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November 26, 2013
SENT VIA OVERNIGHT MAIL

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NOV 26 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120

RE: Pennsylvania Public Utility Commission Bureau of Transportation and Safety
v. Joe & Jans Inc.
Docket No. C-2013-2156913

Dear Ms. Chiavetta:

Enclosed please find an original and three (3) copies of Respondent's Answer to
Petitioner's Complaint with regard to the above matter.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Laurinda J. Voelcker", with a long, sweeping underline.

Laurinda J. Voelcker, Esquire (J.D.)*

Enclosures

cc: Wayne T. Scott, Prosecutor (w/enclosure via regular mail)
Kurt Koffman (w/enclosure via regular mail)

Licensed in PA, NJ, and NY

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BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

NOV 26 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION :
BUREAU OF TRANSPORTATION AND SAFETY :

VS.

: DOCKET NO. C-2013-2156913
:
:
:
:
:

JOE & JANS INC.
132 MCCRACKEN ROAD
DANVILLE PA 17821

RESPONDENT, JOE & JANS INC., ANSWER TO PETITIONER'S COMPLAINT

AND NOW, comes Respondent, Joe & Jans, Inc., by and through their attorney Laurinda J. Voelcker, and files the following Answer to Petitioner's Complaint:

1. Admitted.
2. Admitted.
3. Admitted in part and denied in part. Portions of Paragraph 3 state legal conclusions to which no response is required. It is admitted that there were several "safety fitness reviews" conducted over the past several years. It is admitted that the result of one or more of these reviews was an "unsatisfactory" rating by the Public Utility Commission. It is specifically denied that any "unsatisfactory" result was correct or justified. The remainder of paragraph 3 is specifically denied and strict proof is demanded at trial. By way of further answer, the Respondent is in compliance with all applicable laws and would receive a satisfactory fitness review. It is specifically denied that Respondent's certificate of public convenience should be suspended or cancelled.
4. Paragraph 4 states a legal conclusion to which no response is required. To the extent a response is required, it is specifically denied that Respondent, by failing to achieve a satisfactory evaluation on its safety fitness review, violated any law.

NEW MATTER

5. On or about June 18, 2012, Respondent submitted a response to “unsatisfactory” rating but received no response. A copy of that response is attached hereto, incorporated herein and referred to hereafter as Exhibit A.

6. On or about December 7, 2012 Respondent re-submitted the June 18, 2012 response along with a completed “Form OP-1(P) – Application for Motor Passenger Carrier Authority.” A copy of that form is attached hereto, incorporated herein and referred to hereafter as Exhibit B.

7. At this time, Respondent submits an amended response, dated November 19, 2013 to the “unsatisfactory” rating along with supporting documentation. A copy of the response with all supporting documentation is attached hereto, incorporated herein and referred to hereafter as Exhibit C.


WHEREFORE, Respondent requests that Petitioner’s Complaint be dismissed and that the certificate of public convenience be reinstated.

Respectfully submitted,

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SECRETARY'S BUREAU



Laurinda J. Voelcker, Esquire
Attorney for Respondent
17 East Mahoning Street
Danville, PA 17821
(570) 275-9100
Attorney ID# 82706

VERIFICATION

I, Diana Paul, President of Joe & Jans, Inc., verify that the statements made in the foregoing Respondent, Joe & Jans Inc., Answer to Petitioner's Complaint are true and correct to the best of my own personal knowledge, information and belief. I understand that false statements herein are subject to the penalties of *18 Pa.C.S.A. §4904* relating to unsworn falsification to authorities.

Diana L Paul
DIANA PAUL

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SECRETARY'S BUREAU

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SECRETARY'S BUREAU

EXHIBIT "A"

For 11/18/12

Joe & Jans, Inc.
132 McCracken Road
Danville, PA 17821
June 18, 2012
Kurt Kauffman, Supervisor

PA Public Utility Commission
Motor Carrier Enforcement Division
PO Box 3265
Harrisburg, PA 17105-3265

Subject: PUC NO: A-6411698 US DOT NO: 2087227

Mr. Kauffman:

Please find below Joe & Jans, Inc. answers to the recommendations from our Safety Fitness Review Report dated 5/2/12.

Due to the abrupt departure of our last safety director, Elizabeth Brown, Joe & Jans, Inc.'s files became disorganized and many of the requested documents were misplaced. We hired a new safety director, Scott Smith, to remedy this problem by reorganizing all employee and maintenance files, insuring all required documents and signatures are enclosed.

General – Part 382 & 390

- 4. Joe & Jans, Inc. does have a written safety program which has been signed by all employees. (See Attached) Joe & Jans, Inc. conducts regularly scheduled driver's meetings to review any new laws or updates and to review any new policies or procedures enacted by the company.
- 8. Educational information in the form of a video has been provided to employees performing safety sensitive functions including policy and procedures by the testing agent. A certificate was issued after completion. (See Attached)
- 11. An annual report has been requested by our drug testing agency and American Drug and Alcohol Diagnostics, LLC.
- 12. The employment application for driver Robert Haines has been located along with all specified documents signed by driver are enclosed.

Qualifications of Drivers – Part 391

- 4. Procedures have been enacted to insure Joe & Jans, Inc. completes and fully documents all past employer inquiries and investigations pertaining to past employer

Smith W) AOB 12/7/12

investigations. A tickler system has been initiated to insure follow up with each employer who did not respond the time of initial contact will be conducted.

5. A checklist of all required documents has been incorporated in the driver qualification files to insure all documents are included and signed.

Vehicle Maintenance Section – Part 396

1. Joe & Jans, Inc. has streamlined the procedures for periodic maintenance on the buses, including but not limited to, designated one person to keep a well documented list of the vehicles, model numbers, VIN numbers last date of service and next date/mileage of service due.

5. Joe & Jans, Inc. has designated one person to oversee all the vehicle maintenance files by initiating a sign in and out sheet for any vehicle file removed from central filing whether the file was removed for scheduled or emergency maintenance. This will help locate any missing file by the signature of the last known person who had possession of said file.

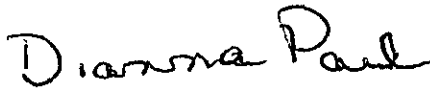
Operational – Part 392 & 395

3. Joe & Jans, Inc. has a written policy concerning the transportation of passengers. This policy is contained in Joe & Jans' Safety Policy. (See attached)

5. Joe & Jans, Inc. has a written policy for controlling speed. This policy is contained in Joe & Jans' Safety Policy. (See Attached)

If you have any questions please contact me either by email at
or phone our office 570-275-5318. I look forward to
hearing from you.

Sincerely,



Dianna Paul
President
Joe & Jans/Tour World
p) 800-326-9324
f) 570-275-5318
e) chartermaster@carthlink.net

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT "B"



FORM OP-1(P) APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY

This application is for all businesses requesting operating authority as motor passenger common or contract carriers.

FOR FMCSA USE ONLY	
Docket No. MC:	Fee No.
Filed:	CC Approval No.

SECTION I Applicant Information

Do you now have authority from or an application being processed by the FMCSA, FHWA, OMCS, or ICC?
 YES NO If yes, identify the MC/FF Number (or lead docket number): US DOT # 2087227

LEGAL BUSINESS NAME: Joe a. Johns Inc DOING BUSINESS AS NAME (If different from Legal Business Name):

BUSINESS ADDRESS

Physical Street Name and Number	City	State	Zip Code	Telephone Number
<u>132 one Cracker Rd</u>	<u>Danville</u>	<u>PA</u>	<u>17821</u>	<u>(823) 275-5318</u>

MAILING ADDRESS (If different from Business Address above)

Physical Street Name and Number	City	State	Zip Code
---------------------------------	------	-------	----------

REPRESENTATIVE (Person who can respond to inquiries)

Name	Title, Position, or Relationship to Applicant			
Street Name and Number	City	State	Zip Code	
Telephone Number	Fax Number			

USDOT NUMBER (If available; if not, see instructions)

FORM OF BUSINESS (Select only one)

Corporation State of Incorporation PA

Sole Proprietorship Legal Name of Owner _____

Partnership Legal Name of Each Partner _____
(separate names with a comma)

SECTION II Type of Operating Authority

Check box(es) for each type of Operating Authority requested. You must submit a filing fee of \$300.00 for each box checked.
 Motor Common Carrier of Passengers Motor Contract Carrier of Passengers

SECTION III Insurance Information

All motor passenger carrier applicants must maintain public liability insurance. The amounts in parentheses represent the minimum amount of coverage required. Applicant will use vehicle with seating capacities of (select only one):
 16 passengers or more (\$5,000,000) 15 passengers or fewer only (\$1,500,000)

12/7/12 mailed

SECTION IV: Safety Certification**APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS.**

If you are subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations (FMCSRs) at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with FMCSRs;
- (2) Can produce a copy of the FMCSRs and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR Part 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395, and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

YES NO

EXEMPT APPLICANTS.

If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from FMCSRs, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

YES NO

SECTION V: Compliance Certification

All Motor Passenger Carrier applicants must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for the over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

YES NO

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations, located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's website at www.fmcsa.dot.gov.

SECTION VI: Government Funding Status

Specify the nature of governmental financial assistance you receive, if any, by selecting the appropriate box below. Select only one.

- Public recipient** - Applicant is any of the following: any state; any municipality or other political subdivision of a state; any public agency or instrumentality of such entities of one or more state(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- Private recipient** - Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease, or operation of any bus.
- Non-recipient** - Applicant is not receiving, or using equipment acquired with, governmental financial assistance.

Public Interest Criteria: Regular route applicants and private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

Public Recipient Applicants: All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- (1) No motor common carrier of passengers (other than a motor common carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- (2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be provided on a separate sheet of paper attached to this application.

Fitness Only Criteria: No additional evidence is needed from non-recipient applicants for charter and special transportation and applicants for contract carrier operations.

SECTION VII Scope of Operating Authority

- (1) Charter and special transportation, in interstate or foreign commerce, between points in the United States.
- (2) Charter and special transportation, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3) Service as a common carrier over regular routes. (Regular route passenger carrier authority to perform regularly scheduled service only over named roads or highways.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.
- (4) Service as a common carrier over regular routes provided by United States-based enterprises owned or controlled by persons of Mexico. Applicants requesting authority to operate over regular routes - On a separate sheet of paper attached to the application, describe the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (5) Intrastate authority
 - (a) Are you also requesting intrastate authority to provide the service described in item 3?
 - YES NO
 - (b) Do you already hold interstate authority to provide the service described above?
 - YES NO
 - (c) If you responded "YES" to 5(b) (i.e., if you already hold interstate authority to provide this service), was the authority issued on or before November 19, 1982?
 - YES NO

If you responded "YES" to 5(c), you must attach to your application a copy of the interstate authority or authorities issued on before November 19, 1982, authorizing the transportation of passengers on the routes over which you request intrastate authority. You must mark the envelope and the application in the upper right corner of the front page "90-Day Intrastate Passenger Application."

NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate authority on the same routes. Also, no carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route.

- (6) Service as a contract carrier between points in the United States, under continuing contract(s) with persons or organizations requiring passenger transportation service;

OR

- Service as a contract carrier between points in the United States, under continuing contract(s) with:

Contracting persons or organizations

As a contract carrier, I will: (Check the box(es) indicating how you will meet the statutory requirements for contract carriage.)

- (a) Furnish the transportation service through the assignment of motor vehicles for a continuing period of time for the exclusive use of each group or organization served;
- (b) Furnish the transportation service designed to meet the distinct needs of each group, organization, or class of groups or organizations. Describe briefly the distinct need(s) below and/or introduce supplemental supporting evidence to identify service needs corresponding to the operations proposed.

(7) Alternative Service Descriptions

If you request authority that is not covered by items 1-6 above, (i.e., authority to operate in specific territories not identified in the service options previously set forth), describe in the space below.

This service description takes into account the applicant's operational capacity, is responsive to applicant's present and prospective service interest, is not unduly restrictive, and is consistent with the purposes of the Interstate Commerce Act. Certify by checking:

- YES NO

SECTION VII: Affiliations

Disclose any relationship you have or have had with any other FMCSA-regulated entity (including entities licensed by the FHWA, OMCS, or ICC) within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC/FF Number, USDOT Number, and that company's latest DOT safety rating. If you require more space, attach the information to this application form.

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SECTION IX: Applicant's Oath

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, Dianna Paul, verify under penalty of perjury, under the laws of the United States of America,
(Print Name)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Signature Dianna Paul Title President Date 12/7/12

Payment Instructions

1) Each type of Operating Authority requested in Section II of the application form requires a \$300 processing fee. Calculate the total amount due as follows:

$$\frac{\text{_____}}{\text{(Enter total number of boxes checked in Section II)}} \times \$300 = \$ \frac{\text{_____}}{\text{(Enter total payment amount)}}$$

2) Select payment method:

- Check or Money Order - Make payable to FMCSA in United States (U.S.) currency. Payment must be drawn upon funds deposited in a bank located in the U.S.
- Credit Card - Complete the Credit Card Payment Authorization below.

Credit Card Payment Authorization			
Select Credit Card		Total Payment Amount	
<input type="radio"/> Visa <input type="radio"/> MasterCard			
Credit Card #		Expiration Date	
Name (exactly as it appears on credit card)			
Credit Card Billing Address			
Street Name and Number			
City	State	Zip Code	
Signature		Date	

Mailing Instructions

1) Save a copy of the completed application form(s), all supporting documents (if any), and payment details for the company's business records.
 2) Depending upon the type of payment and method of mail delivery, send the completed application form(s), any supporting documents, and payment to one of the following addresses (NOTE: Sending payment to the wrong address will delay application processing by 2-3 weeks since the payment must be routed to the correct payment address):

- **Check or Money Order**
 - **Standard First-Class Mail**
 Federal Motor Carrier Safety Administration
 P.O. Box 530226
 Atlanta, GA 30353-0226
 - **Express Mail Only**
 Bank of America
 Lockbox #530226
 1075 Loop Road
 Atlanta, GA 30337
- **Credit Card**
 Federal Motor Carrier Safety Administration
 1200 New Jersey Avenue SE, MC-RIO
 Washington, DC 20590

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT "C"

JOE & JANS, INC
132 McCracken Road
Danville, PA 17821
Phone: 570-275-5318
Email: chartermaster@earthlink.net[E-mail Address]

Tuesday, November 19, 2013

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
400 North Street 2nd Floor
Harrisburg, PA 17120

Wayne T. Scott, Prosecutor
Bureau of Investigation and Enforcement
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

SUBJECT: PUC NO: A-6411698 US DOT NO: 2087227

Ms. Chiavetta and Mr. Scott:

Please find below Joe & Jans, Inc.'s answers and remedies to the Safety Fitness Review Report of 5/2/12.

GENERAL – PART 382 & 390

4. Enclosed please find an updated written Safety Policy describing our ongoing training program for all drivers, dispatchers and mechanics. All persons mentioned have been given a copy of the new policy and have read, understand and signed it.

Joe & Jans, Inc also has regular safety meetings which include drivers, dispatchers and mechanics whenever there are changes or updates in the regulations regarding commercial drivers and vehicles.

8. Educational videos are viewed upon hiring employees which include videos on pre and post trip information, hazardous driving conditions, and city driving. These videos are reviewed on a regular basis by employees.

11. Enclosed please find an annual report from our drug testing consortium along with an updated Drug and Alcohol policy which has been given to all employees in a safety position. This policy has been read, understood and signed by employees.

12. Enclosed please find the employment application that was missing for Robert Haines. Mr. Haines is no longer in our employ.

Qualifications of Drivers – Part 391

4. A copy of the new hire checklist is enclosed to insure that all procedures and documents are fully completed. A tickler system has been initiated and checked by the safety director Scott Smith and administrative assistant Jo Ann Wagner. The ticklers are checked on a weekly basis for new hire information insuring that a follow up has been done for past employers, driver license expiration dates, and physical expiration dates.

5. A copy of a Driver's Qualification file is enclosed along with the checklist to insure Joe & Jan's Inc. stays in compliance of all regulations and all documents have been filled out properly and signed. A tickler system is checked weekly to insure any missing documents or documents that need to be updated are completed.

Vehicle Maintenance Section – Part 396

- 1 Joe & Jans, Inc. has developed a scheduled program to keep the vehicles in safe operating condition and procedures for periodic maintenance. The program consists of two people Deb Dennes, maintenance assistant and Bruce Houseknecht, maintenance supervisor both cross checking each other with individual tickler systems listing the bus numbers, VIN numbers, date of inspection last done and dates of the next inspections.

This procedure also includes each bus having an individual file that contains dates that any work done along with part numbers and the nature of the repair which includes a work order attached to the DVIR, if one is necessary and signed and dated by the mechanic who performed the repair and the supervisor's signature verifying the work was performed and dated..

5. Joe and Jans, Inc. has developed a form to keep track of when bus files are removed from the main bus file cabinet and who removed them. It also includes when the file was returned and signed by the person returning the file verifying all documents are accurate and contained in the file

I have also enclosed a copy of our accident register to show we are in compliance with this regulation

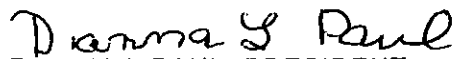
I have enclosed our previous answer to your letter dated November 1, 2012 showing we have an unsatisfactory standing. Our previous answer stated the corrections we had put in place at that time.

As you can see from the new answer to your complaint Joe & Jans has made many improvements in our record keeping in order to stay in compliance with the regulations and to show we have corrected all the negative responses from our Safety Fitness Review dated May 2, 2012.

A copy of our insurance binder has been enclosed as proof of insurance.

If you have questions, please call me at 570-275-5318 or fax to 570-275-5310. My email address is chartermaster@earthlink.net. I look forward to hearing from you soon.

Sincerely,


DIANNA L PAUL, PRESIDENT

JOE & JAN'S INC.

ENCLOSURES

JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Print Name

Signature

Date

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**SECTION A
EMPLOYMENT QUALIFICATIONS FOR PROFESSIONAL
BUS OPERATORS**

- A. You cannot have more than one license. If you break this rule, a court may fine you up to \$5000 and put you in jail. Keep your home state license and return any others.

- B. YOU MUST NOTIFY YOUR EMPLOYER AND THE STATE WITHIN THIRTY (30) DAYS OF A CONVICTION FOR ANY TRAFFIC VIOLATION (EXCEPT PARKING). THIS IS TRUE NO MATTER WHAT TYPE OF VEHICLE YOU WERE DRIVING. JOE AND JANS, INC. REQUIRES ALL CITATIONS TO BE REPORTED AS PER THE DRIVER SPEEDING SECTION OF THIS MANUAL.

- C. You must notify your employer by the close of business the next business day if your license is suspended, revoked, or canceled, or if your commercial driving privilege is disqualified.

- D. You must give your employer information on all driving jobs you have held for the past ten (10) years. You must do this when you apply for a commercial driving job.

- E. No one can drive a Commercial Motor Vehicle after April 1, 1992, without a CDL. (However in Pennsylvania, licensed Class 2, 3 and 4 drivers will be required to have a CDL before then to keep their commercial driving qualification.) A court may fine you up to \$5000 or put you in jail for breaking this rule.

- F. Your employer may not let you drive a Commercial Motor Vehicle if you have more than one license or if your CDL is suspended, revoked, canceled or disqualified. A court may fine your employer up to \$5000 and put him/her in jail for breaking this rule.

- G. You will lose your CDL for at least one year for a first offense:
 - 1. If you drive a Commercial Motor Vehicle while under the influence of alcohol or a controlled substance (for example, illegal drugs).

 - 2. If you leave the scene of an accident involving any Commercial Vehicle you were driving.

 - 3. If you used a Commercial Vehicle to commit a felony.

SECTION A
EMPLOYMENT QUALIFICATIONS FOR PROFESSIONAL
BUS OPERATORS (CONT'D)

H. You must not have had your driver's license suspended or revoked during the last five years due to excessive traffic violations.

I. You must not be addicted to alcohol or drugs. Smoking is not allowed while driving, and the United States Department of Transportation prohibits drug and alcohol addiction.

You must not have been convicted of any alcohol or drug related driving offense during the past five (5) years including lesser offenses (DUI, DWI, DWI reduced to reckless driving).

J. You must be able to pass a United States Department of Transportation physical examination. In addition, you must be able to successfully pass a drug screen. All meeting the minimum physical standards set forth by that agency.

K. You will be required to furnish three character recommendations along with your application. You will be required to fill out a job application completely, as well as understand the application, without assistance, verifying your ability to read and write.

L. United States Department of Transportation regulations require an employer to make Inquiries into past employment, driving records, etc., and these inquiries will be made.

You must not have more than one (1) out of three (3) poor past employment references.

You must authorize a FULL background check.

M. You must not have a record of garnishments, tax levies, or other poor debt settlement practices which place liability for settlement upon the employer.

N. You must not have a record of conviction~ for any felonious crime involving commercial vehicles.

O. You must not have been terminated from past employment for violations of safety regulations.

P. You must not have been involved in more than two (2) preventable accidents involving personal injury or property damage during the last three (3) years.

Q. You must NOT HAVE a past history of poor CUSTOMER RELATIONS.

R. You must be able to perform manual labor associated with the bus industry and be able to lift 100 lbs.

SECTION B
SELECTION PROCEDURE FOR PROFESSIONAL
BUS OPERATORS

After receipt, acceptance and investigation of the application is performed by the company officials and providing the applicant meets the minimum requirement established by the company, the applicant will then be contacted for scheduling of a road test and final interview screening.

Each applicant shall satisfactorily complete a road test by a company safety official in a random selection. The applicant will be assigned to pre-trip and drive to assure the applicant can safely operate the vehicle under varied road and traffic conditions. Any applicant must satisfactorily complete the road test to be considered for employment.

Each newly employed, qualified driver shall be on probation for a period of sixty (60) days from the actual date of employment. During this probationary employment, the company may discharge any driver for any violation(s) of company policy or government regulations.

During the course of the orientation and probation, each applicant shall be informed regarding company policy and procedures, Bureau of Motor Carrier Safety Regulations, preparation of all required documents, and safe driving practices. As a minimum requirement, each applicant shall demonstrate a working knowledge of the hours of service regulations and daily logs. Each applicant shall demonstrate his/her ability to follow instructions and properly fill out trip reports and such other reports or documents as are required by company policy, State and Federal laws and established motor carrier practices.

The company reserves the right to place any driver on probation during the course of employment or qualification for violations of company policy or Bureau of Motor Carrier Safety Regulations. The course for such action and length of probation shall be reduced to writing and placed into the disciplinary file of the affected driver.

Each applicant, having met all requirements for employment and successfully completing procedures, shall be assigned a job within the rising ranks of the company.

The United States Department of Transportation and the Federal Highway Administration require the employer to establish and maintain a qualification file on each driver. Regulations for such a file is regulated by the Federal Motor Carrier Regulations, Section 391.51.

SECTION C
DISCIPLINE AND DISCHARGE FOR PROFESSIONAL
BUS OPERATORS

"Discipline is necessary in order to PROTECT THE RIGHTS OF BOTH EMPLOYEES AND MANAGEMENT".

Drivers will be disciplined for disobeying safety policy work rules, dishonesty, abuse of equipment, improper logging, unsafe or illegal acts and similar offenses. Every effort will be made to insure that disciplinary actions will be as uniform and equitable as possible. However, since each incident and each driver's performance record is different, there is not a simple formula for administering discipline.

It is the company's intent to follow the following procedures:

A FIRST OFFENSE ... "VERBAL WARNING"

Management will verbally discuss and counsel the employee for violating safety policy and/or work rules. A first offense of a more serious nature, such as excessive speeding violations and/or accidents, could result in a written warning for the offense. Management has the option of documenting the discussion in writing and placing it in the Employee's File.

B. SECOND OFFENSE ... "WRITTEN WARNING"

If an offense of a serious nature or if offenses of any type are repeated, Management will place a written warning in the Employee's File and so advise with a copy to the employee.

C. THIRD OFFENSE ... "SUSPENSION WITHOUT PAY"

Repeated offenses of any type will result in additional and/or more severe disciplinary actions for each occurrence with a copy of each disciplinary action placed in the Employee's File.

D. FOURTH OFFENSE ... "TERMINATION"

The receipt of **THREE WARNINGS** and/or suspensions during a twenty-four (24) month period, whether for the same or different offenses, will result in the termination of employment.

In addition to the above procedure for discipline, there are a number of offenses considered to be intolerable, any one of which will result in immediate discharge.

SECTION C
DISCIPLINE AND DISCHARGE FOR PROFESSIONAL
BUS OPERATORS CONT'D

Intolerable offenses shall include but not limited to the following, subject to dismissal or Section C, Disciplinary Procedure.

- A. Possession, transportation or use of alcohol or controlled drugs while on the job (or within 8 hours of going on duty).
- B. Transportation or unauthorized or illegal freight or passengers
- C. Permitting anyone, other than a Joe and Jans, Inc. qualified driver, to operate any equipment.
- D. Deliberate or fraudulent falsification of records or misrepresentation of same.
- E. Willful damage to company property or property of others .
- F. Gross negligence which could result in damage to company property or property of others.
- G. Gross insubordination, refusal of dispatchers or supervisors orders/instructions.
- H. Failure to wear seatbelt.
- I. Serious violations of safe practice endangering life or health of self or others (including dangerous horseplay).
- J. Positive results in any drug screen, (random, post accident, etc.)
- K. Failure to notify the company of any citation.
- L. Failure to not call or show for your scheduled shift in two consecutive days is considered an automatic "quit without notice".

SECTION D
ACCIDENT POLICY FOR PROFESSIONAL
BUS OPERATORS

All accidents must be reported to the company, regardless of who was at fault or what the extent of damage is. Failure to file a written report of an accident or unusual occurrence to the company, in a timely manner, will result in suspension or possible dismissal. (A timely manner shall be construed to be immediately, but in no case shall it be later than forty-eight (48) hours from the time the accident/incident occurred). Employees operating away from the company must notify the company immediately by telephone, filling out a written report upon arrival back to the company.

- A. After investigation by management of all pertinent facts and circumstances surrounding the accident/incident, a decision shall be made as to whether the accident/incident was chargeable or non-chargeable. If deemed a chargeable accident/incident, it will be the responsibility of the employee to pay for the cost of said damages.

- B. ANY OPERATOR SERVED WITH A CITATION FOR ANY ACCIDENT/ INCIDENT, WILL IMMEDIATELY BE CHARGED (CHARGEABLE) WITH THE ACCIDENT.

If, after investigation, management feels that there is just cause to dismiss or place that driver "out-of-service", such action will be taken without regard to the disciplinary schedule.

- A Any driver involved in two (2) preventable accidents during any twelve (12) month consecutive period of employment shall be placed on probation for three (3) months. Depending on the serious nature of the accident(s), this discipline could result in termination.

- B. Any driver involved in a preventable accident during his/her employment probation or any probation imposed by the company, shall be terminated.

- C. Any driver involved in four (4) preventable accidents, during thirty-six (36) consecutive months, shall be terminated.

- D. Any driver involved in an accident who is determined to be under the influence of any type of alcoholic beverage or controlled or illegal substance, shall be terminated.

SECTION D
ACCIDENT POLICY FOR PROFESSIONAL
BUS OPERATORS CONT'D

E Any driver involved in the following types (but not limited to) these preventable accidents, shall meet personally with management for review of the accidents:

1. Overturn
2. Fatality
3. Receiving a citation, as result of an accident
4. Contact with a pedestrian
5. Collision with an overhead object
6. Collision with a stationary object
7. Rear end collision

F. IT WILL BE THE DRIVER'S RESPONSIBILITY TO OBTAIN AND MAINTAIN THE PROPER REPORTS, (ACCIDENT OR UNUSUAL OCCURRENCE REPORTS) AT ALL TIMES, WHILE ON DUTY AND MAYBE SUBJECT TO PRODUCE THESE REPORTS AT A RANDOM REQUEST BY MANAGEMENT.

SECTION E
SPEEDING FOR PROFESSIONAL
BUS OPERATORS

As a professional driver, it is your duty to operate your bus at a safe and reasonable speed, Drivers must adhere to posted speed limits for all jurisdictions through with they operate, Moreover, speed must be modified to take in account restricted visibility and risks posed by fog, rain, sleet, hail or snow conditions.

You must notify your employer and the State within thirty (30) days of a citation for any traffic violation, (except parking). THIS IS TRUE NO MATTER WHAT TYPE OF VEHICLE YOU WERE DRIVING. Copies of this form will be provided by the company.

Fill out the form in duplicate two (2) copies:

1. One (1) copy to the company
2. Driver must mail one (1) copy to the State.

It is the driver's responsibility to comply with this regulation. FAILURE TO COMPLY will result in immediate termination for reasons of falsifying records.

All speeding violations will be dealt with in accordance with the discipline procedure in this manual. All moving violations and fines are the driver's responsibility.

SECTION F
MAINTENANCE PROCEDURE FOR PROFESSIONAL
BUS OPERATORS

Section 396.11 of the Federal Motor Carrier Safety Regulations mandates that a driver prepare and sign at the completion of each work day, a Driver Vehicle Inspection Report (DVIR) noting defects or deficiencies or indicating that there are no defects or deficiencies. This form must also be certified by a mechanic or company representative when a repair has been accomplished on a declared safety defect, or certified that a correction was unnecessary.

If a safety defect was noted, the next driver must review the Mechanic Certification of Repairs and sign on the bottom that he/she acknowledged the defects were repaired.

The next driver must have available a copy of the previous trip "DVIR" in the bus he/she is to operate.

Maintenance personnel will maintain all daily "DVIR" for each bus/coach for a period of six (6) months.

Management will review the DVIR's on a daily basis to insure proper pre and post-trips are recorded in addition to a driver's complying with Motor Carrier Safety Regulations. **This form is not intended for personal opinions and will be reviewed for accuracy, neatness and compliance.** Failure to do so will result in disciplinary action as outlined previously prior to operating the bus in this manual, to include dismissal.

All drivers are responsible for fueling during and after every trip. Any driver who runs out of fuel during a trip due to failure to fuel at appropriate times will be responsible for all cost incurred by company to put bus back to satisfactory running condition.

Drivers are responsible to dump the coach restrooms every day on an extended trip and after completion of the trip. Drivers are responsible for the cleanliness of the coach on an extended trip. This includes, but is not limited to, sweeping the coach, cleaning windshields and taking out any garbage left on bus on a daily basis.

Shuttle bus drivers are responsible to maintain the cleanliness of the bus on an as needed basis. Drivers are to sweep the bus and clean the seats on a weekly basis. Shuttle bus drivers driving a chartered trip are to fuel the bus and clean the bus after the completion of the trip.

Failure to adhere to any maintenance procedure described above will result in disciplinary action as outlined previously in this manual, to include dismissal.

SECTION G
FEDERALLY MANDATED CDL SAFETY ACT RULES FOR
PROFESSIONAL BUS OPERATORS CONT'D

H. *You will lose your CDL:*

- For at least sixty (60) days if you have committed two (2) serious traffic violations within a three (3) year period involving a Commercial Vehicle for at least 120 days for a three (3) serious traffic violations within a three (3) year period.

"Serious traffic violations" are traffic offenses committed in a Commercial Vehicle in connection with fatal traffic accidents, excessive speeding, and reckless driving."

1. When driving a commercial vehicle, if you are driving under the influence of alcohol, you will be terminated immediately. There is a zero tolerance for a CDL license and you will lose your CDL for a minimum of two years.

SECTION H
IMPLEMENTATION OF SAFE DRIVING RULES FOR
PROFESSIONAL BUS OPERATORS CONT'D

1. Obey Posted Speed Limits:

Drivers must adhere to posted speed limits for all jurisdictions through which they operate Joe and Jans, Inc. equipment. Moreover, speed must be moderated to take into account restricted visibility and ricked posed by fog, rain, sleet, hail or snow conditions.

2. Carefully Evaluate Passing Situations:

When considering the possibility of passing a vehicle, each Joe and Jans, Inc. professional driver must consider:

- a. Whether sufficient room exists to pass the immediately preceding vehicle.
- b. Whether a second vehicle is ahead of the vehicle to be passed and may compromise the driver's ability to quickly guide his power unit back into the appropriate lane and out of range of oncoming traffic.
- c. Whether oncoming traffic is too close to permit sufficient time to pass.
- d. Whether he enjoys an unobstructed view of oncoming traffic.
- e. Whether he is operating on a patch of road evidencing broken lines on his side of the road divider which affords sufficient distance to permit passing.
- f. Whether he is on level ground, a decline or approaching an incline over which he cannot see.
- g. Whether he is using sufficient speed to pass the slower vehicle in front of him.

3. Avoid Tailgating:

Professional drivers should never follow another vehicle closer than four (4) seconds behind another vehicle when traveling at speeds of up to 40 miles per hour. At speeds greater than 40 miles per hour, drivers should remain at least five (5) seconds behind other vehicles (for inclement weather, always add one (1) second.

Bus Being Tailgated:

In all cases when you find yourself being tailgated, **SLOW DOWN!!** (Increase your following distance)

4. Never Speed Up When Being Passed:

When another vehicle is seeking to pass, a professional driver would reduce speed and move to the far right of the lane in which he is traveling to accommodate the vehicle that is attempting to pass him.

5. Never Signal Another Driver That It Is Safe To Pass:

This is a violation of DOT regulations. Drivers should not assume responsibility for another vehicle's safe passage.

SECTION H
IMPLEMENTATION OF SAFE DRIVING RULES FOR
PROFESSIONAL BUS OPERATORS CONT'D

6. Never Take The Right-of-Way:

Always give way to other vehicles first, as a matter of caution. All main traffic arteries should be approached with caution. Professional drivers should always yield to fire trucks, ambulances and police vehicles. They should never disrupt a funeral procession or military convoy.

7. Avoid Unnecessary Stopping or Parking on Highways:

Stopping or parking on highways should be strongly discouraged, except when necessitated by equipment failure, driver fatigue or driver illness. If a stop must be made, the vehicle should be pulled as far to the right as possible. The Federal Motor Carrier Safety Regulations require that warning lights be used for vehicles parked outside of city limits. The driver should set the parking brake, place the transmission in low gear or reverse.

8. Slow Down When Negotiating Curves or Turns:

Do not cross traffic lanes when rounding curves or making turns. Alert other drivers at least 100 feet before making a turn in a city and at least 500 feet before turning on a highway. Immediately switch off the turn signal after a turn is completed.

9. Backing. (IF POSSIBLE, AVOID AT ALL TIMES)

Always inspect an area into which you are backing. Use a helper whenever possible to direct you. If no helper is available, stop frequently while backing and check all clearance behind the bus.

10. Exert Extreme Caution When Crossing Railroad Tracks:

Slow down and proceed cautiously after looking in both directions for oncoming trains. All stops, under **DOT** regulation, must be made no further than fifty (50) feet nor closer than fifteen (15) feet from the tracks. Double tracks will require a check of each track.

11. Bridges and Overpasses:

There are signs posted showing height restrictions at most bridges and over passes, especially railroad crossing over passes. Pay attention to these signs, as some of these places you will be to high.

12. Planning:

Always plan your trips accordingly, check to make sure you know where you are going and allow yourself time to get there. Always allow yourself a little extra time for traffic and weather conditions which could cause delays.

ADDENDUM TO SECTION H IMPLEMENTATION OF SAFE DRIVING RULES FOR PROFESSIONAL BUS OPERATORS

Federal Motor Carrier Safety Regulations Code 392.80 prohibits against texting while driving. This means while operating a commercial motor vehicle, with the motor running, including while temporarily stationary because of traffic, a traffic control device or other momentary delays.

Federal Motor Carrier Safety Regulations Code 392.82 prohibits against using a hand-held mobile telephone. This means while operating a commercial motor vehicle, with the motor running, including while temporarily stationary because of traffic, a traffic control device or other momentary delays.

This means that CDL drivers are prohibited from holding, dialing or reaching for a hand-held cell phone, including all "push to talk" functions. You are only permitted to use a hand-held cell phone in an emergency and only after you have moved your commercial motor vehicle to the side of or off the highway or have stopped where the vehicle can safely remain stationary. Hands-free use of a mobile phone is allowed if using either a wired or wireless earpiece, or the speaker function of the mobile telephone. Wireless connection of the mobile telephone to the vehicle for hands-free operation of the telephone, which would allow the use of single-button controls on the steering wheel or dashboard, would also be allowed.

Violations are considered "serious traffic violations" under FMCSA regulations. Your violation will also impact Joe and Jans, Inc. safety status on the Safety Measurement System. Drivers who violate the restriction will face federal civil penalties of up to \$2,750 for each offense, in addition to Joe and Jans, Inc. disciplinary actions as described in Section C of this policy. Additionally, the State of Pennsylvania will suspend your CDL after two or more serious traffic violations. Suspension of your CDL will cause immediate termination of your employment with Joe and Jans, Inc.

SECTION I

RESPONSIBILITIES FOR DRIVERS

1. THE CUSTOMER IS ALWAYS RIGHT!

Obtain, maintain and secure a positive attitude while on duty. Self-esteem and pride in yourself will accomplish this.

"SERVICE IS OUR BUSINESS"

2. IMAGE

Present and maintain your uniforms appropriately. You are the professional driver responsible for representing yourself and Joe and Jans, Inc. **NO SMOKING** is permitted on any bus.

3. PRE AND POST TRIP YOUR BUS

This procedure will insure your safety, as well as your passengers, along with your fellow professional driver. This is the regulation of DOT, as well as a policy of Joe and Jans, Inc. and will help maintenance fix your bus.

4. PAPERWORK

All paperwork, time sheet, logs, Charter envelopes, trip envelopes must be completed in a timely fashion (**THIS MEANS AT THE COMPLETION OF THE TRIP YOU MUST HAND IN YOUR ENVELOPE**) with accuracy and neatness. This must include all fuel and hotel receipts, service and taxi receipts, etc. all to accompany the Charter Order.

5. LOGS

As mandated by the Federal Motor Carrier Regulations, daily logs must be up to date and maintained with accuracy and neatness. Office personnel will audit these on a daily basis. It is the professional driver's responsibility to notify Joe and Jans, Inc. if you are not in compliance.

6. EYES AND EARS

The nature of our business grants you the responsibility to represent Joe and Jans, Inc. in all markets we serve. Please contact the appropriate personnel should questions and Problems arise due to schedules or any specific area which jeopardizes you, safety and customer services.

JOE AND JANS, INC.

SAFETY POLICY

The efficiency of any Safety Program can be measured directly by its ability to control loss and prevent damage. Accidents resulting in personal injury, damage to property and equipment represents needless suffering and waste.

SAFETY, however, does not come easily. It is continuing program toward which we must relentlessly strive.

With this in mind, Joe and Jans, Inc. has adopted the following as a statement of our beliefs, goals and commitments.

- The safety of the employees, the public and operation is paramount and every attempt will be made to reduce the possibility of accident occurrence.
- Safety SHALL take precedence over expedience or short cuts.

We must all use good judgment at all times and remember:

THE ONLY TIME WE CAN DO ANYTHING ABOUT AN ACCIDENT IS
BEFORE IT HAPPENS!!!



Dianna L. Paul
President

JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Richard W. Smith

Print Name

[Handwritten Signature]

Signature

11-25-11

Date

JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Shawn Hess

Print Name

Shawn Hess

Signature

11-22-13

Date

JOE AND JANS, INC

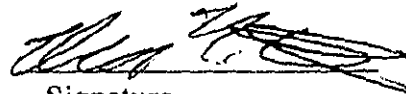
EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Rebecca Herald

Print Name



Signature

11/19/13

Date

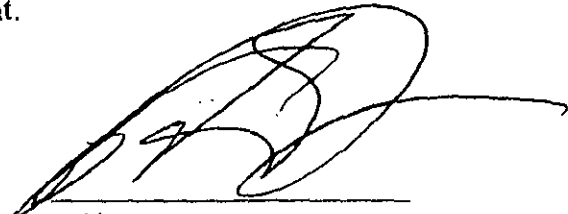
JOE AND JANS, INC

EMPLOYEE INFORMATION

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Anthony Schwa
Print Name


Signature

11/21/13
Date

JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Timothy Allen
Print Name

Timothy Allen
Signature

11-22-13
Date

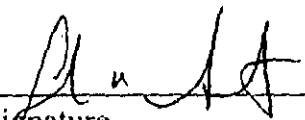
JOE AND JANS, INC

EMPLOYEE INFORMATION

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Christopher Swelgart
Print Name


Signature

11-22-13
Date

JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

GERALD P. DARR

Print Name



Signature

11/22/2013

Date

JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Ronald D Cogle
Print Name

Ronald D Cogle
Signature

11-22-13
Date


JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

DOMINIC GIPPLE
Print Name


Signature

11/22/13
Date


JOE AND JANS, INC

EMPLOYEE INFORMATION

SAFETY POLICY

I have received and read this safety policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

EDWARD L. BENNETT
Print Name


Signature

Nov 24, 2013
Date

AMERICAN DRUG AND ALCOHOL DIAGNOSTICS LLC
 2244 MILLVIEW MOUNTAIN ROAD
 FORKSVILLE, PA 18616

QUARTERLY TESTING REPORT
 2013 1st Quarter
 Phone: (570) 924-4001
 Fax: (570) 924-4008
 Email: drugtesting@epix.net

SCOTT SMITH/JO ANN WAGNER/JOE S
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821-

PHONE: (570) 275-5318
 FAX: (570) 275-5310

SUPERVISORS TRAINED: 1

PREFERRED COLLECTION SITE: ONSITE,
 CONSORTIUM: CNS4

	FED_Drug Test YTD ====		FED_Alco Test YTD =====		NFED_Drug Test Ytd =====		NFED_Alco Test Ytd =====	
TESTING RATIOS:	50%		50%		%		%	
EMPLOYEES THIS QUARTER:	13				0			
RANDOM TESTED:	3	3	1	1	0	0	0	0
RANDOM POSITIVES:	0	0	0	0	0	0	0	0
PRE-EMPLOYMENT TESTS:	0	0	0	0	0	0	0	0
PRE-EMPLOYMENT POSITIVES:	0	0	0	0	0	0	0	0
RETURN TO DUTY TESTS:	0	0	0	0	0	0	0	0
RETURN TO DUTY POSITIVES:	0	0	0	0	0	0	0	0
FOLLOW-UP TESTS:	0	0	0	0	0	0	0	0
FOLLOW-UP POSITIVES:	0	0	0	0	0	0	0	0
SUSPICION TESTS:	0	0	0	0	0	0	0	0
SUSPICION POSITIVES:	0	0	0	0	0	0	0	0
POST ACCIDENT TESTS:	0	0	0	0	0	0	0	0
POST ACCIDENT POSITIVES:	0	0	0	0	0	0	0	0
OTHER TESTS:	0	0	0	0	0	0	0	0
OTHER POSITIVES:	0	0	0	0	0	0	0	0
REFUSED TO TEST:	0	0	0	0	0	0	0	0
DILUTE SPECIMEN:	0	0	0	0	0	0	0	0

COMMENTS/INSTRUCTIONS:

REMEMBER TO FILE ALL TEST RECORDS IN A RESTRICTED-ACCESS LOCKED FILE.

*****PLEASE NOTE OUR NEW ADDRESS*****

SUPERVISORS.....YOU SHOULD ALWAYS BE LOOKING FOR SIGNS OF IMPAIRMENT
 AMONG YOUR WORKFORCE. REASONABLE SUSPICION TESTING STARTS WITH YOU!

AMERICAN DRUG AND ALCOHOL DIAGNOSTICS LLC
244 MILLVIEW MOUNTAIN ROAD
FORKSVILLE, PA 18616

Voice Phone: (570) 924-4001
Fax: (570) 924-4008
email: drugtesting@epix.net

Lab Site Code: 2122
FED Drivers: 18
NonFED Drivers: 0
Voice Phone: (570) 275-5318
Fax: (570) 275-5310

SCOTT SMITH
JOE & JANS INC.
130 MCCRACKEN ROAD
DANVILLE, PA 17821

mailto:

PLEASE CHECK ROSTER FOR ACCURACY

PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS

EmpID (Employee ID Number) Birth Day, Month, Year Last Four Digits SSN

DRIVERS ROSTER LISTING for 2013 1st Quarter

	SS#: XXX-XX-4117		
BRADLEY, LEVERNE	EmpID: 271159-4117	Rostered: 10/18/2010	
16 SPRUCE STREET	Phone: (570) 336-0501	ENDED: / /	
DANVILLE PA 17821	Born: 11/27/1959	FED: YES	
	Site: 2122		

* COCHRAN, FAY	SS#: XXX-XX-3148		
	EmpID: 071259-3148	Rostered: 07/05/2012	
PA	Phone: (570) 336-0501	ENDED: / /	
	Born: 12/07/1959	FED: YES	
	Site: 0202		

	SS#: XXX-XX-3932		
COTNER, LESLIE	EmpID: 031161-3932	Rostered: 07/19/2012	
	Phone: (570) 473-8404	ENDED: / /	
PA	Born: 11/03/1961	FED: YES	
	Site: 2122		

	SS#: XXX-XX-1980		
DERR, GERALD P	EmpID: 100846-1980	Rostered: 08/09/2012	
	Phone: (570) 336-3008	ENDED: / /	
PA	Born: 08/10/1946	FED: YES	
	Site: 2122		

	SS#: XXX-XX-1551		
EIFERT JR., JOHN	EmpID: 260856-1551	Rostered: 08/17/2011	
	Phone: (570) 437-2516	ENDED: / /	
PA	Born: 08/26/1956	FED: YES	
	Site: 2122		

(Continued on next page)

SCOTT SMITH
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821

Voice Phone: (570) 275-5318
 Fax: (570) 275-5310

mailto:

PLEASE CHECK ROSTER FOR ACCURACY

PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS

EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 1st Quarter

=====

* FISHER, ROB	SS#: XXX-XX-3835	
PA	EmpID: 141146-3835	Rostered: 10/20/2011
	Phone: (570) 648-2842	ENDED: / /
	Born: 11/14/1946	FED: YES
	Site: 2122	
GIPPLE, DONALD J	SS#: XXX-XX-4785	
PA	EmpID: 210644-4785	Rostered: 08/15/2011
	Phone: (570) 271-1888	ENDED: / /
	Born: 06/21/1944	FED: YES
	Site: 2122	
GROSS, WILLIAM	SS#: XXX-XX-9662	
PA	EmpID: 270784-9662	Rostered: 10/12/2012
	Phone: (570) 490-0592	ENDED: / /
	Born: 07/27/1984	FED: YES
	Site: 2122	
HERROLD, REBEKKA N	SS#: XXX-XX-1958	
PA	EmpID: 211185-1958	Rostered: 01/10/2012
	Phone: (570) 594-2141	ENDED: / /
	Born: 11/21/1985	FED: YES
	Site: 2122	
HESS, ANTHONY	SS#: XXX-XX-0067	
274 CHESTNUT ROAD	EmpID: 111111-0067	Rostered: 07/01/2012
MILLVILLE PA 17849	Phone: (570) 245-3520	ENDED: / /
	Born: 11/11/1111	FED: YES
	Site: 2122	
HUNSINGER, CHERYL A	SS#: XXX-XX-7074	
PA	EmpID: 080158-7074	Rostered: 08/06/2012
	Phone: (570) 317-6886	ENDED: / /
	Born: 01/08/1958	FED: YES
	Site: 2122	

(Continued on next page)

SCOTT SMITH
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821

Voice Phone: (570) 275-5319
 Fax: (570) 275-5310

mailto:

PLEASE CHECK ROSTER FOR ACCURACY

PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS

EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 1st Quarter

=====

LONG, HEATHER J	SS#: XXX-XX-3660	EmpID: 110473-3660	Rostered: 08/06/2012
PA	Phone: (570) 317-6886	ENDED: / /	
	Born: 04/11/1973	FED: YES	
	Site: 2122		

SEIBERT, ANTHONY	SS#: XXX-XX-7839	EmpID: 061283-7839	Rostered: 08/23/2011
PA	Phone: (570) 238-3033	ENDED: / /	
	Born: 12/06/1983	FED: YES	
	Site: 2122		

SMITH, SCOTT	SS#: XXX-XX-7652	EmpID: 280865-7652	Rostered: 08/03/2010
68 LAMOREAUX ROAD	Phone: (570) 854-7499	ENDED: / /	
BLOOMSBURG PA 17815	Born: 08/28/1965	FED: YES	
	Site: 2122		

SNYDER, RICHARD	SS#: XXX-XX-8117	EmpID: 160553-8117	Rostered: 01/20/2010
887 W VALLEY AVE	Phone: (570) 672-9507	ENDED: / /	
ELYSBURG PA 17824	Born: 05/16/1953	FED: YES	
	Site: DANVILLE\2122		

SWEIGART, CHRISTOPHER	SS#: XXX-XX-6546	EmpID: 070587-6546	Rostered: 09/20/2012
PA	Phone: (570) 817-2835	ENDED: / /	
	Born: 05/07/1987	FED: YES	
	Site: 2122		

WIGGIN, GERALD L	SS#: XXX-XX-2651	EmpID: 190844-2651	Rostered: 02/17/2011
PA	Phone: (570) 874-4204	ENDED: / /	
	Born: 08/19/1944	FED: YES	
	Site: DANVILLE\2122		

(Continued on next page)

SCOTT SMITH
JOE & JANS INC.
130 MCCRACKEN ROAD
DANVILLE, PA 17821

Voice Phone: (570) 275-5318
Fax: (570) 275-5310

mailto:

PLEASE CHECK ROSTER FOR ACCURACY

PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS

EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 1st Quarter

=====

WINGER, PHILLIP
415 KINGSLEY AVE
DANVILLE PA 17821

SS#: XXX-XX-7939
EmpID: 100742-7939 Rostered: 01/20/2010
Phone: (570) 275-3624 ENDED: / /
Born: 07/10/1942 FED: YES
Site: DANVILLE\2122

AMERICAN DRUG AND ALCOHOL DIAGNOSTICS LLC
 244 MILLVIEW MOUNTAIN ROAD
 BRKSVILLE, PA 18616

QUARTERLY TESTING REPORT
 2013 2nd Quarter
 Phone: (570) 924-4001
 Fax: (570) 924-4008
 Email: drugtesting@epix.net

SCOTT SMITH/JO ANN WAGNER/JOE S
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821-

PHONE: (570) 275-5318
 FAX: (570) 275-5310

SUPERVISORS TRAINED: 1

PREFERRED COLLECTION SITE: ONSITE,
 CONSORTIUM: CNS1

	FED Test ====	Drug YTD ====	FED Test ====	Alco YTD ====	NFED Test ====	Drug Ytd ====	NFED Test ====	Alco Ytd ====
TESTING RATIOS:	50%		50%		%		%	
EMPLOYEES THIS QUARTER:	13				0			
RANDOM TESTED:	2	5	2	3	0	0	0	0
RANDOM POSITIVES:	0	0	0	0	0	0	0	0
PRE-EMPLOYMENT TESTS:	3	3	1	1	0	0	0	0
PRE-EMPLOYMENT POSITIVES:	0	0	0	0	0	0	0	0
RETURN TO DUTY TESTS:	0	0	0	0	0	0	0	0
RETURN TO DUTY POSITIVES:	0	0	0	0	0	0	0	0
FOLLOW-UP TESTS:	0	0	0	0	0	0	0	0
FOLLOW-UP POSITIVES:	0	0	0	0	0	0	0	0
SUSPICION TESTS:	0	0	0	0	0	0	0	0
SUSPICION POSITIVES:	0	0	0	0	0	0	0	0
POST ACCIDENT TESTS:	0	0	0	0	0	0	0	0
POST ACCIDENT POSITIVES:	0	0	0	0	0	0	0	0
OTHER TESTS:	0	0	0	0	0	0	0	0
OTHER POSITIVES:	0	0	0	0	0	0	0	0
REFUSED TO TEST:	0	0	0	0	0	0	0	0
DILUTE SPECIMEN:	0	0	0	0	0	0	0	0

COMMENTS/INSTRUCTIONS:

REMEMBER TO FILE ALL TEST RECORDS IN A RESTRICTED-ACCESS LOCKED FILE.

*****PLEASE NOTE OUR NEW ADDRESS*****

SUPERVISORS.....YOU SHOULD ALWAYS BE LOOKING FOR SIGNS OF IMPAIRMENT
 AMONG YOUR WORKFORCE. REASONABLE SUSPICION TESTING STARTS WITH YOU!

AMERICAN DRUG AND ALCOHOL DIAGNOSTICS LLC
2244 MILLVIEW MOUNTAIN ROAD
FORKSVILLE, PA 18616

Voice Phone: (570) 924-4001
Fax: (570) 924-4008
email: drugtesting@epix.net

Lab Site Code: 2122
FED Drivers: 18
NonFED Drivers: 0
Voice Phone: (570) 275-5318
Fax: (570) 275-5310

SCOTT SMITH
JOE & JANS INC.
130 MCCrackEN ROAD
DANVILLE, PA 17821

mailto:

~~PLEASE CHECK ROSTER FOR ACCURACY~~

~~PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS~~
~~EmpID (Employee ID Number) Birth Day, Month, Year Last Four Digits SSN~~

=====

DRIVERS ROSTER LISTING for 2013 2nd Quarter

=====

BRADLEY, LEVERNE
16 SPRUCE STREET
DANVILLE PA 17821

SS#: XXX-XX-4117
EmpID: 271159-4117 Rostered: 10/18/2010
Phone: (570) 336-0501 ENDED: / /
Born: 11/27/1959 FED: YES
Site: 2122

COCHRAN, FAY ✓
PA *Del*

SS#: XXX-XX-3148
EmpID: 071259-3148 Rostered: 07/05/2012
Phone: ENDED: / /
Born: 12/07/1959 FED: YES
Site: 0202

COTNER, LESLIE
PA

SS#: XXX-XX-3932
EmpID: 031161-3932 Rostered: 07/19/2012
Phone: (570) 473-8404 ENDED: / /
Born: 11/03/1961 FED: YES
Site: 2122

DERR, GERALD P
PA

SS#: XXX-XX-1980
EmpID: 100846-1980 Rostered: 08/09/2012
Phone: (570) 336-3008 ENDED: / /
Born: 08/10/1946 FED: YES
Site: 2122

EIFERT JR., JOHN
PA

SS#: XXX-XX-1551
EmpID: 260856-1551 Rostered: 08/17/2011
Phone: (570) 437-2516 ENDED: / /
Born: 08/26/1956 FED: YES
Site: 2122

(Continued on next page)

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 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821

Voice Phone: (570) 275-5318
 Fax: (570) 275-5310

mailto:

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 PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS
 EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 2nd Quarter

=====

FISHER, ROB ✓ PA <i>Del</i>	SS#: XXX-XX-3835 EmpID: 141146-3835 Phone: (570) 648-2842 Born: 11/14/1946 Site: 2122	Rostered: 10/20/2011 ENDED: / / FED: YES
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GIPPLE, DONALD J PA	SS#: XXX-XX-4785 EmpID: 210644-4785 Phone: (570) 271-1888 Born: 06/21/1944 Site: 2122	Rostered: 08/15/2011 ENDED: / / FED: YES
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GROSS, WILLIAM PA	SS#: XXX-XX-9662 EmpID: 270784-9662 Phone: (570) 490-0592 Born: 07/27/1984 Site: 2122	Rostered: 10/12/2012 ENDED: / / FED: YES
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HERROLD, REBEKKA N PA	SS#: XXX-XX-1958 EmpID: 211185-1958 Phone: (570) 594-2141 Born: 11/21/1985 Site: 2122	Rostered: 01/10/2012 ENDED: / / FED: YES
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HESS, ANTHONY 274 CHESTNUT ROAD MILLVILLE PA 17849 <i>Del</i>	SS#: XXX-XX-0067 EmpID: 111111-0067 Phone: (570) 245-3520 Born: 11/11/1111 Site: 2122	Rostered: 07/01/2012 ENDED: / / FED: YES
--	---	--

HUNSINGER, CHERYL A ✓ PA <i>Del</i>	SS#: XXX-XX-7074 EmpID: 080158-7074 Phone: (570) 317-6886 Born: 01/08/1958 Site: 2122	Rostered: 08/06/2012 ENDED: / / FED: YES
--	---	--

(Continued on next page)

SCOTT SMITH
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821

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 Fax: (570) 275-5310

mailto:

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PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS
 EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 2nd Quarter

=====

LONG, HEATHER J PA	<i>Del</i>	SS#: XXX-XX-3660 EmpID: 110473-3660 Phone: (570) 317-6886 Born: 04/11/1973 Site: 2122	Rostered: 08/06/2012 ENDED: / / FED: YES
---------------------------	------------	---	--

SEIBERT, ANTHONY PA		SS#: XXX-XX-7839 EmpID: 061283-7839 Phone: (570) 238-3033 Born: 12/06/1983 Site: 2122	Rostered: 08/23/2011 ENDED: / / FED: YES
----------------------------	--	---	--

SMITH, SCOTT 68 LAMOREAUX ROAD BLOOMSBURG PA 17815		SS#: XXX-XX-7652 EmpID: 280865-7652 Phone: (570) 854-7499 Born: 08/28/1965 Site: 2122	Rostered: 08/03/2010 ENDED: / / FED: YES
--	--	---	--

SNYDER, RICHARD 887 W VALLEY AVE ELYSBURGP PA 17824		SS#: XXX-XX-8117 EmpID: 160553-8117 Phone: (570) 672-9507 Born: 05/16/1953 Site: DANVILLE\2122	Rostered: 01/20/2010 ENDED: / / FED: YES
---	--	--	--

SWEIGART, CHRISTOPHER PA		SS#: XXX-XX-6546 EmpID: 070587-6546 Phone: (570) 817-2835 Born: 05/07/1987 Site: 2122	Rostered: 09/20/2012 ENDED: / / FED: YES
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WIGGIN, GERALD L PA		SS#: XXX-XX-2651 EmpID: 190844-2651 Phone: (570) 874-4204 Born: 08/19/1944 Site: DANVILLE\2122	Rostered: 02/17/2011 ENDED: / / FED: YES
----------------------------	--	--	--

(Continued on next page)

SCOTT SMITH
JOE & JANS INC.
130 MCCRACKEN ROAD
DANVILLE, PA 17821

Voice Phone: (570) 275-5318
Fax: (570) 275-5310

mailto:

PLEASE CHECK ROSTER FOR ACCURACY

PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS

EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====
DRIVERS ROSTER LISTING for 2013 2nd Quarter
=====

WINGER, PHILLIP ..	SS#: XXX-XX-7939	EmpID: 100742-7939	-Rostered: 01/20/2010
415 KINGSLEY AVE	Phone: (570) 275-3624	ENDED: / /	
DANVILLE PA 17821	Born: 07/10/1942	FED: YES	
	Site: DANVILLE\2122		

AMERICAN DRUG AND ALCOHOL DIAGNOSTICS LLC
 244 MILLVIEW MOUNTAIN ROAD
 ORKSVILLE, PA 18616

QUARTERLY TESTING REPORT
~~2013 3rd Quarter~~
 Phone: (570) 924-4001
 Fax: (570) 924-4008
 Email: drugtesting@epix.net

SCOTT SMITH/JO ANN WAGNER/JOE S
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821-

PHONE: (570) 275-5318
 FAX: (570) 275-5310
 SUPERVISORS TRAINED: 1

PREFERRED COLLECTION SITE: ONSITE,
 CONSORTIUM: CNS4

	FED_Drug		FED_Alco		NFED_Drug		NFED_Alco	
	Test	YTD	Test	YTD	Test	Ytd	Test	Ytd
	====	====	====	====	====	====	====	====
TESTING RATIOS:	50%		50%		%		%	
EMPLOYEES THIS QUARTER:	11				0			
RANDOM TESTED:	0	5	0	3	0	0	0	0
RANDOM POSITIVES:	0	0	0	0	0	0	0	0
PRE-EMPLOYMENT TESTS:	3	6	3	4	0	0	0	0
PRE-EMPLOYMENT POSITIVES:	0	0	0	0	0	0	0	0
RETURN TO DUTY TESTS:	0	0	0	0	0	0	0	0
RETURN TO DUTY POSITIVES:	0	0	0	0	0	0	0	0
FOLLOW-UP TESTS:	0	0	0	0	0	0	0	0
FOLLOW-UP POSITIVES:	0	0	0	0	0	0	0	0
SUSPICION TESTS:	0	0	0	0	0	0	0	0
SUSPICION POSITIVES:	0	0	0	0	0	0	0	0
POST ACCIDENT TESTS:	0	0	0	0	0	0	0	0
POST ACCIDENT POSITIVES:	0	0	0	0	0	0	0	0
OTHER TESTS:	0	0	0	0	0	0	0	0
OTHER POSITIVES:	0	0	0	0	0	0	0	0
REFUSED TO TEST:	0	0	0	0	0	0	0	0
DILUTE SPECIMEN:	0	0	0	0	0	0	0	0

COMMENTS/INSTRUCTIONS:

REMEMBER TO FILE ALL TEST RECORDS IN A RESTRICTED-ACCESS LOCKED FILE.

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 AMONG YOUR WORKFORCE. REASONABLE SUSPICION TESTING STARTS WITH YOU!

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DANVILLE, PA 17821

Lab Site Code: 2122
FED Drivers: 13
NonFED Drivers: 0
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Fax: (570) 275-5310

mailto:

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EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

DRIVERS ROSTER LISTING for 2013 3rd Quarter

ALLEN, TIMOTHY	SS#: XXX-XX-3152		
PA	EmpID: 211161-3152	Rostered: 08/05/2013	
	Phone: (570) 759-0351	ENDED: / /	
	Born: 11/21/1961	FED: YES	
	Site: 2122		

BRADLEY, LEVERNE	SS#: XXX-XX-4117		
50 SHERWOOD DRIVE	EmpID: 271159-4117	Rostered: 06/27/2013	
BLOOMSBURG PA 17815	Phone: (570) 594-0035	ENDED: / /	
	Born: 11/27/1959	FED: YES	
	Site: 2122		

COTNER, LESLIE	SS#: XXX-XX-3932		
PA	EmpID: 031161-3932	Rostered: 07/19/2012	
	Phone: (570) 473-8404	ENDED: 08/29/2013	
	Born: 11/03/1961	FED: YES	
	Site: 2122		
	NoTest: DELETED PER SS FAXED		

CRAGLE, RONALD	SS#: XXX-XX-5814		
PA	EmpID: 130548-5814	Rostered: 08/19/2013	
	Phone: (570) 764-4752	ENDED: / /	
	Born: 05/13/1948	FED: YES	
	Site: 2122		

DERR, GERALD P	SS#: XXX-XX-1980		
PA	EmpID: 100846-1980	Rostered: 08/09/2012	
	Phone: (570) 336-3008	ENDED: / /	
	Born: 08/10/1946	FED: YES	
	Site: 2122		

(Continued on next page)

SCOTT SMITH
JOE & JANS INC.
130 MCCRACKEN ROAD
DANVILLE, PA 17821

Voice Phone: (570) 275-5318
Fax: (570) 275-5310

mailto:

PLEASE CHECK ROSTER FOR ACCURACY
PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS
EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 3rd Quarter

=====

GIPPLE, DONALD J SS#: XXX-XX-4785
PA EmpID: 210644-4785 Rostered: 08/15/2011
 Phone: (570) 271-1888 ENDED: / /
 Born: 06/21/1944 FED: YES
 Site: 2122

HERROLD, REBEKKA N SS#: XXX-XX-1958
PA EmpID: 211185-1958 Rostered: 01/10/2012
 Phone: (570) 594-2141 ENDED: / /
 Born: 11/21/1985 FED: YES
 Site: 2122

HESS, DWAYNE SS#: XXX-XX-6137
PA EmpID: 280377-6137 Rostered: 05/18/2013
 Phone: (570) 764-5251 ENDED: / /
 Born: 03/28/1977 FED: YES
 Site: 2122

HESS, SHAWN SS#: XXX-XX-2704
PA EmpID: 291074-2704 Rostered: 05/13/2013
 Phone: (570) 594-1133 ENDED: / /
 Born: 10/29/1974 FED: YES
 Site: 2122

MILLER, JOHN SS#: XXX-XX-8749
PA EmpID: 151251-8749 Rostered: 07/19/2013
 Phone: (570) 238-2073 ENDED: 08/29/2013
 Born: 12/15/1951 FED: YES
 Site: 2122

NoTest: DELETED PER SS FAXED

PURNELL, JENNIFER
PA *Deleted*

 SS#: XXX-XX-3192
 EmpID: 071174-3192 Rostered: 05/30/2013
 Phone: (570) 336-9904 ENDED: / /
 Born: 11/07/1974 FED: YES
 Site: 2122

SCOTT SMITH
 JOE & JANS INC.
 130 MCCRACKEN ROAD
 DANVILLE, PA 17821

Voice Phone: (570) 275-5318
 Fax: (570) 275-5310

mailto:

PLEASE CHECK ROSTER FOR ACCURACY

PLEASE SUBMIT ADDITIONS, DELETIONS AND CORRECTIONS WITHIN SEVEN DAYS

EmpID (Employee ID Number) - Birth Day,Month,Year - Last Four Digits SSN

=====

DRIVERS ROSTER LISTING for 2013 3rd Quarter

=====

SEIBERT, ANTHONY PO BOX 144 MCEWENSVILLE PA 17749	SS#: XXX-XX-7839 EmpID: 061283-7839 Phone: (570) 238-3033 Born: 12/06/1983 Site: 2122	Rostered: 08/23/2011 ENDED: / / FED: YES
---	---	--

SMITH, SCOTT 68 LAMOREAUX ROAD BLOOMSBURG PA 17815	SS#: XXX-XX-7652 EmpID: 280865-7652 Phone: (570) 854-7499 Born: 08/28/1965 Site: 2122	Rostered: 08/03/2010 ENDED: / / FED: YES
--	---	--

SNYDER, RICHARD 887 W VALLEY AVE ELYSBURGP PA 17824	SS#: XXX-XX-8117 EmpID: 160553-8117 Phone: (570) 672-9507 Born: 05/16/1953 Site: 2122	Rostered: 01/20/2010 ENDED: / / FED: YES
---	---	--

SWEIGART, CHRISTOPHER PA	SS#: XXX-XX-6546 EmpID: 070587-6546 Phone: (570) 817-2835 Born: 05/07/1987 Site: 2122	Rostered: 09/20/2012 ENDED: 08/29/2013 FED: YES
	NoTest: DELETED PER SS FAXED	

WIGGIN, GERALD L PA	SS#: XXX-XX-2651 EmpID: 190844-2651 Phone: (570) 874-4204 Born: 08/19/1944 Site: 2122	Rostered: 02/17/2011 ENDED: / / FED: YES
----------------------------	---	--

Company	
Add	PHO:
City, ST, ZIP	FAX:

Prior employer Check 49 CFR 382.413/40.25. Good Faith Effort

1. Call the company and record who contacted. Fax the required release. Go to step 2.

2. Call the company and record who contacted. Ask if they received the fax. If they say yes ask for the information that is required. If they say no then follow step one then.

3. Call the company and record who contacted. Ask if they received the fax. If they say yes ask for the information that is required.

If the company refuses to release the information record it and send a copy of the drivers release with the company's name on the form and a copy of this documentation to the U.S. DOT FMCSA NM Division at Fax No. (505) 346-7859.

DRIVER NAME:		
Date:	BY	Who contacted
1.		
Notes:		

Date:	BY	Who contacted
2.		
Notes:		

Date:	BY	Who contacted
3.		
Notes:		

Conducted By:
For:

SECTION 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

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 _____ (date of employment application)

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 confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: 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 here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 REMOVE CARBON BEFORE COMPLETING SIDE 2

DRUG & ALCOHOL TEST HISTORY

SECTION 1: TO BE COMPLETED BY THE APPLICANT (please print)

Applicant Name: _____ (Last) (First) (MI) DOB: ____/____/____

Home Address: _____ Street City State Zip Phone: (____) _____

List all previous USDOT-mandated employers for the last two years. Use another sheet if necessary.

(1) _____ Company name Street City State Zip

Employed from _____ To _____ Contact name _____ Telephone number _____

(2) _____ Company name Street City State Zip

Employed from _____ To _____ Contact name _____ Telephone number _____

(3) _____ Company name Street City State Zip

Employed from _____ To _____ Contact name _____ Telephone number _____

I, _____ First name MI Last name hereby:

authorize the listed previous employers to disclose to the listed prospective employer the results of all drug and alcohol test records including refusals for the previous 2 years; I verify that I have listed all previous employers for whom I have worked as a USDOT-mandated employee; and I verify that while (if) self-employed, I have not, within the previous two years, failed or refused a USDOT drug or alcohol test or violated any USDOT drug or alcohol regulation.

Signature of Applicant: _____ Dated this ____ day of _____

SECTION 2: TO BE COMPLETED BY THE PREVIOUS EMPLOYER (ONE BOX MUST BE CHECKED)

The above named individual has, has not failed or refused a USDOT drug & alcohol test while in our employee during the last 2 years.

Company name _____ Street City State Zip

Completed by: Please print name _____ Please sign name _____ Telephone number _____

PER US DOT REGULATION PART 382, PLEASE **MAIL** COMPLETED FORM TO:

SECTION 3: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

Prospective Employer / Company Name _____ To the attention of (DER's name) _____ Telephone number _____

Street _____ City State Zip

DRIVER QUALIFICATION FILE CONTENTS SHEET FOR 47-F

- (1) Driver Qualification File Folder (1242) (Rev. 1/13)
- (1) Medical Examiner's Certificate (26521)
- (1) Medical Examination Report (649-F) (Rev. 1/12)
- (1) Driver's Application for Employment (15-F) (Rev. 1/11)
- (1) Medical Examiner's National Registry Verification (27033)
- (1) Certificate of Qualification, Certificate of Road Test (6B-C, 7B-C)
- (1) Driver Record Card (418-F) (Rev. 5/04)
- (1) Driver Qualification File Contents Sheet (426-F) (Rev. 1/13)
- (1) Additional Employment History Information (425-F) (Rev. 3/05)
- (1) Fair Credit Reporting Act Disclosure Statement (730) (Rev. 10/12)
- (1) Request for Check of Driving Record (729) (Rev. 10/12)
- (1) Record of Road Test and Certification (13-F) (Rev. 5/02)
- (1) Certification of Violations / Annual Review of Driving Record (643-F) (Rev. 11/08)
- (1) Certification of Compliance with Driver License Requirements (90-F) (Rev. 3/08)
- (1) Driver's Statement of On-Duty Hours-New Hire (644-F) (Rev. 3/09)
- (1) Employment Eligibility Verification I-9 (91-FS-C3) (Rev. 9/09)
- (1) Checklist for Qualification of New Drivers (21-F) (Rev. 11/08)

Driver Qualification File

For Department of Transportation Compliance

DQF FILE CONTENTS

1. Driver's Application for Employment (Section 391.21)
2. State agencies' responses concerning the driver's 3-year driving record pursuant to Section 391.23
3. The Record of Road Test form and Certificate of Road Test (Section 391.31(g))
4. Driver's Medical Examiner's Certificate (Section 391.43(h))
5. State agencies' responses concerning the driver's annual driving record pursuant to Section 391.25
6. Certification of Violations / Review of Driving Record (Sections 391.25 and 391.27)
7. A letter granting a waiver of a physical disqualification (Section 391.49)
8. Medical Examiner's National Registry Verification pursuant to Section 391.23(m)

DRIVER'S NAME

DATE OF HIRE

According to Section 391.51(a) "Each motor carrier shall maintain a driver qualification file for each driver it employs."

RECORD RETENTION

1. Driver's Application for Employment (Section 391.21) Retain until 3 years after employment with motor carrier ceases.
2. State agencies' responses concerning the driver's 3-year driving record pursuant to Section 391.23 Retain until 3 years after employment with motor carrier ceases.
3. The Record of Road Test form and Certificate of Road Test (Section 391.31(g)) NOTE: In lieu of the road test and certificate, a copy of the commercial driver's license or certificate may be acceptable as equivalent to the driver's road test (Section 391.33) Retain until 3 years after employment with motor carrier ceases.
4. Driver's Medical Examiner's Certificate (Section 391.43(h)) May be removed after 3 years from execution date.
5. State agencies' responses concerning the driver's annual driving record pursuant to Section 391.25 May be removed after 3 years from execution date.
6. Certification of Violations / Review of Driving Record (Sections 391.25 and 391.27) May be removed after 3 years from execution date.
7. A letter granting a waiver of a physical disqualification (Section 391.49) May be removed after 3 years from execution date.
8. Medical Examiner's National Registry Verification pursuant to Section 391.23(m) May be removed after 3 years from execution date.

NOTE: Drug and alcohol forms required by Part 382 and Part 40 are NOT included in this file because they are subject to stricter recordkeeping controls under Section 382.401 and Section 40.333. Please see Section 382.401 for those requirements.

Past employers' responses concerning the driver's employment required by Section 391.23 are not included in this file because the driver's safety performance history must be maintained in a secure location with controlled access. See Section 391.53 for those requirements.



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- CONTINUOUS AND SNAPOUT BILL OF LADINGS
- LOG ENVELOPES
- TRIP COST REPORTS AND ENVELOPES
- TRIP SUMMARY FORMS

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QUALIFICATION RECORDS

DRIVER'S APPLICATION FOR EMPLOYMENT:

(391.21) An employment application must be completed by every applicant seeking to drive a commercial vehicle. The application for employment shall be made on a form furnished by the motor carrier. Each form must be completed and signed by the applicant, and must contain the information as outlined in 391.21. Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides may be used and the applicant's prior employers may be contacted for the purpose of investigating the applicant's background. The form must be retained in the driver's qualification file for 3 years after the person's employment by the motor carrier ceases. (Form No. 15-F)

NATIONAL EMPLOYMENT HISTORY INFORMATION SHEET:

(425-F) A supplemental sheet used to obtain information from driver applicants on all employment as a commercial vehicle driver for the past 10 years. It can also be used to obtain additional past employment history of applicant. (Form No. 425-F)

The regulations require a check with employers for the past three years only.

QUEST FOR CHECK OF DRIVING RECORD:

(391.25) Each motor carrier is required to investigate the driving record for the preceding 3 years of every applicant. The appropriate agency of every state in which the driver held a motor vehicle operator's license or permit during those 3 years must be contacted. A copy of the response by each state agency showing the driver's driving record or certifying that no driving record exists for that driver, must be placed in the driver's qualification file within 30 days of the date employment begins. The responses must be retained in the file for 3 years after employment by the motor carrier ceases.

The regulations also require a motor carrier to obtain a driving record on each driver each following year. The records must be kept for 3 years. (Form No. 729)

A number of states require their specific form be used in making such inquiries.

DRIVER'S PHYSICAL EXAMINATION, MEDICAL EXAMINATION REPORT and MEDICAL EXAMINER'S CERTIFICATE

(391.43) All persons driving a commercial motor vehicle are required to obtain a physical examination at least once every 4 months. The examination must be made by a qualified medical examiner and shall be recorded on the medical examination form per Section 391.43. The completed medical exam form shall be retained on file at the office of the medical examiner. A copy of the medical examiner's certificate shall be retained in the driver qualification file for 3 years from the date of execution. A copy of the certificate is given to the driver to be carried at all times. The examination form contains medical information and should be retained in a confidential manner. (Form Nos. 2652.1)

Only the medical examiner's certificate is required to be maintained in this file.

MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION:

(23(m)(1)) Beginning May 21, 2014, motor carriers must, for each driver's physical exam, verify and document that the medical examiner was listed on the registry on the date the Medical Examiner's Certificate (commonly known as the red med card) was issued. This is done by verifying the medical examiner's certification on the FMCSA's National Registry website. (Form No. 27033)

ROAD TEST AND CERTIFICATE OF ROAD TEST:

(391.49) A road 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/she is capable of operating the vehicle, and the associated equipment, to which the motor carrier intends to assign him/her. The person who gives the test shall rate the performance of the driver who takes it at each operation or activity which is part of the test. After he/she completes the form, the person who gives the test shall sign it. The original copy of the road test is retained in the driver qualification file. Upon successful completion of the road test the person who gave it shall complete a Certificate of Driver's Test. The original shall be retained in the qualification file and the duplicate or card given to the person who was examined. The information must be retained by the motor carrier for 3 years after the person's employment by them ceases. (Form No. 13-F, Card No. 6-BG)

CERTIFICATION OF VIOLATIONS / ANNUAL REVIEW OF DRIVING RECORD:

(391.27) At least every 12 months a motor carrier shall require each driver it employs to prepare and furnish a written list of all violations of motor traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he has forfeited bond or collateral during the preceding 12 months. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify. The motor carrier shall retain the list or certificate or a

COMPLETION OF FORMS

copy of it in its files as part of the driver's qualification file.

Each motor carrier shall at least once every 12 months review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive pursuant to Section 391.15. The review shall be signed and dated by the reviewer reviewing and the form placed in the driver's qualification file. A company card may then be issued to the driver stating the driver's file has been reviewed and that he/she meets the requirements of Part 391. The card may also be used in accordance with Section 391.15 if applicable. The records may be removed from the driver's qualification file 3 years after date of execution. (Form No. 643-F, Card No. 7-BC)

8. DRIVER'S STATEMENT OF ON-DUTY HOURS:

(395.8(j)(2)) Motor carriers, when using a driver for the first time, shall obtain from the driver a signed statement giving the total time on duty (including all compensated work for any employer) during the immediate preceding 7 days and the time at which such driver was last relieved from duty prior to beginning work for the carrier. The signed statement must be retained for 6 months at the carrier's principal place of business. Driver's Statement of On-Duty Hours is not a required driver qualification form, but is used for hours-of-service compliance. (Form No. 644-F)

9. CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS:

(383.21-391.11(b)(5)) No person who operates a commercial motor vehicle shall at any time have more than one driver's license. The "Certification of Compliance with Driver License Requirements" form asks the driver to certify that he/she meets the single driver's license requirement. (Form No. 90-F or 90-FS-C2)

NOTE: The Certification of Compliance with Driver License Requirements form is not required for DOT compliance.

10. EMPLOYMENT ELIGIBILITY VERIFICATION:

The Immigration Reform and Control Act of 1986 requires every American employer to hire only American citizens and aliens who are authorized to work in the United States. Every employer needs to verify employment eligibility of anyone hired after November 6, 1986. The Employment Eligibility Verification (Form I-9) must be completed. Examine documentation presented by new employees, record information about the documentation on the verification form, and sign the form. The form is to be retained for 3 years or for 1 year past the end of employment of the individual, whichever is longer. (Form No. 91-F, 91-FS-C2 or 91-FS-C3)

NOTE: The Employment Eligibility Verification (Form I-9) may be maintained in a personnel file. The form is not required by DOT and therefore need not be kept in the driver qualification file.

11. POCKET CARDS:

To be completed for items 5 and 6 and given to driver. (6-BC, 7-BC)

12. MEDICAL EXAMINER'S CERTIFICATE:

The Medical Examiner's Certificate needs to be carried by the driver at all times when he/she is driving. (Form No. 2652-I)

13. CHECKLIST FOR QUALIFICATION OF NEW DRIVERS:

Use of this form provides a handy checklist for orderly recording of completion of documents. Complete the driver information, name, identification number, and address. Enter the dates the requests were forwarded and then completed for the driver's qualification file. The supervisor's signature completes each entry. Other company documents added. Alcohol and controlled substance program documents may be recorded but must be retained in a separate file if this driver qualification file is not handled in a confidential manner. (Form No. 21-F)

NOTE: The Checklist for Qualification of New Drivers form is not required for DOT compliance.

14. EMPLOYEE RECORD CARD:

This is a convenient form to summarize key information about the performance of drivers and other employees with respect to accident experience, safety awards, due dates of medical examinations, etc. (Form No. 418-F)

15. FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT:

Fair Credit Reporting Act (Public Law 91-508) as amended by the Consumer Reporting Act of 1996 (Title I, Subtitle D, Chapter I, of Public Law 104-208). The 730 Fair Credit Reporting Act Disclosure Statement has been created to comply with FCRA requirements. It provides a separate disclosure statement to all job applicants for which a consumer report (driver's record) will be requested. It also provides space for the applicant to authorize acquisition of the consumer report, another FCRA requirement. Effective 1/31/1999, written authorization on Form 730 is no longer mandated for drivers' records. (Form No. 730)

DRIVER QUALIFICATION FILE CONTENTS SHEET FOR 47-F

- (1) Driver Qualification File Folder (1242) (Rev. 1/13)
- (1) Medical Examiner's Certificate (26521)
- (1) Medical Examination Report (649-F) (Rev. 1/12)
- (1) Driver's Application for Employment (15-F) (Rev. 1/11)
- (1) Medical Examiner's National Registry Verification (27033)
- (1) Certificate of Qualification, Certificate of Road Test (6B-C, 7B-C)
- (1) Driver Record Card (418-F) (Rev. 5/04)
- (1) Driver Qualification File Contents Sheet (426-F) (Rev. 1/13)
- (1) Additional Employment History Information (425-F) (Rev. 3/05)
- (1) Fair Credit Reporting Act Disclosure Statement (730) (Rev. 10/12)
- (1) Request for Check of Driving Record (729) (Rev. 10/12)
- (1) Record of Road Test and Certification (13-F) (Rev. 5/02)
- (1) Certification of Violations / Annual Review of Driving Record (643-F) (Rev. 11/08)
- (1) Certification of Compliance with Driver License Requirements (90-F) (Rev. 3/08)
- (1) Driver's Statement of On-Duty Hours-New Hire (644-F) (Rev. 3/09)
- (1) Employment Eligibility Verification I-9 (91-FS-C3) (Rev. 9/09)
- (1) Checklist for Qualification of New Drivers (21-F) (Rev. 11/08)

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name:
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature: _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature: _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____	Date (month/day/year) _____
--	-----------------------------



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation <i>(If the first two employers, mark only the first two boxes.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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	E-mail Address			Telephone Number

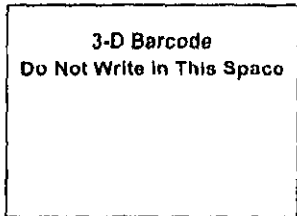
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (Rev. 1/12) (6045)

1. DRIVER'S INFORMATION

Driver completes this section.

Driver's Name (Last, First, Middle)		Social Security No.	Birthdate	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up	Date of Exam
Address	City, State, Zip Code	Work Tel: ()		Driver License No.		License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue
		Home Tel: ()					

2. HEALTH HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No	Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years?	<input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis	<input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness
<input type="checkbox"/> <input type="checkbox"/> Head/Brain injuries, disorders or illnesses	<input type="checkbox"/> <input type="checkbox"/> Kidney disease, dialysis	<input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
<input type="checkbox"/> <input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____	<input type="checkbox"/> <input type="checkbox"/> Liver disease	<input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis
<input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)	<input type="checkbox"/> <input type="checkbox"/> Digestive problems	<input type="checkbox"/> <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe
<input type="checkbox"/> <input type="checkbox"/> Ear disorders, loss of hearing or balance	<input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet	<input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease
<input type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> medication _____	<input type="checkbox"/> <input type="checkbox"/> pills	<input type="checkbox"/> <input type="checkbox"/> Chronic low back pain
<input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)	<input type="checkbox"/> <input type="checkbox"/> insulin	<input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use
<input type="checkbox"/> <input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____	<input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> medication _____	<input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use
<input type="checkbox"/> <input type="checkbox"/> Muscular disease	<input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness	
<input type="checkbox"/> <input type="checkbox"/> Shortness of breath		

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER		TELEPHONE	
		DATE	
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD	<input type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING STATE		<input type="checkbox"/> DO	<input type="checkbox"/> Advanced Practice Nurse
		<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO.			
SIGNATURE OF DRIVER		INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO.		STATE	
ADDRESS OF DRIVER			
MEDICAL CERTIFICATION EXPIRATION DATE			

MOTOR CARRIER COPY

SEPARATE MOTOR CARRIER COPY BEFORE REMOVING LINER FROM LAMINATE

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

if yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- 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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

CERTIFICATE OF ROAD TEST

Driver's Name _____
 Social Security No. _____
 Operator's or Chauffeur's License No. _____
 State _____

Type of Power Unit _____
 Type of Trailer(s) _____
 If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____
 20 _____ consisting of approximately _____ miles of driving.
 It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Title _____
 Organization and address of examiner _____

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CERTIFICATE

(NAME OF DRIVER) _____ (SS NO.) _____
 (SIGNATURE OF DRIVER) _____

I certify that the above named driver, as defined in Sec. 300.5 is regularly driving a commercial motor vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His/her current medical examiner's certificate expires on _____ (DATE)

This certificate expires: _____
 (DATE NOT LATER THAN EXPIRATION DATE OF MEDICAL CERTIFICATE)
 Issued by _____ Issued On _____ (DATE)
 (NAME OF CARRIER) _____ (TITLE) _____

(ADDRESS) _____
 (SIGNATURE) _____ (TITLE) _____

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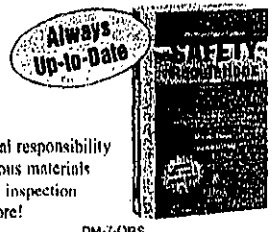


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 Co. _____
 Phone _____ Email _____
 Street _____
 City _____ State _____ ZIP _____

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Please bill my company. Minimum \$75.00 order required. Subject to credit approval. We reserve the right to add sales tax/GST or HST where required. (See S&H info below.)

Charge my: VISA MC DISCOVER

We reserve the right to add sales tax/GST or HST where required. (See S&H info below.)

Charge Card Acct. No. _____ Exp. _____

Authorized Signature _____

IMPORTANT! Shipping & Handling
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PHYSICAL EXAMINATION RECORD				
DATE	DOCTOR	QUAL-IFIED	CONDI-TION	NOT QUALIFIED

RECORD OF COMMENDATIONS, COMPLAINTS, VIOLATIONS			
DATE	NATURE	SOURCE	ACTION TAKEN

CONDITION W/H.A. — With Hearing Aid Diabetic — OK by
 W/C.L. — With Corrective Lenses operation of 49CFR 391.64

SAFETY AWARD RECORD					
Qualification Date: _____					
FROM	TO	AWARD	FROM	TO	AWARD

REMARKS: _____

**Motor Carrier's
MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION**

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification file was published in the *Federal Register* April 20, 2012. **Beginning May 21, 2014**, motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (§391.23(m)(1))

§391.51 General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (§391.51(b)(9))

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Identification Number: _____

Medical Examiner: _____

National Registry Number: _____

Motor Carrier: _____

Location: _____

Verified By: _____ Date: _____

Motor Carrier Representative Signature
(This information is required for DOT compliance)

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

ID number

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 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 91-508, as amended by the Consumer Credit Reporting Reform 10/2/12 Act of 1996 (Title II, Subtitle D, Chapter 1, of 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 an 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 state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. 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.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(State)

(Signature)

RECORD OF ROAD TEST

Driver's Name _____ Address _____

License No. _____ State _____ Equipment Driven: Tractor Truck Trailer

Checked From _____ To _____ Date: _____

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory.
 Explain unsatisfactory items under Remarks. Use not applicable (NA) for items that do not apply.

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks under hood - oil, water, general condition of engine compartment, steering _____
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers _____
- Tests brake action, tractor protection valve, and parking (hand) brake _____
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher _____
- Checks instruments for normal readings _____
- Checks dashboard warning lights for proper functioning _____
- Cleans windshield, windows, mirrors, lights, reflectors _____
- Reviews and signs previous report _____

PART 2 - COUPLING AND UNCOUPLING

- Lines up units _____
- Connects glad hands to trailer to apply trailer brakes before coupling _____
- Connects glad hands and light line properly _____
- Couples without difficulty _____
- Raises landing gear fully after coupling _____
- Visually checks king pin assembly to be certain of proper coupling _____
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____
- Assure that surface will support trailer before uncoupling _____

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. ENGINE**
- Places transmission in neutral before starting engine _____
 - Starts engine without difficulty _____
 - Allows proper warm-up _____
 - Understands gauges on instrument panel _____
 - Maintains proper engine speed (rpm) while driving _____
 - Does not abuse motor _____

B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly _____
- Uses clutch properly _____
- Times gearshifts properly _____
- Shifts gears smoothly _____
- Uses proper gear sequence _____

C. BRAKES

- Knows proper use of tractor protection valve _____
- Understands low air warning _____
- Tests service brakes _____
- Builds full air pressure before moving _____

D. STEERING

- Controls steering wheel _____
- Good driving posture and good grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dim lights when meeting or following other traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 4 - BACKING AND PARKING

A. BACKING

- Gets out and checks before backing _____
- Looks back as well as uses mirror _____
- Gets out and rechecks conditions on long back _____
- Avoids backing from blind side _____
- Signals when backing _____
- Controls speed and direction properly while backing _____

B. PARKING (City)

- Does not hit nearby vehicles or stationary objects _____
- Parks proper distance from curb _____
- Sets parking brake, puts in gear, chocks wheels, shuts off motor _____
- Checks traffic conditions and signals when pulling out from parked position _____
- Parks in legal and safe location _____

C. PARKING (Road)

- Parks off pavement _____
- Avoids parking on soft shoulder _____
- Uses emergency warning signals when required _____
- Secures unit properly _____

PART 5 - SLOWING AND STOPPING

- Uses gears properly ascending _____
- Gears down properly descending _____
- Stops and restarts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Uses mirrors to check traffic to rear _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops smoothly without excessive fanning _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING

A. TURNING

- Signals intention to turn well in advance _____
- Gets into proper lane well in advance of turn _____
- Checks traffic conditions and turns only when intersection is clear _____
- Restricts traffic from passing on right when preparing to complete right hand turn _____
- Completes turn promptly and safely and does not impede other traffic _____

B. TRAFFIC SIGNS AND SIGNALS

- Approaches signal prepared to stop if necessary _____
- Obeys traffic signal _____
- Uses good judgment on yellow light _____
- Starts smoothly on green _____
- Notifies and heeds traffic signs _____
- Obeys "Stop" signs _____

C. INTERSECTIONS

- Adjusts speed to permit stopping if necessary _____
- Checks for cross traffic regardless of traffic controls _____
- Yields right-of-way for safety _____

D. GRADE CROSSINGS

- Adjusts speed to conditions _____
- Makes safe stop, if required _____
- Selects proper gear and does not shift gears while crossing _____
- Knows and understands federal and state rules governing grade crossing _____

E. PASSING

- Passes with sufficient clear space ahead _____
- Does not pass in unsafe location: hill, curve, intersection _____
- Signals change of lanes _____
- Warns driver being passed _____
- Pulls out and back with certainty _____
- Does not tailgate _____
- Does not block traffic with slow pass _____
- Allows enough room when returning to right lane _____

F. SPEED

- Speed consistent with basic ability _____
- Adjusts speed properly to road, weather, traffic conditions, legal limits _____
- Slows down for rough roads _____
- Slows down in advance of curves, intersections, etc. _____
- Maintains consistent speed _____

G. COURTESY AND SAFETY

- Uses defensive driving techniques _____
- Yields right-of-way for safety _____
- Goes ahead when given right-of-way by others _____
- Does not crowd other drivers or force way through traffic _____
- Allows faster traffic to pass _____
- Keeps right and in own lane _____
- Uses horn only when necessary _____
- Generally courteous and uses proper conduct _____

PART 7 - MISCELLANEOUS

A. GENERAL DRIVING ABILITY AND HABITS

- Consistently alert and attentive _____
- Adjusts driving to meet changing conditions _____
- Performs routine functions without taking eyes from road _____
- Checks instruments regularly while driving _____
- Willing to take instructions and suggestions _____
- Adequate self-confidence in driving _____
- Is not easily angered _____
- Positive attitude _____
- Good personal appearance, manner, cleanliness _____
- Good physical stamina _____

B. HANDLING OF FREIGHT

- Checks freight properly _____
- Handles and loads freight properly _____
- Handles bills properly _____
- Breaks down load as required _____

C. RULES AND REGULATIONS

- Knowledge of company rules _____
- Knowledge of regulations: federal, state, local _____
- Knowledge of special truck routes _____

D. USE OF SPECIAL EQUIPMENT (Specify)

- _____
- _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory _____ Needs Training _____ Unsatisfactory _____

QUALIFIED FOR: Truck _____ Tractor-Semitrailer _____ Other _____ (Specify)

Signature of Examiner _____

13F 652 (Rev. 5/02)

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(1)(g)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name _____ Type of Power Unit _____

Social Security No. _____ Type of Trailer(s) _____

Operator's or Chauffeur's Lic. No. _____ State _____ If Passenger Carrier, Type of Bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____ 20 _____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of examiner _____ Organization _____

Title _____ Address of examiner _____

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

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

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

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance.)

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____

Employee ID No. _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.
P.M.

_____ On _____ Day _____ Month _____ Year

Time

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

(check one)

Are you currently working for another employer? Yes No

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

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness: _____
Company Representative

Date

CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: _____ ID NO.: _____

ADDRESS: _____
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance and safety performance history information must be maintained in a confidential file.

	Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
1. Driver's Application for Employment (15-F)	_____	_____	_____	_____
2. Fair Credit Reporting Act Disclosure Statement (16-F-A or 116-FS-C2)	_____	_____	_____	_____
3. Request for Check of Driving Record (16-F) (List state agencies written to)	_____	_____	_____	_____
4. Medical Examiner's Certificate (657-FS-L2) NOTE: Medical Examination Report form should be maintained in a confidential file	_____	_____	_____	_____
5. Record and Certificate of Road Test (13-F)	_____	_____	_____	_____
6. Certification of Compliance with Driver License Requirements (90-F)	_____	_____	_____	_____
7. Driver's Statement of On-Duty Hours (644-F)	_____	_____	_____	_____
8. Entry-Level Driver Training Certificate (664-FS-A2) (If using an Entry-Level Driver)	_____	_____	_____	_____
9. Longer Combination Vehicles Driver Certification (If using the driver to operate Longer Combination Vehicles)	_____	_____	_____	_____
10. Employment Eligibility Verification I-9 (91-F)	_____	_____	_____	_____
OTHER DOCUMENTS	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

ALCOHOL AND CONTROLLED SUBSTANCES TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Inquiries to previous employers (past 3 years) for Part 382 drug and alcohol test information (849-F) (May be used with 17-F to obtain complete Safety Performance History)	_____	_____	_____	_____
2. Pre-employment test - controlled substances (Employer copy of Chain of Custody Form and Test Result)	_____	_____	_____	_____
3. Certificate of receipt - company drug and alcohol policy (872-FS-C2)	_____	_____	_____	_____
4. Previous Pre-Employment Employee Alcohol and Drug Test Statement (886-F)	_____	_____	_____	_____
OTHER DOCUMENTS	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

SAFETY PERFORMANCE HISTORY

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Safety Performance History Records Request (850-F)	_____	_____	_____	_____
2. Request for Information From Previous Employer (17-F) (May be used with 849-F to obtain complete Safety Performance History)	_____	_____	_____	_____
3. Previous Employee Safety Performance History (854-F)	_____	_____	_____	_____
4. OTHER DOCUMENTS	_____	_____	_____	_____

SECTION 1

I, (Print Name) _____

First, M.I., Last _____

hereby authorize:

Social Security Number _____

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 _____

(date of employment application)

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 confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature _____

Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus

Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here sign below and return:

ACCIDENTS: 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 here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under internal company policies: _____

any other remarks: _____

Signature: _____

Title: _____

Date: _____

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

DRUG & ALCOHOL TEST HISTORY

SECTION 1: TO BE COMPLETED BY THE APPLICANT (please print)

Applicant Name: _____ (Last) (First) (MI) DOB: ____/____/____

Home Address: _____ Street City State Zip Phone: (____) _____

List all previous USDOT-mandated employers for the last two years. Use another sheet if necessary.

(1)	Company name	Street	City	State	Zip
	Employed from	To	Contact name	Telephone number	
(2)	Company name	Street	City	State	Zip
	Employed from	To	Contact name	Telephone number	
(3)	Company name	Street	City	State	Zip
	Employed from	To	Contact name	Telephone number	

I, _____ (First name) (MI) (Last name) hereby:

authorize the listed previous employers to disclose to the listed prospective employer the results of all drug and alcohol test records including refusals for the previous 2 years; I verify that I have listed all previous employers for whom I have worked as a USDOT-mandated employee; and I verify that while (if) self-employed, I have not, within the previous two years, failed or refused a USDOT drug or alcohol test or violated any USDOT drug or alcohol regulation.

Signature of Applicant: _____ Dated this ____ day of _____

SECTION 2: TO BE COMPLETED BY THE PREVIOUS EMPLOYER (ONE BOX MUST BE CHECKED)

The above named individual has, has not failed or refused a USDOT drug & alcohol test while in our employee during the last 2 years.

Company name _____ Street _____ City _____ State _____ Zip _____

Completed by: Please print name Please sign name Telephone number

PER US DOT REGULATION PART 382, PLEASE MAIL COMPLETED FORM TO:

SECTION 3: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

Prospective Employer / Company Name _____ To the attention of (DER's name) _____ Telephone number _____

_____ Street _____ City _____ State _____ Zip _____

132 MCCRACKEN ROAD

DANVILLE, PA 17821

DVIR SUMMARY

DATE	Bus #	DVIR	WORK ORDER	TURND IN	TURND OUT
1 10/1	#2720	9/30 AM		10/1	
2	#35	9/27 PM		10/1	
3		9/30 PM		10/1	
4		10/1 AM		10/1	
5 10/2	#35	10/1 PM		10/2	
6		10/2 AM		10/2	
7 10/3	#35	10/3 AM		10/3	
8 10/4	#35	10/3 AM		10/4	
9		10/4 AM		10/4	
10 10/14	#35	10/14 AM		10/14	
11 10/16	#35	10/14 PM		10/16	
	#2720	10/16 AM		10/16	
13 10/18	#2720	10/16 PM		10/18	
	#35	10/17 AM		10/18	
15		10/17 PM		10/18	
16		10/18 AM		10/18	
17 10/21	#2720	10/21 AM		10/21	
18	#2720	10/21 PM		10/22	
19	#35	10/22 AM		10/22	
20 10/23	#35	10/23 AM		10/23	
21 10/24	#35	10/23 PM		10/24	
22		10/24 AM		10/24	
23 10/25	#35	10/24 PM		10/25	
24 10/25	#35	10/25 AM		10/25	
25 10/28	#35		10/28 AM	10/28	
26 10/29	#35	10/29 AM		10/29	
27 10/30	#35	10/29 PM		10/30	
		10/30 AM		10/30	
10/31	#35	10/31 AM		10/31	
31					

NAME Gerald Wiggins

LOCATION:

MONTH: October

YEAR: 2013

JOE & JANS, INC

132 MCCRACKEN ROAD

DANVILLE, PA 17821

DVIR SUMMARY

DATE	BUS #	DVIR	WORK ORDER	TURNED IN	TURNED ON
1 11/1	# 35	11/1 AM		11/1	
2 11/4	# 2720		11/4 AM	11/4	
3 11/6	# 2720	11/4 PM		11/6	
4	# 35	11/6 AM		11/6	
5 11/11	# 35	11/6 PM		11/11	
6		11/8 AM		11/11	
7		11/8 PM		11/11	
8		11/11 AM		11/11	
9 11/12	# 35	11/12 AM			
10		11/12 AM			
11 11/13	# 35	11/12 PM			
		11/13 AM			
13 11/15	# 35	11/14 AM		11/15	
		11/15 AM		11/15	
15 11/18	# 77	11/18 AM		11/18	
16 11/19	# 77	11/19 AM		11/19	
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					

NAME Gerald Wiggins

LOCATION;

MONTH; Nov

YEAR; 2013

JOE & JANS CHARTER AND TOURS, INC
 150 MCCrackEN ROAD
 DANVILLE, PA 17821

REPAIR ORDER NO. _____
 DATE: 6/18/13

BUS NO. #35 ODOMETER _____

DESCRIPTION OF REPAIRS:

TIRE DEPTH
 LF _____
 RF _____
 BL _____
 BR _____
 DRIVES
 LI _____
 LO _____
 RI _____
 RO _____

Repair Code

→ H Needs brakes
 → H Needs rotor

MECHANIC SIGNATURE

Joseph New

2700
 0012

(1) 0516665 C 567 Disc Brake \$87.99
 Caliper

(1) 199345 MKD411 Brake Pads \$22.99
 Drumst Brake Pads

(2) 231752 54053 Brake Rotor \$146.96
 Drumst Brake Rotor

Replaced rotor, Caliper
 and brake Pads

(1) 012143 98645 Seal \$10.89
 replaced seal
 that was leaking

89-1285

Customer Information

JOE & JANS INC
132 MCCRACKEN RD
DANVILLE, PA 17821-
PHONE.....570 275-5660
PO NUMBER..35

Order Information

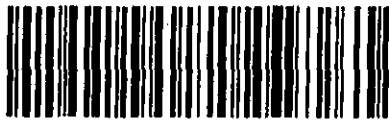
INVOICE NUMBER..1846292246 00
COMM SPECIALIST.MOYER,DAVID M
ORDER DATE.....6/18/2013 11:40a
QUOTE DELIVERY..06/18/2013 11:43a

Qty	SKU	Description	Items Sugg. List	Cost	Core	Amount
1	056665	C567 DISC BRAKE CALIPER Duralast Disc Brake Caliper	115.98	57.99	30.00	87.99
1	199345	MKD411 DURALAST PADS Duralast Brake Pads	45.98	22.99	0.00	22.99
2	231752	54053 DURALAST BRAKE ROT Duralast Brake Rotor	146.96	73.48	0.00	146.96
The Above Items Belong To 2001 Ford Truck E450 Super Duty Van						
The Above Items Belong To 2001 Ford Truck E450 Super Duty Van						

Shuttle #35

MSDS can be ordered upon request

1846292246061813C



Payment	Apprv	Amount
2794 491057 0	AJT9TY	257.94
Subtotal		257.94
Tax		0.00
Total		257.94
AZC Savings		-25.02

*The signature above acknowledges customer's agreement to be bound by all terms outlined in the AutoZone Commercial Customer Charge Account Agreement, as amended from time to time.

89-1285

Customer Information

JOE & JANS INC
132 MCCRACKEN RD
DANVILLE, PA 17821-
PHONE.....570 275-5660
PO NUMBER..35

Order Information


INVOICE NUMBER..1846292269 01
COMM SPECIALIST.MOYER, DAVID M
ORDER DATE.....6/18/2013 11:44a
QUOTE DELIVERY..06/18/2013 12:11p

Qty	Sku	Description	Items Sugg. List	Cost	Core	Amount
1	012143	9864S SEAL Timken Seal	21.78	10.89	0.00	10.89
The Above Items Belong To 2001 Ford Truck E450 Super Duty Van.						
The Above Items Belong To 2001 Ford Truck E450 Super Duty Van						

Shuttle #35

MSDS can be ordered upon request.

1846292269061813C



Payment	Apprv	Amount
2794 491057 0		AM2REK 10.89
Subtotal		10.89
Tax		0.00
Total		10.89

*The signature above acknowledges customer's agreement to be bound by all terms outlined in the AutoZone Commercial Customer Charge Account Agreement, as amended from time to time.

Joe and Jans (JJ) management will thoroughly research Parts 40 and 382 and contact our TPA for any questions or clarifications. JJ has designated the following persons as Designated Employer Representatives: Scott Smith and JoAnn Wagner.

When a driver is selected for testing, the DER will notify the driver either in person or by telephone that he/she will be required to report to the test site immediately. From the moment of notification, everything the driver does must contribute to the process of taking the test.

JJ will update the driver roster each test period to insure the accuracy of the roster.

All drivers shall be given, at the point of hire, a copy of JJ's drug and alcohol policy including the name of the DER with instructions to call the DER in the event of an accident. JJ management shall review the drug and alcohol policy in detail with the new hire and require the driver's signature of receipt.

When JJ is informed of the occurrence of a recordable accident, JJ will interview the driver and question law enforcement officers when possible to ascertain the circumstance surrounding the incident. If a fatality occurred, a federal drug and alcohol test will be performed. If a citation was issued to the driver and injuries were treated away from the scene, a federal drug and alcohol test will be administered. If a citation was issued and the accident resulted in any vehicle being towed from the scene, a federal drug and alcohol test will be administered.

JJ management and DERs will work closely with the TPA to become well-informed regarding parts 40 and 382 and FMCSA updates in the future.

Subj: **Re: Tour World, Joe and Jans, Travel Time**
Date: 6/27/2013 3:07:22 P.M. Eastern Daylight Time
From: Jofritz8@aol.com
To: drugtesting@epix.net

Yes that is ok to go ahead and do that. Thanks Jo Ann

In a message dated 6/27/2013 12:39:54 P.M. Eastern Daylight Time, drugtesting@epix.net writes:

Good afternoon Jo Ann,

With your permission, we will officially name it, "*Tour World Consortium*". This consortium will be exclusively yours, it would consist of all the companies you listed below, and any companies that you acquire or dissolve could be added or subtracted without changing the consortium name.

Please confirm.

Bob Snavely

American Drug and Alcohol Diagnostics, LLC

2244 Millview Mountain Road

Forksville, PA 18616

Ph: 570.924.4001

Fx: 570.924.4008

email: drugtesting@epix.net

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This email and any attachments are confidential and may contain privileged attorney-client information or protected patient health information. If you are not the above named intended recipient, or the employee or agent responsible to deliver this email to the intended recipient, you are hereby notified that any use, disclosure, printing, copying, or distribution of this email or attachments is strictly prohibited.

Subj: **Tour World, Joe and Jans, Travel Time**
Date: 6/27/2013 10:22:42 A.M. Eastern Daylight Time
From: Jofritz8@aol.com
To: drugtesting@epix.net

Good morning Bob,

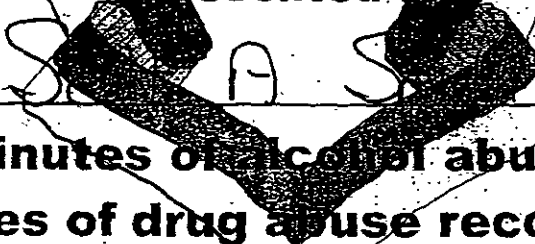
Can you consolidate Tour World, Joe and Jans and Travel Time Transp onto one consortium for random testing? Also we are in the process of changing Travel Time Transp name to the Bus Comp, can you also add The Bus Comp to the list as well? If there is anything else you need, please let me know.

Thanks
Jo Ann

AWARD

OF ACHIEVEMENT

Presented to



for completing 60 minutes of alcohol abuse recognition training
and 60 minutes of drug abuse recognition training
pursuant to
**Federal Motor Carrier Safety Administration
Standards.**

Presented by

AMERICAN DRUG AND ALCOHOL DIAGNOSTICS, LLC.

9 February 2012
Date

Maia Scavely U.P.
Signature

TOUR WORLD JOE & JANS CONSORTIUM

.....

DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Printed name

Signature

Date

Revised NOVEMBER 1, 2013

TOUR WORLD – JOE & JANS CONSORTIUM

(hereafter referred to as “the Company”)

DESIGNATED EMPLOYER REPRESENTATIVES (DERs):

SCOTT SMITH, JOANN WAGNER, JOE SCHOPPY

Questions regarding this policy may be directed to the DER listed above, or by calling them at 570.275.5318

POLICY ON DRUG AND ALCOHOL ABUSE

STATEMENT OF NEED:

The Company is committed to providing and maintaining a safe work environment and to fostering the health and wellbeing of its employees and their families. Well-documented information establishes the devastation drug and alcohol abuse inflicts upon individuals, businesses and the community-at-large.

The Company is concerned that because the potential for drug and alcohol abuse exists, the safety of our employees and the general public could be endangered. Our commitment to maintaining a safe and secure workplace and continued excellence in our industry requires a clear policy and supportive programs relating to the detection, treatment, and prevention of substance abuse by our employees.

SCOPE:

This policy applies to all employees (as defined below), on or off premises, including on-call employees. While the Company has no intention of intruding into the private lives of its employees, it must be recognized that drug and alcohol abuse off the job eventually effects job performance. Therefore; the following policy applies immediately:

DEFINITIONS:

EMPLOYEE: Includes all of the categories listed below.

FEDERAL: (hereafter known as “fed”) Any person (including applicants) whose job or prospective job requires that he/she possess a CDL license or is otherwise mandated by federal law to participate in a drug and/or alcohol testing program.

NON-FEDERAL: (Hereafter known as “non-fed”) Any person (including applicants) who performs (or will be performing) a service or services for The Company in exchange for compensation.

ILLEGAL DRUG:

Drugs and controlled substances, the possession of which violates local, state or federal laws or regulations; drugs and substances which are legally obtainable, but were not legally obtained; drugs and substances which may be used legally, but were or are being used in such a manner as to constitute abuse.

UNDER THE INFLUENCE:

Drugs: US Department of Transportation thresholds where applicable. Drug cutoff levels available upon request.
Alcohol: A confirmed breath alcohol value of .02 or greater.

REPORT TO WORK: Any employee on or in company property or representing The Company in any manner shall be considered "at work" solely for the purposes of this policy. Any employee "at work" shall also be considered available for and/or about to perform safety sensitive operations.

DRUG AND ALCOHOL TESTING: Drug and alcohol testing methodology may include but is not limited to laboratory testing or onsite testing devices that analyze breath, saliva, perspiration, blood, urine and/or hair. However, no collection or testing procedure may be used in violation of local, state or federal laws or regulations. CDL drivers and other federally mandated employees should refer to the back page of this policy for testing procedures. The Company may conduct premises testing to identify potential problem areas or departments as allowed by law.

1. It is a violation of Company policy for any employee to report to work while under the influence of illegal drugs or alcohol. This includes prescription and non-prescription drugs or substances possessed or used contrary to local, state or federal law. Any employee taking medication that could impair his/her performance or judgment must notify management immediately.
2. It is a violation of Company policy for any employee to possess, use, sell, offer, offer for sale, manufacture, dispense or distribute illegal drugs, substitute urine or possess or use alcohol on Company premises, or while representing The Company in any manner off premises. Any employee who reports to work as defined above shall be subject to testing for drugs and alcohol. The Company may make exceptions for the legal and responsible use of alcohol for social events. Alcohol may not be used 4 hours prior to reporting for work, or 8 hours following a job-related accident or until post-accident testing has occurred. The Company reserves the right to search all employee/applicant vehicles and other personal belongings on Company premises for the presence of illegal drugs or alcohol.
3. The Company has adopted testing practices to identify employees who use illegal drugs or alcohol either on or off the job and whose use of drugs or alcohol on or off the job causes them to be working under the influence of these substances. It shall be a condition of employment for all employees to submit to drug and alcohol testing under the following circumstances:
 - **REASONABLE SUSPICION.** Observed Reasonable Suspicion testing is required when there is reasonable suspicion by a supervisor who has received training in recognizing the symptoms of drug and alcohol abuse.
 - **POST ACCIDENT.** "Fed" employees must submit to a **Federal** drug and alcohol test when involved in an accident while performing safety sensitive operations, whether personally injured or not, if a fatality occurs. **Federal** testing must also occur if bodily injury is treated away from the scene **and a citation** is issued, or if the accident is considered a "towable accident" **and a citation** is issued. All employees not subject to testing as defined above shall, as determined by management, be subject to **non-federal** post accident testing for drugs and alcohol for any job-related accident involving property damage or bodily injury. All employees must contact management immediately for testing instructions upon the occurrence of any job-related accident, whether on or off premises. Tests for alcohol should be conducted within 2 hours of the accident; tests for drugs should be conducted within 32 hours of the accident. In any event, drug and alcohol tests should be conducted as soon as possible without jeopardizing the health or treatment of any person.
 - **PRE-EMPLOYMENT/POST-OFFER/OTHER.** All post-offer job applicants/employees will undergo testing for illegal drugs and alcohol as a condition of employment. Any applicants/employees with a verified, confirmed, positive test result or other non-negative results or refuse to test shall be denied employment. The Company will not discriminate against applicants for employment because of a history of drug or alcohol abuse. Therefore, individuals who have failed a post-offer test may initiate another inquiry with the Company after they are drug and alcohol free.

- **RANDOM.** When chosen by random sampling to be tested. Random sampling of **fed employees** will consist of at least 50% drug and 50% alcohol of employees per year. Random sampling of **non-fed employees** will consist of at least 01% drug and 01% alcohol of employees per year.
- **RETURN TO DUTY.** Observed Return To Duty testing of the employee is required following a verified, confirmed, positive or other non-negative drug or alcohol tests if The Company continues to employ the individual. Prior to a return to duty test, the employee must have first been evaluated by a federally qualified Substance Abuse Professional (SAP) and must have satisfied all the requirements mandated by that SAP.
- **FOLLOW-UP.** Observed Follow-up testing is required as part of a follow-up testing program for drug or alcohol abuse or dependence. Follow-up testing may continue or up to five years, but must consist of a minimum of six unannounced tests in the first twelve months following a negative return to duty test. Follow up testing protocol shall be mandated by the SAP.

Hats, outer garments (jackets, etc.) must be removed and all pockets emptied prior to entering the restroom. Purses and other personal items may not be taken into the restroom. Any employee who submits a urine specimen with a temperature less than 90 degrees F or more than 100 degrees F must remain under supervision and, within three hours, produce a urine specimen while being observed by a same sex observer.

Test results shall be maintained in a separate, confidential file. Only the DERs and other "Need-To-Know" personnel will be made aware of or have access to test results.

As a condition of employment, employees must abide by the terms of this policy and must notify the Company in writing of any convictions of a violation of a criminal drug or alcohol statute no later than 5 days after such conviction.

Violations of this policy shall result in disciplinary action up to and including termination. The refusal of an employee to be tested, including obstruction of the testing process, constitutes a violation of this policy and an employee who refuses to be tested shall be considered insubordinate and shall be terminated or refused employment with the Company. Employees remain employed at will. This document should not be construed as a contract between the Company and employees.

The Company is not required to provide rehabilitation, pay for treatment or reinstate an employee who violates this policy to his/her position. The Company shall, however, make available to all employees information concerning where and how to get help for drug and alcohol problems.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug and alcohol free work environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that drug and alcohol abuse is incompatible with employment with the Company.

CDL DRIVERS AND OTHER FEDERALLY MANDATED EMPLOYEES

FEDERAL REGULATIONS, PARTS 40 AND 382 (AVAILABLE UPON REQUEST), REQUIRE CDL DRIVERS AND OTHER FEDERALLY MANDATED EMPLOYEES BE INFORMED OF THE FOLLOWING:

- Federal regulations require you to submit to drug and alcohol testing.
- "Safety-sensitive" means any of those functions set forth in ~395.2. On-Duty time, paragraphs 1-7, including but not limited to: pre-trip inspections; the loading of or supervising the loading of your vehicle; driving; or, ready to perform or immediately available to perform, performing or just completing safety-sensitive operations as defined herein.
- "Refuse to submit" to a drug or alcohol test means that a driver fails to provide adequate breath for alcohol testing or fails to provide adequate urine for drug testing, or engages in conduct that clearly obstructs the testing process. Refusal to submit shall be treated as a "positive" test result.
- You may be tested under DOT authority under the following circumstances: when chosen in random sampling (at least 50% of drivers for drug testing, and at least 10% of drivers for alcohol testing); pre-placement; suspicion (when requested to test by a supervisor who has received drug and alcohol abuse recognition training); observed return-to-duty; observed follow-up (at least 6 tests in 12 months) and post accident testing.
- The presence of alcohol shall be tested only by DOT-approved means in a private area. Drug tests shall be performed only by urine collection and laboratory analysis pursuant to USDOT regulation, but other means may be used if regulations change. Donors must empty all pockets, remove coats and similar outer clothing. Purses may not be taken into the collection area. The donor may ask for a receipt. The donor must be afforded privacy when actually providing the specimen except under suspicious circumstances. Water must not be used when in the collection area. After providing the specimen and delivering it to the collector, the specimen must be in the donor's sight at all times until the donor-initialed, tamper-proof evidence seals are placed on the specimen container "A" and "B"s.
- Drivers shall not consume alcohol within 4 hours of reporting to work, or when likely to perform, or be available to perform, any safety-sensitive operation.
- Drivers shall not perform, or be available to perform, safety-sensitive operations if his\her blood alcohol (BAC) measures .02 or greater, and shall not be permitted to perform such operations for at least 24 hours following confirmation of a BAC of .02 or .039.
- Drivers with a (BAC) of .04 or greater or a verified, confirmed, positive test result for marijuana, cocaine, PCP, amphetamines, opiates or ecstasy and are considered in violation of part 382, shall immediately cease all safety-sensitive operations. He\she shall not resume such operations until after having complied with all the requirements of a substance abuse specialist (SAP) including providing negative drug and/or alcohol return-to-duty test results.
- An employer may terminate the employment of a driver whose BAC is .04 or greater or who tests positive for the drugs listed above.

WHERE COMPANY POLICY IS MORE RESTRICTIVE THAN FEDERAL REGULATIONS, COMPANY POLICY SHALL PREVAIL.

Cocaine

Brief Description: Cocaine, also called coke, snow, flake, blow, and many others, is a powerfully addictive drug that is snorted, sniffed, injected, or smoked. Crack is cocaine that has been processed from cocaine hydrochloride to a free base for smoking.

Effects: A powerfully addictive drug, cocaine usually makes the user feel euphoric and energetic. Extreme highs followed by extreme lows are common indicators of cocaine use. Health effects include heart attacks, respiratory failure, strokes, seizures and nasal septum collapse. Large amounts or prolonged use can cause bizarre and violent behavior including paranoia and extreme aggression. In some cases, sudden death can occur on the first use of cocaine or unexpectedly thereafter. Mixing cocaine and alcohol can increase the risk of sudden death.

Heroin and other opiates

Brief Description: Heroin, frequently referred to as smack, H, skag, junk, etc, is an addictive opioid drug and usually appears as a white or brown powder. Heroin is most often injected, but due to its increased purity compared to years past, it is now often smoked or snorted. Many people who avoided heroin use in the past because of their abhorrence to needles are now trying this drug by snorting or smoking. Other commonly abused opioids include codeine, morphine, oxycodone and others.

Effects: Short-term effects include a surge of euphoria followed by alternately wakeful and drowsy states and cloudy mental functioning. Safety and productivity concerns in the workplace are obvious with the classic "heroin nod", when the user falls asleep during the day. These drugs are associated with fatal overdoses and-- particularly in users who inject heroin -- infectious diseases such as HIV/AIDS and hepatitis. Long-term users may develop collapsed veins, liver disease, spontaneous abortion and lung complications as well as the very real risk of death by overdose.

Marijuana

Brief	Marijuana, also known as <i>pot, ganga, weed, grass, and other names</i> is the most
Description:	commonly used illegal drug in the U.S. The main active chemical is THC. It is usually smoked but can also be eaten.
Effects:	Short-term effects include memory and learning problems, distorted perception, difficulty thinking and solving problems, loss of coordination, increased heart rate, anxiety and panic attacks. Amotivational syndrome is common with regular marijuana users. Parents and employers often notice that the student or employee has become sloppy and lazy as a result of regular marijuana use. Studies have also shown that marijuana users have a higher absentee rate and file far more workers compensation and health insurance claims than non-drug users. An added danger to marijuana use is that of unknown additives. Unknown to the user, PCP and other drugs are sometimes added to marijuana to increase the "high" and therefore the marketability.

Methamphetamine

Brief	Methamphetamine, which is known by street names such as speed, meth, chalk,
Description:	ice, crystal, and glass, is a highly addictive stimulant closely related to amphetamine, but has longer lasting and more toxic effects on the central nervous system. It has an extremely high potential for abuse and addiction. "Meth" can be taken orally, snorted, injected or smoked.
Effects:	Methamphetamine has become a "scourge" drug in many parts of America. This devastating drug has destroyed untold lives and ravaged many communities. This highly addictive drug increases wakefulness and physical activity and decreases appetite. Meth often leads to psychotic behavior, hallucinations, stroke, increased respiration, hyperthermia and euphoria. Other common effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia and extreme aggression. Initially, increased libido is typical, but sexual dysfunction from regular use is common. "Meth mouth", a condition characterized by rotting and missing teeth is caused by longterm use. Hyperthermia, convulsions and organ failure can result in death.

PCP/Phencyclidine

Brief Description: Phencyclidine (PCP), commonly known as angel dust, ozone, wack, rocket fuel, etc, is illegally manufactured in labs and sold as tablets, capsules, or colored powder. It can be snorted, smoked, or eaten. Developed in the 1950s as an IV anesthetic, PCP was never approved for human use because of problems during clinical studies, including intensely negative psychological effects. It was subsequently found to be unsuitable even as an animal anesthetic.

Effects: Many PCP users are brought to emergency rooms because of overdose or because of the drug's dramatic psychological effects. In a hospital or detention setting, people high on PCP often feel no pain or other environmental stimuli such as heat or cold. Regular users of this drug tend to become violent or suicidal, and may become "super human" when confronted by police officers, often necessitating extreme violence or even deadly force to restrain the user.

Ecstasy

Brief Description: Ecstasy (MDMA), also known as 007s, 2CE, 2CI and 4DOT, is a synthetic psychoactive drug that is chemically similar to methamphetamine. Ecstasy is usually taken as a capsule or tablet and is sometimes used with other drugs such as marijuana or ketamine.

Effects: Ecstasy can produce confusion, depression, sleep problems, drug craving, and severe anxiety. It produces feelings of increased energy, euphoria, emotional warmth and distortions in time, perceptions and tactile experiences. In high doses, this drug can interfere with the body's ability to regulate temperature, and it can raise the heart rate and blood pressure to dangerous levels. In rare cases, death can occur. Some of these problems can occur soon after taking the drug or sometimes, even days or weeks after using. In addition, chronic users perform more poorly than nonusers on certain types of cognitive or memory tasks. Research in animals indicates that ecstasy can be harmful to the brain – one study in non-human primates showed that exposure to ecstasy for only 4 days caused damage to serotonin nerve terminals that was still evident 6 to 7 years later.

Alcohol

Brief Description:	Alcohol is a depressant that comes from organic sources such as grapes, grains and berries. Generally, the term "drink" refers to a 12 ounce beer, a 5 ounce glass of wine, or 1.5 ounces of 80 proof liquor.
Effects:	<p>Alcohol affects the central nervous system and brain. It can make users loosen up, relax and feel more comfortable or it can make them more aggressive. Unfortunately, alcohol also lowers the user's inhibitions, which can set them up for embarrassing or dangerous behavior resulting in pregnancy, drug use, violence and accidents.</p> <p>The average adult male will "process" about one drink per hour. One drink will elevate his blood alcohol level about .02 %. In other words, if a man drinks 4 beers in an hour, his blood alcohol level will be about .08% -- legally drunk! It will take about 4 hours for his blood alcohol level to return to 0. CDL drivers may not perform safety sensitive operations at or above .02%.</p> <p>Women tend to absorb alcohol faster and metabolize it slower than men. It is not uncommon for women to take twice as long to metabolize alcohol than men.</p> <p>Since even amounts as low as .02% can affect motor skills and judgement, alcohol should never be used during or prior to driving or operating machinery.</p>

NOTES

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Richard W. Smyke III

Printed name

Richard W. Smyke III

Signature

11-25-13

Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Shawn Hess

Printed name

Shawn Hess

Signature

11-22-13

Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Rebecca Herald

Printed name



Signature

11/19/13

Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM

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DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Anthony SchenT

Printed name



Signature

11/21/13

Date

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Timothy Allen
Printed name


Signature

11-27-13
Date


Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Christopher Sweigert

Printed name


Signature

11-22-13

Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

CERARD P. DERR

Printed name



Signature

11/22/2012

Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

Ronald D. Coughlin

Printed name

Ronald D. Coughlin

Signature

11.22.13

Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM

DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

DONALD GIPPE
Printed name


Signature

11/22/13
Date

Revised NOVEMBER 1, 2013

TOUR WORLD JOE & JANS CONSORTIUM DRUG & ALCOHOL POLICY

I have received and read this drug and alcohol policy and other information attached to this sheet. Furthermore, it was explained to me and I was given the opportunity to ask questions. By signing this document, I hereby agree to abide by all the provisions of this policy as a condition of employment.

EDWARD L BENNETT

Printed name



Signature

11/24/13

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (print) Robert D. HAINES Date of Application 4-10-12

Company _____ Joe + Jans Inc.
 Address _____
 City 132 MCCRACKEN RD. State _____ Zip _____
DANVILLE, PA 17821-9527

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used; and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature Robert D. Haines Date 4-12-12

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED Robert Haines REJECTED _____
 DATE EMPLOYED 4-13-12 POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
 SIGNATURE OF INTERVIEWING OFFICER [Signature]

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for DRIVER
 Name HAINES Robert D Social Security No. 182-30-4518
Last First Middle

List your addresses of residency for the past 3 years.

Current Address 100 E. 8th Ave Shamokin Dam PA
Street City
743-0149 How Long? 25 YRS
Phone yr./mo.
 Previous Addresses
State Zip Code
Street City State & Zip Code How Long? yr./mo.
Street City State & Zip Code How Long? yr./mo.
Street City State & Zip Code How Long? yr./mo.

Do you have the legal right to work in the United States? Yes

Date of Birth April 13 1939 Can you provide proof of age? Yes
(Required for Commercial Drivers)

Have you worked for this company before? Yes Where? same place

Dates: From _____ To _____ Rate of Pay _____ Position Driver

Reason for leaving _____

Are you now employed? No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

No

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME	Tour World	FROM MO. 6 YR. 05	TO MO. 5 YR. 10
ADDRESS	130 mcCracken Rd	POSITION HELD Driver	
CITY	Jen. v. l. l. e	STATE	PA ZIP 17821
CONTACT PERSON	Scott Smith	PHONE NUMBER	570-275-5318
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

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

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
	PA	10-268-916	A		4-3-2013

- 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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES " (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT) <i>Robert D. Haines</i>		ID NUMBER <i>10-268-916</i>	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE) <i>Danville PA</i>		DRIVER'S LICENSE NUMBER <i>10-268-916</i>	STATE <i>PA</i>	EXPIRATION DATE <i>4-4-13</i>

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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

Date *4-12-12* Driver's Signature *Robert D. Haines*

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: *Scott Smith* *4-4-12*
Signature Date
Scott Smith *Operations Mgr.*
Printed Name Title
Joe & Sons *132 McClacken Rd Danville PA 17011*
Motor Carrier Name Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



**PENNSYLVANIA DEPARTMENT OF
TRANSPORTATION
BUREAU OF DRIVER LICENSING**

FULL DRIVER RECORD
MAR 07 2012

DRIVER:
ROBERT D HAINES
100 E 8TH AVE
PO BOX 11
SHAMOKIN DAM , PA 17876

DRIVER'S LICENSE NO: 10268916
DATE OF BIRTH: APR 03 1939
SEX: MALE
RECORD TYPE: 4YR LIC/LP

DRIVER LICENSE (DL)

LICENSE CLASS:
LICENSE ISSUE DATE: MAR 24 2009
LICENSE EXPIRES:

MED RESTRICTIONS: 1
LEARNER PERMITS:
LICENSE STATUS:
CDL MED SELF CERT:

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS: A*
CDL LICENSE ISSUED: MAR 24 2009
CDL LICENSE EXPIRES: APR 04 2013
CDL ENDORSEMENTS: P S
CDL RESTRICTIONS: B
CDL LEARNER PERMITS:
CDL LICENSE STATUS: VALID
CDL LIC DOWNGRADED:
SB ENDORSEMENT: NOT VALID

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:
OLL LICENSE ISSUED:
OLL LICENSE EXPIRES:
OLL LICENSE STATUS:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:
PL LICENSE ISSUED:
PL LICENSE EXPIRES:
PL LICENSE STATUS:

MEDICAL CERTIFICATE (MC)

MC STATUS:

MC RESTRICTIONS: NONE
MC ISSUED:
MC EXPIRES:

MEDICAL EXAMINER (ME)

ME NAME:

ME TELEPHONE:
ME REGISTRY NO:
ME LICENSE NO:
ME SPECIALITY CODE:
ME LICENSING
JURISDICTION CODE:

SKILL PERFORMANCE EVALUATION (SPE)

SPE EFFECTIVE:

WAVIER/EXEMPT (W/E)

W/E EFFECTIVE:

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PENNSYLVANIA PUBLIC UTILITY COMMISSION :
BUREAU OF TRANSPORTATION AND SAFETY :

VS.

: DOCKET NO. C-2013-2156913
:
:
:
:
:

JOE & JANS INC.
132 MCCRACKEN ROAD
DANVILLE PA 17821

CERTIFICATE OF SERVICE

I, Laurinda J. Voelcker, Esquire, do hereby certify that I have served a true and correct copy of the Respondent, Joe & Jans, Inc., Answer to Petitioner's Complaint upon the following individuals, by placing the same in the United States mail, postage pre-paid this 26th day of November, 2013 addressed as follows:

Rosemary Chiavetta, Secretary (**via overnight mail**)
Pennsylvania Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120

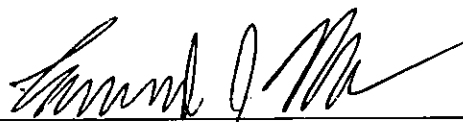
RECEIVED

Wayne T. Scott, Prosecutor (**via regular mail**)
Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement
P.O. Box 3265
Harrisburg, PA 17105-3265

NOV 26 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Kurt Koffman (**via regular mail**)
Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement
P.O. Box 3265
Harrisburg, PA 17105-3265



Laurinda J. Voelcker, Esquire
Attorney for Respondent
17 East Mahoning Street
Danville, PA 17821
(570)275-9100
Attorney ID #82706



U.S. POSTAGE
PAID
DANVILLE, PA
17821
NOV 26 13
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00051120-12

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EI999786457US



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Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 17821	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 26.40
Date Accepted Mo. 11 Day 26 Year 13	Scheduled Date of Delivery Month 11 Day 23	Return Receipt Fee \$ -
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> Military	COD Fee Insurance Fee \$ - \$ -
Flat Rate <input type="checkbox"/> or Weight: 6 lbs. 4 ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code	Total Postage & Fees \$ 26.40 Acceptance Emp. Initials 1

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE (570) 275-9100

Vachek Law Office
17 E. Maining St.
Danville, PA
17821

TO: (PLEASE PRINT) PHONE ()

ZIP - 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

1 7 1 2 0 + [] [] [] []

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811

PRESS HARD. YOU ARE MAKING 3 COPIES.