the company.
- g. As otherwise required by applicable law, regulations, or company policy.

Signature

Date



IV. Searches

Employees, while on Company premise, are required to submit to searches of their persons, vehicles, lunch boxes, personal effects, desks or similar repositories, etc., when management has a reasonable cause to believe that (1) the employee possesses a prohibited substance; or (2) the employee ingested a prohibited substance.

V. Testing Procedure

All tests will be conducted in accordance with applicable industry “best practice” standards in a manner allowing individual privacy unless there is a reason to believe that a particular individual may/or has altered or substituted the specimen provided. All tests will be collected at designated collection sites under the supervision of trained collectors.

VI. Availability of Test Results

The results of any controlled substance test and records connected with the testing procedure will be made available to the individual tested upon written request to us.

The results of the tests themselves are reviewed by Medical Review Officer (MRO). If the tests are positive, the individual tested will be advised of the results and the type of controlled substance/s identified. The individual tested will be given the opportunity to discuss the test results with the licensed physician prior to the time the test results are made available to us, the company.. After notification of the MPO’s final, verified positive determination, the employee has 72 hours to request a retest of the original specimen at another qualified laboratory designated by the company.

The documentation of results of the test will not be made available to other parties except upon the written request of the individual.

Signature

Date

VII. Retesting of Original Split Specimen

The employee may request of the MRO in writing, to have the original specimen of a controlled substance test retested at another qualified laboratory selected by the company. The employee will be required to pay for the retest in advance, and a check for one hundred fifty dollars (\$150.00) must be immediately forwarded to the company following the request. In the event that the second laboratory does not reconfirmed the original result, the employee will be reimbursed the entire amount, the original result will be discarded, and the employee will be reinstated. **(We suggest you charge the employee \$150 for a retest to set a high hurdle. If the test comes back positive again, the employee doesn't get the \$150 back. If the test comes back negative, the employee gets the \$150 back. Rarely will the test come back negative so you want to set the retest fee as high as possible to avoid the employee making you pay for a test that he/she knows will come back positive.)**



VIII. Penalties for Policy Violations

The consequences of violating the controlled substance use prohibitions and testing requirements contained in this policy include the following. Compliance with the company's substance abuse policy is a condition of employment. An employee shall be disciplined up to and including termination as an employee of the company if he/she violates this policy by:

- a. Refusing to submit to controlled substance and/or alcohol testing
- b. Providing a verified positive controlled substance test
- c. Presenting an alcohol concentration of 0.000 or greater while on duty
- d. Attempting to interfere with the testing process by non-co-operation with the collector, adulteration or substitution of the specimen
- e. Otherwise failing to conform to the provisions of the company's substance abuse policy.

IX. Potential Forfeiture of Worker's Compensation and/or Unemployment Compensation Benefits

Violations of this policy constitute gross and willful misconduct. As a result of a positive drug/alcohol test your employment will be terminated immediately you will be required to attend rehabilitation at your own expense.

Misconduct may also result in the denial of unemployment compensation under each individual state law. In addition, employees who are injured as a result of a violation of our company's safety rules (included but not limited to the conduct prohibited under this policy) may also forfeit worker's compensation benefits under the individual state laws.

X. Controlled Substance and Alcohol Policy

The company has established this policy as a fitness for duty and is not intended to be an agreement or contract with our employees.

Signature

Date



This is to signify that I have received my company policy on substance abuse testing. By signing this form you are authorizing Access Demolition Contracting Inc. to have your medical records made available and to be requested and reviewed by a representative of Access Demolition Contracting Inc.

Name Signature

Date

Name Printed

Date

Company Representative

Date