



Durango Coca-Cola Bottling Co. – DRIVER'S Application for Employment

Please check which facility you are applying to:

75 Girard
Durango, CO 81303

105 E. Maple
Farmington, NM 87401

154 County Road 1
Gallup, NM 87301

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

Date: _____

Name: _____

Present Address: _____

Phone Number: _____ Email: _____

Do you have the legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

Have you ever worked for Coca-Cola before? _____ Dates: From _____ to _____

Where? _____ What Position? _____

Reason for leaving? _____

Are you currently employed? _____ If not, when was your last day employed? _____

What position are you applying for? _____

Full Time Part Time Temporary Seasonal

How did you hear about this job opening? _____

Tell us briefly why you think you would be a good fit for that position: _____

Have you ever been bonded? _____

Name of Bonding Company: _____



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Please fill out completely. **Incomplete Applications will not be considered**

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the past 10 years. List your complete mailing address, street number, city, state and zip code. All gaps in employment must be listed.

T	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			

T	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			

T	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			

T	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			

Please use the back of this sheet if necessary.



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Accident Records

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

List all driver licenses or permits held in the last 3 years.

Driver Licenses	State	License Number	Type	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: _____



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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 you have operated in for the last 5 years: _____

Which safe driving awards do you hold and from whom? _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than 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: _____ City, State _____

List any skills that could be useful to the position you are applying for:

Forklift Warehouse CDL-A CDL-B Computer Word Excel Other Software

Do you have reliable transportation to commute to the job applied for?



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Please fill out completely. Incomplete Applications will not be considered

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Applicant Signature

Date

For HR Use Only

	Date	Response
MVR		
Med Card		
Past Employers Queried		



Driver Information

A query checks to see if a driver has information about resolved or unresolved drug and alcohol program violations in his or her Clearinghouse record. Which driver's record do you want to query?

First Name

Last Name

Date of Birth

CDL/CLP Number

Country of Issuance

State of Issuance

General Consent for Full Queries of FMCSA Drug and Alcohol Clearinghouse

As of January 6, 2020 any driver applying for a position at Durango Coca-Cola must undergo a full FMCSA Drug and Alcohol Clearinghouse Query before being considered for a driving position.

I understand that if I refuse to provide consent to Durango Coca-Cola to conduct queries of the Clearinghouse, Durango Coca-Cola MUST PROHIBIT me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Printed Name: _____

Signature: _____

Date: _____

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 Durango Coca-Cola Bottling Company, as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. Hours for any working 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.

First Name Middle Name Last Name

DAY	1 YESTERDAY	2	3	4	5	6	7	TOTAL HOURS
DATE								
HOURS WORKED								

I was last relieved from work at: _____ AM / PM on _____
Day Month Year

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier (Durango Coca-Cola Bottling Co.) 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.

YES NO

_____ Are you currently working for another employer?

_____ At this time do you intend to work for another employer while employed by Durango Coca-Cola?

I certify that the information given on this document regarding on-duty hours & compensated work is true. I understand that if I begin working for any additional employer(s) once I become employed with Durango Coca-Cola Bottling Company that I must inform Durango Coca-Cola immediately of such employment activity.

Driver Signature Date

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 intrastate, interstate, or foreign 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 (Durango Coca-Cola Bottling Co.) the NEXT BUSINESS DAY of any revocation or suspension of your driver 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 (Durango Coca-Cola Bottling Co.) and 2) the state that issued your license if the violation occurs in a state other than the one which issued your license. This notification to both employer (Durango Coca-Cola Bottling Co.) and state must be in writing.

3. **CDL DOMICILE REQUIREMENTS:** Section 383.23(a)(2) requires that your commercial driver 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 License #	State	Expiration Date
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DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

First Name	Middle Name	Last Name
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Driver Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE

Company: Durango Coca-Cola Bottling Company

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 Act of 1996 (Title II, Subtitle D, Chapter I, 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

I have received, read, understand, and accept the Fair Credit Reporting Act Disclosure.

First Name	Middle Name	Last Name
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Employee Signature

Date

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: Durango Coca-Cola Bottling Co. 75 Girard St, Durango, CO 81303
970-403-1815 phone, 970-247-1957 fax
aames@durangocoke.com

I understand that as a condition of hire with Durango Coca-Cola Bottling Co., 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 Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the last 2 years (3 years for CMV drivers, 5 years for pilots). **Do not list non-DOT previous employers & proceed to sign & 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 2 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 the DOT information requested in Section 2 below.

Previous Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact/DER: _____ **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 Durango-Farmington Coca-Cola. 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 employ with the Durango-Farmington Coca-Cola begins.

Signature of Applicant

Social Security Number

Date

APPLICANT - DO NOT WRITE BELOW. SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER.

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with DOT regulations, Durango Coca-Cola Bottling Co., is required to obtain--and as a previous employer you are required to release--DOT drug and alcohol information, listed below, concerning the above named Applicant/Employee. 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:

- | | | |
|-------|-------|---|
| YES | NO | |
| _____ | _____ | 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? (Includes 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?* |
| | | <input type="checkbox"/> 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

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

Safety Performance - Accident History for Commercial Motor Vehicle drivers

§391.23 Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the three years prior to the date signed at the top of this page.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Name of Person Completing Form

Title

Phone

Date

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SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: Durango Coca-Cola Bottling Co. 75 Girard St, Durango, CO 81303
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I understand that as a condition of hire with Durango Coca-Cola Bottling Co., 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 Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the last 2 years (3 years for CMV drivers, 5 years for pilots). **Do not list non-DOT previous employers & proceed to sign & 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 2 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 the DOT information requested in Section 2 below.

Previous Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact/DER: _____ **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 Durango-Farmington Coca-Cola. 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 employ with the Durango-Farmington Coca-Cola begins.

Signature of Applicant

Social Security Number

Date

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- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 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? (Includes 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?* |
| | | <input type="checkbox"/> 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

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

Safety Performance - Accident History for Commercial Motor Vehicle drivers

§391.23 Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the three years prior to the date signed at the top of this page.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Name of Person Completing Form

Title

Phone

Date

**Durango Coca-Cola Bottling Company Employee
Notification for Department of Transportation
Required Alcohol and Drug Testing**

IN THE EVENT THAT YOU ARE INVOLVED IN AN ACCIDENT WHERE YOU ARE ISSUED A CITATION OR INVOLVES A FATALITY REGARDLESS OF FAULT, YOU MUST BE TESTED WITHIN TWO (2) HOURS. CONTACT YOUR SUPERVISOR IMMEDIATELY!

THIS IS YOUR RESPONSIBILITY!

- 1) The person designated by Durango Coca Cola Bottling Company to answer your questions in regard to the materials in the drug and alcohol policy is the Human Resources Manager.
- 2) The employees affected by this policy are those who are regulated by: the commercial drivers license requirements of the Department of Transportation (DOT) as defined by part 383; anyone possessing a "CDL" license, anyone subject to the Licencia Federal de Conductor (Mexico) requirements, or subject to the Canadian National Safety Code commercial driver's license requirements.
- 3) The safety functions that pertain to an operator of a commercial motor vehicle, as defined by the Department of Transportation, are as follows: i) all time at a carrier or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved of duty by the motor carrier. ii) all time inspecting equipment as required by Sec. 392.7 and Sec 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time. iii) all driving time as defined in Sec. 395.7, iv) all time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth as defined by the term sleeper berth in Sec. 395.2.
- 4) Employees who are involved in safety sensitive areas of work are prohibited from the consumption of controlled substances at all times. The consumption of alcohol is also forbidden during the following times: i) while performing safety sensitive functions ii) during the four (4) hours prior to performing safety sensitive functions iii) reporting for duty to perform safety sensitive functions with a breath alcohol concentration greater than 0.02 iv) possession of alcohol, unless the alcohol is manifested and transported as part of a shipment v) use of alcohol during eight (8) hours following an accident, or until such time that a post accident test has been taken. Refusal to take a drug or alcohol test includes intimidation or harassment of collectors or refusal to provide an adequate sample as described in your employer's policy.
- 5) The circumstances under which an employee may be tested for alcohol or drug use are as follows:
 - i) Pre-employment drug testing unless the applicant is excepted because of verified previous participation in a DOT drug and alcohol testing program
 - ii) On a random basis throughout the year, as required by the Department of Transportation
 - iii) After an accident that involved a fatality regardless if the employee was at fault or when an employee has been issued a citation for his/her involvement in the accident
 - iv) When reasonable suspicion exists and is documented by a trained supervisor
 - v) A negative drug and/or alcohol test result is required on a return to duty test
 - vi) Follow up testing is required if the employee has violated DOT rules by testing positive. After the individual has been evaluated by a substance abuse professional and obtained a negative result on a return to duty test, a follow up program consisting of a minimum of 6 tests in 12 months is required.
- 6) The initial tests of all specimens will use an immunoassay analysis that will detect the following controlled substances: marijuana (THC), Cocaine, Opiates, PCP, amphetamines according to 49 CFR Part 40, as amended. Confirmation testing will be done using GC/MS methodology.

The purpose of a split sample is in the event of a positive result, a set aside amount will then be made available to the employee for retesting at another certified facility at the employee's expense. In the event of a positive result the Medical Review Officer (MRO) will contact the employee directly, or a message will be left for the employee to contact the MRO to discuss the results and to advise the employee on the steps to retest the split portion. In order to have the split specimen tested, the employee must contact the MRO within seventy-two (72) hours after being notified of the positive result or provide a reason why this could not be done or further tests will not be performed. The results will be forwarded to the employee, the collector, and the designated employer representative as stated above.

Alcohol testing will be performed using a breath analyzer that meets all of the DOT regulations and is listed on the **National Highway Transportation Safety Administration Conforming Products List**. This device will assign a **unique** number to every test, and this is a function that the operator cannot change. The test will be done

according to DOT requirements by a certified Breath Alcohol Technician (BAT). The documentation for this test will be in accordance with the requirements of DOT. After the test is conducted the employee will be shown the results, and a DOT report shall be completed with three (3) copies of the report. The test results shall match and be verified by the employee. The three (3) copies of the results will be distributed as follows: original copy goes to the employer's representative as stated above, second copy goes to the employee, the third copy is retained by the BAT. In the event of a positive test of 0.02 or greater, a second confirming test shall be given no sooner than fifteen (15) minutes nor longer than thirty (30) minutes after the first test, unless unusual circumstances exist. The second test shall be the test of record for positive results. The confirming test results shall be printed from the evidentiary device with three copies that are to be attached to each copy of the report in such manner that the results are secured and any alteration would be apparent.

- 7) Any employee who is regulated as stated above is required by the DOT in 49 CFR Parts 382 and 40 to submit to drug and alcohol testing.
- 8) A refusal to take an alcohol or drug screening test will be viewed as a test that is confirmed positive, and the donor will be removed from performing safety-sensitive duties, referred to a substance abuse professional and terminated. A refusal will include a refusal to sign the required documentation, failure to provide identification or employer recognition, failure to provide an adequate sample, or failure to notify the appropriate persons for a post accident test unless injuries prevent you, in which case a release to have the appropriate medical facility release this information or conduct the appropriate tests shall be required. Failure to provide a sample is as follows: failure to produce 45 mL of urine within three hours that has a temperature range of 90°-100° F, failure to provide an adequate breath sample as instructed by the BAT, unless the employee can provide from a qualified medical practitioner a reason the sample cannot be provided.
- 9) An employee shall be confirmed as being positive for the use of a controlled substance by the Medical Review Officer, based on results from a DHHS-certified laboratory. An employee shall be considered to be positive for alcohol in the event that the breath alcohol concentration is equal to or greater than 0.04 as found in the confirmation test. Any employee who has tested positive for either will immediately be removed from performing safety-sensitive duties, placed on unpaid administrative leave and referred to a substance abuse professional for evaluation. The employee is responsible for following the return-to-duty process including the costs of the evaluation, treatment, counseling or education, and testing prior to returning to safety-sensitive work. Coca Cola of Durango will evaluate the employee's return-to-work process, and if a position is available, may choose to return the employee to work. However, Coca Cola of Durango reserves the right to initiate additional disciplinary action up to and including termination.
- 10) In the event that an employee tests positive for an alcohol concentration greater than 0.02 but less than 0.04, the employee will be removed from performing any safety sensitive tasks for twenty-four (24) hours.
- 11) The use of illegal drugs can affect everyone around you. In the working environment this can mean compromising your safety or the safety of a co-worker. The use of drugs can lead to poor performance and, even worse, an accident. Damage to one's health is also a major concern. Drugs can impair one's ability to concentrate and can destroy memory, liver function, and heart function. Drugs can and do lead to premature death for most chronic users. The effect that drugs have on those around you can also be profound, especially to those closest to the drug user. Families are often the most hurt by a family member's drug use. While alcohol is legal, the effects of its abuse can be just as devastating. The effects run through one's work as well as personal life

The signs and symptoms that there may be a problem with drug or alcohol use are many; here are a few: excessive absences and or tardiness; frequent time off during the work day; numerous accidents that are unexplainable; a pattern of accidents during a specific shift time; an increase in insurance claims; poor work performance; lack of concentration or decreased production after lunch or breaks; non-work related visits from other employees or strangers; frequent trips to the water fountain or restroom; frequent visits to the automobile or parking lot; agitation, rapid, slurred speech, dizziness, dilated pupils, bloodshot eyes, or runny nose; drastic weight changes; marked changes in mood, attitude, and behavior; wearing long sleeves or dark glasses at inappropriate times; frequent need to borrow money; avoidance of supervisors. If you or someone you know has a problem with drugs or alcohol, there is help available. In the white pages is a listing for Alcoholics Anonymous and Narcotics Anonymous, and in the yellow pages there are listings under alcohol and drug headings for treatment centers near you. Please feel free to talk to your supervisor about any concerns you may have and if your company has an employee assistance program, they will be able to assist you in obtaining help either for yourself or someone else. If you suspect that a fellow employee may have a problem, talk to him or her, express your concern about what you see. Sometimes a direct confrontation from a friend is all that is needed to convince someone to get help. If this is not something that you feel comfortable with, let your supervisor know and ask for assistance.

**Durango Coca-Cola Bottling Company
Federal Motor Carriers Safety Administration**

Employee: _____

I have read and understand the information in Employee Notification on Department of Transportation required Drug and Alcohol Testing Program as provided by Durango Coca-Cola Bottling Company.

Signature

Date



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE

Coming
January 6, 2020

FOR CDL DRIVERS

- ✓ Record
- ✓ Consent
- ✓ Query
- ✓ Safety



What is the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse?

A secure, online database that will give employers and other authorized users real-time information about commercial driver's license (CDL) and commercial learner's permit (CLP) holders' drug and alcohol program violations, thus improving safety on our Nation's roadways.

Which drivers are covered by the Clearinghouse?

Any driver who holds a CDL (CDL driver) and meets the requirements of the CDL standards (49 CFR Part 383), and the FMCSA Drug and Alcohol Testing Program (Part 382). References to CDL drivers also includes CLP drivers.



FALL 2019

Registration Opens

- Create your user account
- Visit the Clearinghouse Learning Center



JANUARY 6, 2020

Implementation Date

- Mandatory reporting begins



How will CDL drivers use the Clearinghouse?

Beginning January 6, 2020, registered CDL drivers can use the Clearinghouse to:

- Provide electronic consent to release detailed drug and/or alcohol violation information in your Clearinghouse record to a current or prospective employer (when an employer conducts a full query).
- Review your own Clearinghouse record and initiate the process to revise or remove incorrectly entered information.
- Identify a substance abuse professional (SAP) to report on RTD activities, if you have an unresolved drug and alcohol program violation in your Clearinghouse record.

Questions?

Email clearinghouse@dot.gov

Why register this fall?

Beginning January 6, 2020, employers of CDL drivers must query the Clearinghouse to verify that a current or prospective driver is not prohibited from operating CMVs or performing other safety-sensitive functions due to an unresolved drug and alcohol program violation.

Register early to to ensure you are ready on January 6, 2020.

While Clearinghouse registration is not required for all drivers, you will need to be registered to view your own Clearinghouse record electronically, or to provide electronic consent for a current or prospective employer to conduct a full query (including a pre-employment query) in the Clearinghouse. Failing to consent to a query will result in a driver being prohibited from performing safety-sensitive functions for the employer conducting the query.