

SPRING CREEK

CARRIERS INC.



DRIVER'S APPLICATION FOR EMPLOYMENT

Date of Application: _____ <i>Month/Day/Year</i>	Status: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Name: _____ <i>Last First Middle</i>	

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
_____ *Province Postal Code* Phone (____) ____ - _____ How Long? _____

Previous Addresses: _____ How Long? _____
Street City Prov & Postal Code
_____ How Long? _____
Street City Prov & Postal Code

Have you worked for this company before? _____
Dates: From _____ To _____ Rate of Pay _____ Position _____
Reason for Leaving _____
Are you now Employed? _____ If not, how long since leaving your last employment? _____
Who referred you? _____ Rate of Expected Pay _____

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 Application Form

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/province and zip/postal 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 if necessary.)

Employer	Date
Name:	From: _____ To: _____
Address: _____ City: _____	Position Held: _____
Province: _____ Postal Code: _____ FAX: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Previous Employer Insurance Broker: _____
 Insurance Broker Phone and FAX#: PH: _____ FAX: _____

Employer	Date
Name:	From: _____ To: _____
Address: _____ City: _____	Position Held: _____
Province: _____ Postal Code: _____ FAX: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Previous Employer Insurance Broker: _____
 Insurance Broker Phone and FAX#: PH: _____ FAX: _____

Employer	Date
Name:	From: _____ To: _____
Address: _____ City: _____	Position Held: _____
Province: _____ Postal Code: _____ FAX: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Previous Employer Insurance Broker: _____
 Insurance Broker Phone and FAX#: PH: _____ FAX: _____

Employer	Date
Name:	From: _____ To: _____
Address: _____ City: _____	Position Held: _____
Province: _____ Postal Code: _____ FAX: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Previous Employer Insurance Broker: _____
 Insurance Broker Phone and FAX#: PH: _____ FAX: _____

* Includes vehicles having a GVR or 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

Employment Application Form

Accident Record for the past 3 years or more. If none, write none.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

(Attach sheet if more space is needed)

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)

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)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver	PROV./ STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
Licenses				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE If none, write none.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO.OF MILES - TOTAL
		FROM	TO	
Straight Truck				
Tractor and semi-trailer				
Tractor – two trailers				
Motor Coach – School Bus				
Other				

List States operated in for the 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? _____

Employment Application Form

TO BE READ CAREFULLY AND SIGNED BY APPLICANT

- P 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,
- P I authorize Spring Creek Carriers Inc. 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. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application,
- P In the event of my 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, as permitted by Law.

Date: Month/Day/Year

Applicant's Signature

PROCESS RECORD

**This section to be completed by Company Representative*

*Written record
on file*

	<i>Superior</i>	<i>Good</i>	<i>Fair</i>	<i>Below Avg.</i>	<i>Poor</i>	
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Past Experience						
Attitude						

Applicant Hired: _____
Date & Name of Representative

Unacceptable: _____
Date & Name of Representative

Date Employed: _____

Training Required: _____
Date entered on training roster

Employment Application Form

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

Driver's Name	Start Date of Employment:	Home Terminal: Beamsville, ON
Driver's Licence Number: _____ - _____ - _____	Licence Expiration Date:	

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 NO violations, check the following box -- [] meaning None.

DATE	OFFENCE	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 of Certification: _____ Driver's Signature: _____

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:

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 some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Part 392.42 and Part 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, Part 383.31 requires that any time you violate a state or local traffic law (other than parking); you must report it to your employer motor carrier and the state that issued your license within 30 days.

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

The following license is the only one that I possess:

D/L #: _____ - _____ - _____ **Prov.:** _____ **Expiry Date:** ____/____/____

Driver’s Signature: _____ **Print Name:** _____

Attach a photocopy of driver’s license and photo identification

MEDICAL DECLARATION

On March 30, 1999, Transport Canada and the US Federal Highway Administration (FHQA) entered into a reciprocal agreement regarding the physical requirements for a Canadian driver of a commercial vehicle in the US, as currently contained in the Federal Motor Carrier Safety Regulations, Part 391.41 and visa versa. The reciprocal agreement removes the requirement for a Canadian driver to carry a copy of medical examiners certificate indicating that the driver is physically qualified. (In effect, the existence of a valid driver's license issued by the Province of Ontario is deemed to be proof that a driver is physically qualified to drive in the US).

However, FHWA will not recognize an Ontario license if the driver has certain medical conditions and those conditions would prohibit him/her from driving in the US.

I, _____, certify that I am qualified to operate a commercial motor vehicle in the United States, and I further certify that:

- 1) I have no clinical diagnosis of diabetes currently requiring insulin for control.
- 2) I have no established medical history or clinical diagnosis of epilepsy.
- 3) I do not have impaired hearing. (A driver must be able to first perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 100Hz, or 200 Hz with or without a hearing aid when tested by an audiometric device calibrated to American National Standard Z24.5-1951).
- 4) I have not been issued a waiver by the Province of Ontario allowing me to operate a commercial motor vehicle pursuant to sections 20 or 21 of Ontario Regulation 340/94.

I further agree to inform Spring Creek Carriers Inc. should my medical status change, or I can no longer certify conditions 1 through 4 described above.

Driver Name (print): _____

Driver Signature: _____

Company Representative: _____ Date: _____

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire of use to be tested for the use of controlled substances as a prequalification condition.
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under § 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME (*print*)

APPLICANT'S SIGNATURE

MONTH DAY YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to SPRING CREEK CARRIERS INC. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date

Applicant's Signature

To: _____

Applicant's Name (Print)

Dear Sir/Madam:

The above named individual has made application to this company for a position as Truck Driver and states that he/she was employed by you as _____ from _____ to _____. We appreciate your time in completing in confidence the information requested below.

We ask that you return this form by fax to my attention at the number listed below. I hope that I may be of the same assistance to you some time in the future.

Sincerely yours, Dawn Truell, Safety & Compliance, Spring Creek Carriers Inc.

Fax # (905) 563-7505

Phone # (905) 563-9989 Ext 226

Name of Applicant: _____ Employed from: ___/___/___ to ___/___/___

Job Description: _____

Did he/she drive a motor vehicle for you? Yes / No What type of vehicle: _____

Was he/she a safe and efficient driver? Yes / No Comments: _____

Reason for leaving your employ: Discharged Resignation Lay Off

Was his/her general conduct satisfactory? Yes / No

Any Tickets on Company CVOR? _____

Drug Testing Program? Yes / No

Accidents? _____ Preventable? _____ Non-Preventable? _____

Negligent Damage to Cargo? _____

If yes, please explain: _____

Customer Courtesy?

Log Book Management? _____

Additional Remarks? _____

FORM 413

**REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION
FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR
40.25**

PURPOSE OF THIS FORM: Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O.

TO: [Previous Employer (c/o TPA)]	FROM: [Prospective Employer]
Company: _____	Company: SPRING CREEK CARRIERS INC.
Address: _____	Address: 4695 BARTLETT ROAD
_____	BEAMSVILLE, ON L0R 1B1
_____	Phone: 905-563-9989
Phone: _____	FAX: 905-563-7505 Attn: Compliance Department
Fax: _____	

(Name) _____ (SIN) _____ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413 and 49 CFR 40.25, we are hereby requesting copies of records regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

APPLICANT CONSENT

Date: _____	To: _____
	Previous Employer
In accordance with 49 CFR 382.405(f), by my signature below I authorize you to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding two years from the above date. This information is to be released only to:	
SPRING CREEK CARRIERS INC.	
To the attention of: COMPLIANCE DEPT.	
_____	_____
Applicant Name (Print)	Applicant Signature
	SIN

Please complete the following:

Was the applicant subject to drug and alcohol testing under DOT regulations?

Yes

No

Please continue on page 2.

TESTING HISTORY

1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 2 years?	Yes	No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 2 years?	Yes	No
3. Has this person ever refused a DOT required test for drugs or alcohol in the last 2 years (including verified adulterated or substituted drug test results)?	Yes	No
4. Has this person ever violated DOT drug and alcohol testing regulations other than 1-3 above in the last 2 years?	Yes	No
5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:		
a) Was the person referred to a SAP?	Yes	No
If employment with your company continued:		
b) Was the person evaluated by the SAP?	Yes	No
c) If yes, did the SAP recommend treatment and/or education?	Yes	No
d) Did the person complete the treatment and/or education as determined by the SAP?	Yes	No
e) Did the person undergo a return-to-duty test?	Yes	No
f) If yes, was the return-to-duty test negative?	Yes	No
g) Did the SAP recommend follow-up testing?	Yes	No
h) Did the person complete the follow-up testing?	Yes	No

I confirm that the above information is accurate.

Name (Print)

Company

Signature

Date

New Employee's Drug and Alcohol Statement

In accordance with 49 CFR 40.25(j), as the employer, you must ask any prospective employee, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Company Name: Spring Creek Carriers Inc.

Address: 4695 Bartlett Road,

Beamsville, ON LOR 1B1

Prospective Employee Name: _____

Prospective Employee's SIN/ID number: _____

To be answered by the employee:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	Yes No
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If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see 40.25(b)(5) and 40.25(e)). [The return-to-duty process is outlined in Subpart O of Part 40.]

Prospective Employee Signature

Date

Witnessed By (Printed Name)

Date

Witnessed By (Signature)

Title

49 CFR Part 382.413 and Part 40.25

§382.413 and 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties

- (a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.
- (b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:
 - (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - (2) Verified positive drug tests;
 - (3) Refusals to be tested (including verified adulterated or substituted drug test results);
 - (4) Other violations of DOT agency drug and alcohol testing regulations; and
 - (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.
- (c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.
- (d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information
- (e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part of DOT agency drug and alcohol regulations.
- (f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.
- (g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.
- (h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the information to the employer making the inquiry.
- (i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.
- (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

FORM 301

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: 1. A prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. 2. An employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months [382.301(c)(2)].

DRIVER CONSENT

Date: _____		
To: _____	Address: _____	
Motor Carrier or Testing Program Administrator	_____	
In accordance with 49 CFR 382.405(f), by my signature below I authorize you to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to the questions set out on this form, while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity to:		
Company:	SPRING CREEK CARRIERS INC.	Phone: 905-563-9989
Address:	4695 BARTLETT ROAD BEAMSVILLE, ON L0R 1B1	Fax: 905-563-7505 To the attention of: COMPLIANCE DEPT.
_____	_____	_____
Driver Name (Print)	Driver Signature	SIN/Employee ID

TESTING PROGRAM INFORMATION

The employee participates in this program?	Yes	No
Starting date of program _____	Ending date of program _____	
Program complies with DOT requirements?	Yes	No
Date of last drug test _____		
Is driver qualified to drive (under the rules of Part 382)?	Yes	No
Has driver ever refused a drug or alcohol test?	Yes	No
Comments:		

DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B (last 6 months). Please submit copy of each test result.

Date/Type of Test _____	Positive	Negative
Date/Type of Test _____	Positive	Negative
Date/Type of Test _____	Positive	Negative
Date/Type of Test _____	Positive	Negative

Verified by: _____

Date:

49 CFR Part 382.301

§382.301 Pre-employment testing

(a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for alcohol and controlled substances as a condition prior to being used, unless the employer uses the exception in paragraphs (b) of this section. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver.

(b) An employer is not required to administer a controlled substances test required by paragraph (a) of this section if:

(1) The driver has participated in a controlled substances testing program that meets the requirements of this part within the previous 30 days; and

(2) While participating in that program, either:

(i) Was tested for controlled substances within the past 6 months (from the date of application with the employer), or

(ii) Participated in the random controlled substances testing program for the previous 12 months (from the date of application with the employer); and

(3) The employer ensures that no prior employer of the driver of whom the employer has knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months.

(c)(1) An employer who exercises the exception in either paragraph (b) of this section shall contact the controlled substances testing program(s) in which the driver participates or participated and shall obtain and retain from the testing program(s) the following information:

(i) Name(s) and address(es) of the program(s).

(ii) Verification that the driver participates or participated in the program(s).

(iii) Verification that the program(s) conforms to part 40 of this title.

(iv) Verification that the driver is qualified under the rules of this part, including that the driver has not refused to be tested for controlled substances.

(v) The date the driver was last tested for controlled substances.

(vi) The results of any tests taken within the previous six months and any other violations of subpart B of this part.

(2) An employer who uses, but does not employ, a driver more than once a year to operate commercial motor vehicles must obtain the information in paragraph (c)(1) of this section at least once every six months. The records prepared under this paragraph shall be maintained in accordance with §382.401. If the employer cannot verify that the driver is participating in a controlled substances testing program in accordance with this part and part 40, the employer shall conduct a pre-employment controlled substances test.

(d) An employer may, but is not required to, conduct pre-employment alcohol testing under this part. If an employer chooses to conduct pre-employment alcohol testing, it must comply with the following requirements:

(1) It must conduct a pre-employment alcohol test before the first performance of safety-sensitive functions by every covered employee (whether new employee or someone who has transferred to a position involving the performance of safety-sensitive functions).

(2) It must treat all safety-sensitive employees performing safety-sensitive functions the same for the purpose of pre-employment alcohol testing (i.e., it must not test some covered employees and not others).

(3) It must conduct the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test.

(4) It must conduct all pre-employment alcohol tests using the alcohol testing procedure of 49 CFR part 40 of this title.

(5) It must not allow a covered employee to begin performing safety-sensitive functions unless the results of the employee's test indicates an alcohol concentration of less than 0.04.