

Modern Concrete & Materials, LLC  
2090 West Cardinal Drive  
Beaumont, TX 77720  
(409) 840-2080  
modernconcretetx.com



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

- All past employment MUST include addresses, dates, contacts, and phone numbers for verification.
- If you are a CDL driver applicant, we MUST have ten (10) years of previous employment history if available. If you do not have 10 years of experience, please indicate so.
- If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.
- If the answer to a question is not applicable, enter NONE or initial the appropriate block.
- Make sure you sign on all lines requiring your signature and that you initial and date each of the mandatory notification boxes.

**IF YOU HAVE ANY QUESTIONS - ASK!**

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

**EMPLOYER'S APPLICATION FOR EMPLOYMENT**

**BEFORE YOU COMPLETE THE EMPLOYMENT APPLICATION - READ THIS!**  
**INITIAL AND DATE TO THE LEFT OF EACH NOTIFICATION BLOCK**

INITIAL/DATE

	<p><b>General Disclaimer:</b> I understand that <b><u>MODERN CONCRETE &amp; MATERIALS, LLC</u></b> hereafter “<b>The Company</b>”, is not obligated to hire me, that any employment offer will not be for any specified period, that either party may terminate my employment at will, with or without notice or cause, and that no one is authorized to enter into any agreement with me contrary to the foregoing. Nothing contained in my employment application or in granting of an interview is intended to create an employment contract between <b>The Company</b> and me to provide any benefit(s). None of the benefits or policies described in any handbook are intended by reason of publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by <b>The Company</b>, or to change my status as an “at will” employee (as permitted by law). All statements and provisions in the handbook(s) are procedural or are guidelines and <b>The Company</b> has the right to change any policy, benefit or procedure at any time without notice.</p>
	<p><b>Agreement to Follow Rules:</b> If employed, I agree to adhere to all rules, policies, guidelines, procedures, regulations and statutes promulgated by or issuing from <b>The Company</b> or local, state or federal regulatory agencies. I understand that there is no expectation of privacy for any of my personal property on <b>The Company's</b> premises, including vehicles. I consent to and agree that <b>The Company</b> may inspect my personal property, along with desks, lockers, toolkits, etc., to investigate possible violations of <b>The Company's</b> rules, policies, guidelines, procedures or local, state or federal regulations or statutes.</p>
	<p><b>Possess Only One License:</b> As a commercial motor vehicle (CMV) driver you may <u>not</u> possess more than one motor vehicle operator's license (See the Texas Transportation Code (TRC) §522.026 for the full text).</p>
	<p><b>Notification of Conviction to Department or Employer:</b> A person who holds or is required to hold a commercial driver's license and who is convicted in another state of violating a state law or local ordinance relating to motor vehicle traffic control shall notify, in writing, the Texas Department of Public Safety and <b>The Company</b> not later than the 30th day after the date of conviction. (See the TRC §522.061 for the full text).</p>
	<p><b>Notification of Disqualification:</b> A person who is denied the privilege of driving a CMV in a state for any period, who is disqualified from driving a</p>

	<p>CMV, or who is subject to an out-of-service order shall notify <b>The Company</b> of that fact before the end of the first business day after the date the person receives notice of that fact. (See the TRC §522.063 for the full text).</p>
	<p><b>Notification of Previous Employment and Offenses:</b> Anyone applying for employment as a CMV driver will provide the following information for the 10 years preceding the date of application: The names and addresses of previous employers for which the applicant drove a CMV; the dates between which the applicant drove for each employer; the reason for leaving the employment for each employer; and each criminal offense or serious traffic violation of which you have been convicted and each suspension, revocation or cancellation of driving privileges that resulted from the conviction. (See the TRC §522.064 and 49 CFR §391.15(b)(2) for the full text).</p>
	<p><b>Notice of Drug and Alcohol Testing:</b> I understand that I must submit to <b>The Company</b> controlled substance and alcohol testing program and to provide biological samples to be tested. Controlled substances include, but are not limited to: marijuana, cocaine, amphetamines, opiates and phencyclidine. <b>The Company</b> may contract with a third party to obtain, analyze and report on the samples provided. A positive controlled substances and/or alcohol test, or a refusal to test, will disqualify me from consideration for employment or will result in my termination if employed. <b>The Company</b> will report the results of positive controlled substances and/or alcohol tests to the Texas Department of Public Safety in accordance with TRC §644.252. <b>The Company</b> will also release this information to motor carriers and other third parties upon receipt of a properly executed release document. A positive result or a refusal on a post-accident test may also result in denial of any Workers Compensation claims I make due to any injury sustained in an accident. My initials indicate that I have received a copy of <b>The Company's</b> Controlled Substance and Alcohol Policy and Educational materials. My initials authorize <b>The Company</b> to withhold the cost of pre-employment tests if I terminate employment within 60 days of hire date.</p>
	<p><b>Applicant Rights (49 CFR §391.23(i)):</b> I understand that I have the following rights regarding the information that will be provided to <b>The Company</b> pursuant to paragraphs (d) and (e) 49 CFR §391.23(i): the right to review previous employer information, semi colon to have errors corrected and have corrected information resent to <b>The Company</b> to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information period. Drivers who have previous Department of Transportation regulated employment history in the preceding three years and who wish to review previous employer provided investigative information must submit a written request to the company. This may be done at any time, including when applying, or as</p>

	late as 30 days after being employed or being notified of denial of employment.
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**RELEASE AUTHORIZATION**

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

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

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

**RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS AND AGREEMENTS**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

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

**DOT Drug/Alcohol History Check**

**APPLICANT AUTHORIZATION TO RELEASE DOT DRUG/ALCOHOL TEST RESULTS**

**Section 1: To Be Completed By Applicant**

Applicant/Employee: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that as a condition of hire with the above named “**Company**”, that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT §40.25, (or three (3) years as required by §391.23 for any driver of a commercial motor vehicle).

Check boxes or if applicable:

- I have NOT worked in a DOT safety-sensitive position of a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish DOT information requested in section 2 below.

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

*(Complete additional form for each previous DOT employer)*

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to **The Company** listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with **The Company** begins.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT                      EMP ID                      DATE**  
**RELEASE OF PREVIOUS EMPLOYER’S DOT DRUG/ALCOHOL TESTING RESULTS**

**Section 2: To Be Completed By Previous Employer**

In accordance with DOT regulations, **The Company**, named above, is required to obtain - and as a Previous Employer, you are required to release - DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | <b>YES</b> | <b>NO</b> |                                                                                                        |
|------------|-----------|--------------------------------------------------------------------------------------------------------|
| •          | •         | 1. Any DOT alcohol test results of 0.04 or greater?                                                    |
| •          | •         | 2. Any DOT positive drug test results?                                                                 |
| •          | •         | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| •          | •         | 4. Other violations of DOT drug and alcohol testing regulations?                                       |
| •          | •         | 5. Did a previous employer report a drug / alcohol rule violation to you?                              |
| •          | •         | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?*         |
| •          | •         | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations?               |

\* Note: If "yes" for item 5, you must provide the previous employer's report. If you answered yes for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

\_\_\_\_\_  
**NAME OF PERSON COMPLETING FORM**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**DATE**

\* A reproduction of this authorization shall be deemed as effective and valid as original. Rev. 2012





Have you ever had a driving license, permit or privilege suspended, revoked or denied? YES  NO   
 If YES, explain: \_\_\_\_\_

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

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS - OTHER THAN PARKING VIOLATIONS FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL (IF NONE, INITIAL HERE: \_\_\_\_\_)**

DATE	LOCATION	CHARGE	PENALTY

Do you have a legal right to work in the United States? YES  NO

Have you ever been convicted of a felony? YES  NO

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

Do you have a current medical examiner's certificate? YES  NO  Expiration Date: \_\_\_\_\_

Do you have any interstate or intrastate medical, vision or limb waivers? YES  NO

If YES, check the appropriate box and type below:

Interstate  Expiration Date: \_\_\_\_\_ Intrastate  State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: Insulin  Limb  Vision  Other (Specify) \_\_\_\_\_

Are you currently subject to an out-of-service order? YES  NO

Are you currently disqualified to drive? YES  NO

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

Employer Name: _____ Dates of Employment (MM/YYYY): _____ - _____ Position: _____ Pay: _____ Reason for Leaving: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone: _____		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or whether the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR §40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name: _____ Dates of Employment (MM/YYYY): _____ - _____ Position: _____ Pay: _____ Reason for Leaving: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone: _____		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or whether the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR §40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name: _____ Dates of Employment (MM/YYYY): _____ - _____ Position: _____ Pay: _____ Reason for Leaving: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone: _____		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or whether the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR §40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name: _____ Dates of Employment (MM/YYYY): _____ - _____ Position: _____ Pay: _____ Reason for Leaving: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone: _____		

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or whether the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR §40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name: _____ Dates of Employment (MM/YYYY): _____ - _____ Position: _____ Pay: _____ Reason for Leaving: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone: _____		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or whether the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR §40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer Name: _____ Dates of Employment (MM/YYYY): _____ - _____ Position: _____ Pay: _____ Reason for Leaving: _____ Address: _____ City: _____ St: _____ Zip: _____ Contact: _____ Phone: _____		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or whether the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR §40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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



**STATEMENT OF ON-DUTY HOURS**

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

<b>DAY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>DATE</b>							
<b>HOURS WORKED</b>							
<b>TOTAL HOURS</b>							

I was relieved from duty at:

TIME: \_\_\_\_\_ AM  PM  ON \_\_\_\_\_  
DAY
MONTH
YEAR

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

**OTHER COMPENSATED WORK**

Are you currently working for another employer? YES  NO

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

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

**CERTIFICATION AND SIGNATURE**

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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



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



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

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

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

1. This form must be completed in full and include the driver's original signature.  
*(Electronic signatures will not be accepted)*

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety  
Motor Carrier Bureau, MSC #0521  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019 / Facsimile: 512-424-5310  
Email: MCB.VPR@dps.texas.gov**

Check here if CDL Holder is requesting results on self

\_\_\_\_\_ ,  
Print Name of CDL Holder Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

\_\_\_\_\_ ,  
Print Motor Carrier's Name Phone Number

\_\_\_\_\_ ,  
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

**X**

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:  
<http://www.dps.texas.gov.htm>.

## **CELL PHONE POLICY**

### **PURPOSE**

MODERN CONCRETE & MATERIALS, LLC is committed to the continuous improvement of the environmental, health and safety performance to help achieve the greatest benefit for all of our employees, customers and the general public. It is our policy to meet or exceed all applicable environmental, health and safety laws and regulations, and to facilitate full and open discussion to address responsible standards and practices, where laws and regulations do not exist. Whereas, general public opinion and research has shown that distracted driving is becoming increasingly more dangerous and the common use of cell phones. Another mobile radio devices has become the leading distraction of drivers. MODERN CONCRETE & MATERIALS, LLC has adopted this policy for the safety and well-being of all of our employees, customers and the general public. Accordingly, this Environmental, Health and Safety Policy is a standard by which all employees are continually measured.

### **POLICY**

#### **Driving**

All employees of MODERN CONCRETE & MATERIALS, LLC are prohibited from using a handheld mobile telephone while driving a commercial motor vehicle. In no instance, other than provided by law, will MODERN CONCRETE & MATERIALS, LLC allow or require its drivers to use a handheld mobile telephone while driving a commercial motor vehicle.

It is the accepted practice and policy of MODERN CONCRETE & MATERIALS, LLC for a driver of a commercial motor vehicle to bring his or her vehicle to a complete stop in a safe location and placing the transmission in park or setting the emergency brake prior to using a handheld mobile telephone. It is also permissible for a driver of a commercial motor vehicle to use a hands-free mobile telephone, if using it can be done without holding it or touching it more than is required to push one button once.

#### **On Job Site**

All employees of MODERN CONCRETE & MATERIALS, LLC are prohibited from using any mobile telephone, handheld or hands-free, while on a jobsite during the time the truck and/or equipment is operating and the attention of the employee is necessary for its safe operation. Cell phone usage while on any job site is limited to company business and should only be conducted while inside the vehicle, a building, or other location deemed safe from the possibility of the ignition of hazardous materials. Employees should be mindful of and follow specific job site rules concerning cell phone usage.

### **DEFINITIONS**



For the purpose of implementing this policy, the following definitions will be used to clarify the intent and meaning of this policy.

Mobile-Telephone - a mobile communication device that falls under or uses any commercial mobile radio service, as defined in regulations of the FCC. It does not include two-way or CB radio services.

Use of a handheld mobile telephone - (1) using at least one hand to hold a mobile telephone to conduct a voice communication; (2) dialing or answering a mobile telephone by pressing more than a single button, or (3) reaching for a mobile telephone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with §393.93 and adjusted in accordance with the manufacturer's instructions.

Driving a commercial motor vehicle - operating a commercial motor vehicle on a highway, roadwa, private drive, lease road, parking lot, and work locations including while temporarily stationary because of traffic, a traffic control device or other momentary delays. It does not include operating a CMV when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary.

## **TRAINING**

To ensure each employee has been properly trained and made aware of the implementation of this policy, MODERN CONCRETE & MATERIALS, LLC shall require each employee to reach and acknowledge receipt of training of this policy. Each person seeking employment with MODERN CONCRETE & MATERIALS, LLC shall receiving this training as part of the new hire process. Each signed acknowledgment form will be maintained in the employee's permanent personnel file.

## **RESPONSIBILITIES**

It is the responsibility of each employee of MODERN CONCRETE & MATERIALS, LLC to know and adhere to this policy's requirements and prohibitions. A violation of this policy will be considered a blatant disregard for safety and will be immediately reported to supervision and management. Any civil or criminal fines, penalties, taxes, sanctions or administrative penalties imposed upon a driver and/or MODERN CONCRETE & MATERIALS, LLC as a direct result of an infraction of this policy will be that employee's responsibility.

## **DISCIPLINARY PROVISION**

After investigation and consideration by management, any employee violating this policy is subject to disciplinary action up to and including termination.

## **CERTIFICATE OF ACKNOWLEDGMENT**

MODERN CONCRETE & MATERIALS, LLC is dedicated to the safety and well-being of its employees and the general public. We also expect you to regard safety as a priority, equal in importance to providing customer service excellence and meeting quality control standards.

I, \_\_\_\_\_, have read the MODERN CONCRETE & MATERIALS, LLC Cell Phone Policy and understand all of the information contained in this document as listed below;

(Initial each Title)

- \_\_\_ PURPOSE
- \_\_\_ POLICY
- \_\_\_ DEFINITIONS
- \_\_\_ TRAINING
- \_\_\_ RESPONSIBILITIES
- \_\_\_ DISCIPLINARY PROVISION

I acknowledge that I will be held accountable for complying with all rules and regulations stated in this Cell Phone Policy.

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

Company Representative Witness: \_\_\_\_\_

**DRUG AND ALCOHOL POLICY**  
**ISSUED PURSUANT TO D.O.T. REGULATIONS**

1. **Introduction.** Alcohol and drug abuses, in the workplace, are a national problem. MODERN CONCRETE & MATERIALS, LLC (Company) has a strong commitment to its employees, customers, contractors and the general public to provide an alcohol and drug free environment. Company recognizes that a drug free and alcohol free workplace is especially important in the transportation industry because of the responsibility to serve the public safety and without interruption. A driver who uses drugs or alcohol represents a hazard to himself/herself and the general public. Therefore, consistent with those commitments, the Company has revised its policy regarding alcohol and drugs, to be in compliance with the most recent U.S. Department of Transportation regulations.
  
2. **Applicability.** This policy applies to all Company's employees and contractors, who are subject to D.O.T. regulations, including but not limited to, drivers, contract drivers, and driver applicants. All employees subject to D.O.T. regulations are collectively referred to in this policy as "drivers". This policy is effective immediately; however, this is subject to change if and when the D.O.T. issues additional or amended regulations.
  
3. **Prohibited Conduct.** It is a violation of Company policy, which will subject a driver to disciplinary action or lease termination, for a driver to:
  - A. Consume, possess, sell or purchase any alcoholic beverage on MODERN CONCRETE & MATERIALS, LLC's premises (including any office, building, terminal, yard, or other property owned or operated by Company or any other location at which the employee is to perform work) or in any Company's owned or leased vehicle.
  
  - B. Use, possess, sell, transfer (whether for consideration or for free) or purchase any illegal drugs on Company's premises (including any office, building, terminal yard or other property owned or operated by Company or any other location at which the employee is to perform work) or in any Company's owned or leased vehicle. The term illegal drug is defined to include marijuana, cocaine, opiates, amphetamines and phencyclidine or any other controlled substances which is not being used for a prescribed purpose and which may alter an individual's mental or physical capacity (expected as permitted by Federal Highway Administration or D.O.T. regulations).
  
  - C. Report for duty or drive while impaired by use of any of the above mentioned illegal drugs or alcoholic beverages. The term "impaired" or "impairment" means to be under the influence of alcohol or a drug or a controlled substance so that a driver's motor senses (sight, hearing, balance, reflex or reaction) are adversely affected or may be presumed to be so affected.

NOTE: A driver may use a drug or controlled substance if it has been prescribed or administered by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties and who has advised the driver that the drug or substance will not adversely affect the driver's ability to safely operate a motor vehicle. Use of a prescribed drug in compliance with the above requirements shall serve as an affirmative defense, to be proven by the driver through clear and convincing evidence, following a positive test result. However, abuse of a prescribed drug or controlled substance is prohibited.

4. **Drug and Alcohol Testing.** To help insure an alcohol and drug free workplace and to comply with D.O.T. regulations, Company's drivers are subject to testing for the use of drugs and alcohol in a manner prescribed by the D.O.T. Specifically, Company's drivers will be tested in the following circumstances.

- A. *Pre-employment.* All driver-applicants are subject to pre-qualification drug testing during the application process and as part of determining an applicant's qualifications under D.O.T. regulations. Refusal to submit to such testing will render the driver-applicant medically unqualified to operate a commercial motor vehicle and the driver-applicant will be rejected for employment.
- B. *Random.* All drivers will be subject to unannounced drug and alcohol testing, at any time on a random selection basis, as a condition of continued employment as a driver. The number of annual tests shall be at a minimum, equal to at least 50% for drug and 10% for alcohol, of the average number of drivers subject to testing. During the initial 12 month period following the institution of random testing, the testing shall be reasonably spread out through that 12 month period.
- C. *Reasonable Cause.* Where there is reasonable cause to believe a driver has reported to work or is working (including but not limited to driving) while impaired because of the use of illegal drugs or alcohol, the driver will be required to submit to drug and/or alcohol testing. A driver's conduct must have been witnessed and documented by a supervisor who has been trained in the identification of actions, appearance and conduct of a person which are indicative of the use of illegal drugs or alcohol. The witness(es) will document the observed conduct within 24 hours or before the release of the test results, whichever is earlier.

Refusal to submit to periodic, random, or reasonable cause testing will result in a driver not being qualified to operate a commercial motor vehicle or perform any other safety sensitive functions until such driver submits to testing and test results are negative.

- D. *Post-accident.* Any driver who is involved in a reportable accident as described or defined by the D.O.T. must submit to drug and alcohol testing as provided by the D.O.T. regulations. AS soon as practical following a reportable accident involving

a commercial motor vehicle, each surviving driver shall be tested for alcohol and/or controlled substance if:

- i. the accident involved a fatality; or
- ii. the driver received a citation under a state or local law for a moving traffic violation arising from the accident; and
- iii. there is an injury to any person, which requires treatment away from the scene, or any vehicle must be towed from the scene.

A driver subject to post-accident testing must remain available for testing or Company may consider the driver to have refused to submit to post-accident testing. A driver subject to post-accident testing must refrain from consuming alcohol for eight (8) hours following the accident or until an alcohol test has been administered, whichever is first.

Refusal to submit to post-accident testing is a violation of Company's policy, as well as D.O.T. regulations and will result in a driver being unqualified to operate a commercial motor vehicle until the driver submits to testing and test results are negative. If an accident results in a fatality and the driver either refuses post-accident testing or tests positive as the result of a post-accident test, such refusal or positive result will disqualify the driver from driving for not less than one year and will result in immediate termination of his or her employment or contract.

5. **Testing Methods and Collection Procedures.** Drug and alcohol testing under this policy will be administered pursuant to the D.O.T. regulations contained in 49 CFR §40.1, et seq., or as amended by the D.O.T. in the future.

No driver shall be allowed to perform a safety sensitive function unless the result of any breath alcohol test indicates a breath level of less than 0.02 and Company has received a controlled substance test result from the Medical Review Officer (MRO) indicating a verified negative result.

If a driver's test results indicate a blood alcohol concentration of 0.02 or greater, but less than 0.04, the driver shall not be permitted to perform safety sensitive functions until the start of the driver's next regularly scheduled duty period, but in no event, not less than 24 hours following the administration of the test.

No driver shall perform any safety sensitive function if Company obtains information indicating that the driver tested positive for controlled substances, tested at or above 0.04 breath alcohol concentration or refused a test.

6. **Test Results Notification and Confidentiality.** Test results will be reviewed by a qualified Medical Review Officer (MRO) as defined by D.O.T. regulations. Refusal to submit to testing or a positive test will result in a driver being considered medically

unqualified to drive and will subject the driver to disciplinary action, including but not limited to, immediate termination of employment or contract. Drivers will be notified of the test results in conformity with D.O.T. regulations. The MRO will be the sole custodian of the test results and shall maintain such records in accordance with the D.O.T. regulations. The MRO will advise Company only whether a test was positive (indicative of the presence of drugs or alcohol) or negative. Test results will not be released to any other party without written authorization of the tested driver pursuant to D.O.T. regulations. Records relating to the administration of drug and alcohol testing and the results of the drug testing program will be maintained by Company according to D.O.T. regulations.

7. **Employee Assistance Program.** Company subscribes to an Employee Assistance Referral System (EAP) which provides in-house training sessions through the use of videotapes or documents for drivers and supervisory personnel. The training sessions (which are held separately for drivers and supervisors) provide information on the consequences of drug and alcohol use on health, safety and work environment and inform employees and supervisors of the manifestations and behavioral changes that may indicate drug and/or alcohol use.
8. **Disciplinary Action.** Company subscribes to a zero tolerance policy. When a driver or contract driver has committed a violation in the prohibitions concerning alcohol or controlled substances with a verified positive controlled substance test of an alcohol concentration level of 0.04 or above; or has refused to submit to testing, he/she will be immediately relieved of all safety sensitive functions and terminated or lease canceled.

Company drug and alcohol program administrator, who is designated to monitor, facilitate, and answer questions pertaining to these procedures is:

Trent			Almond
2090	West	Cardinal	Dr.
Beaumont,		TX	77720
(409) 840-2080			

**STATEMENT OF RECEIPT AND AGREEMENT OF POLICY**

I certify that I have been provided a copy of the Company Drug and Alcohol Policy and that I have read and understand that policy. I also understand that by accepting employment of contracting with MODERN CONCRETE & MATERIALS, LLC, I have and do consent to submit to screening for alcohol and/or drugs as set forth in this policy or under D.O.T. regulations. I also understand and agree to comply with all Company policies, as well as those policies or regulations promulgated by the Federal Highway Administration, the Department of Transportation, or any other federal, state or local statutes, laws, rules and regulations governing the use or abuse of drugs and/or alcohol. I also understand that my failure to honor the terms of this agreement is grounds for the termination of my employment or contract, or Company's refusal to accept my application for employment or contract with Company.

\_\_\_\_\_  
**DRIVER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DRIVER'S PRINTED NAME**

**POST-OFFER DRUG/ALCOHOL SCREENING & EQUIPMENT AGREEMENT**

As a new employee with MODERN CONCRETE & MATERIALS, LLC, you will be administered a pre-employment drug/alcohol screening and will be issued a hard hat and safety glasses. You will not be required to pay any initial cost for these items, however, if your employment does not extend beyond 90 days (3 months), the cost of the drug/alcohol screening and the PPE equipment and the cost of preparing the Driver Qualification File will be deducted from your last payroll check as follows:

DRUG SCREEN -----	\$70.00
ALCOHOL TEST -----	\$
MVR, CRIMINAL HISTORY & PSP -----	\$
HARD HAT -----	\$
SAFETY GLASSES -----	\$
DRIVER QUALIFICATION FILE -----	\$220.00

MODERN CONCRETE & MATERIALS, LLC will again have the right to offset these costs against the employee's accrued wages and the amount will be deducted from the last payroll check.

I have read, or have had read to me, the information stated above. I understand and agree to the conditions described above.

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**EMPLOYEE'S PRINTED NAME**