DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ **Date** _____

1555 Beaulieu Road
Port Allen, LA 70767
P: (225) 930-4512
F: (225) 930-4516

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

TO BE READ AND SIGNED BY APPLICANT

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

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

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFT 391.23(d) and 9e). I understand my right to:

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

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If rejected, summary report of reasons should be placed in file.)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____

Name _____ **Social Security No.** _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

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

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

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

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

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

Date of Birth _____ **Can you provide proof of age?** _____

(Required for Commercial Drivers)

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

Dates: From _____ **To** _____ **Rate of pay** _____ **Position** _____

Reason for Leaving _____

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

Who referred you? _____ **Rate of pay expected** _____

Have you ever been bonded? _____ **Name of bonding company** _____

(Answer only if a job requirement)

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

_____

If yes, explain if you wish.

_____

_____

Do you have a twic card? Yes _____ **No** _____ **If Yes, Expiration Date:** _____

Can you drive a standard? Yes _____ **No** _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.
Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Employer	Date
Name	**From** Mo. Yr. **To** Mo. Yr.
Address	**Position Held**
City **State** **Zip**	**Salary/Wage**
Contact Person **Phone Number**	**Reason For Leaving**
Were you subject to the FMCSRs† while employed? ☐ **YES** ☐ **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? ☐ **YES** ☐ **NO**	

EMPLOYMENT HISTORY (continued)

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

***Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.**

EMPLOYMENT HISTORY (continued)

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

Employer	Date
Name	From Mo Yr / To Mo Yr
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason For Leaving
Were you subject to the FMCSRs† while employed? ☐ YES ☐ 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? ☐ YES ☐ NO	

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

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE

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

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

LOCATION	DATE	CHARGE	PENALTY

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

	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
Driver Licenses or Permits held In the past					

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO_____

B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO_____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

_____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT			DATES FROM (M/Y)	DATES TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
Vacuum Truck	□ YES □ NO				
End Dump	□ YES □ NO				
Flat Bed	□ YES □ NO				
Roll Off	□ YES □ NO				
Dry Bulk	□ YES □ NO				
Van Trailer	□ YES □ NO				
Low Boy	□ YES □ NO				
Winch Truck	□ YES □ NO				
S/T Roll Off	□ YES □ NO				
70 Barrell	□ YES □ NO				
Tri Axle Dump	□ YES □ NO				
OTHER_____	□ YES □ NO				

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? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

_____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

_____

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

_____

EDUCATION

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

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

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Kent Environmental
A TMS Environmental LLC Company

New Applicant DOT Drug & Alcohol Test Statement

Applicant Name: _____

Social Security Number: _____

Have you had an alcohol test with a result of 0.04 or higher alcohol concentration within the past three years?	YES	NO	
Have you tested POSITIVE for controlled substances within the past three years?	YES	NO	
Have you REFUSED a test for alcohol or controlled substances within the past three years?	YES	NO	
If you violated a DOT drug and alcohol regulation, did you complete a SAP prescribed Rehabilitation program with your previous employer, including return to duty and follow-up tests?	YES	NO	N/A
Did you successfully complete a SAP's Rehabilitation referral and remain employed, and did you subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or a refusal to be tested?	YES	NO	N/A

If within the past three years, you have tested positive for controlled substances, please list the substances found in your system:

_____

_____

Please Note: Failure to provide true and accurate answers to these questions will result in immediate termination.

_____ _____

Applicant Signature **Date**

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Kent Environmental, A TMS Environmental LLC Company ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Kent Environmental, A TMS Environmental LLC Company ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/11/2016

REQUEST FOR CHECK OF DRIVING RECORD

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

I hereby authorize you to release the following information to **Kent Environmental, A TMS Environmental LLC Company** for purposes of investigation as required by Sections 91.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ _____

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act,** Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law104-208). I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

_____ _____

(Signature of Requester) (Date)

TO: _____

_____

_____

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

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

NAME OF APPLICANT/DRIVER: _____

ADDRESS: _____

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

FORMER ADDRESS: _____

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

DATE OF BIRTH: _____ SSN: _____ LICENSE NO. _____

KENT ENVIRONMENTAL
A TMS ENVIRONMENTAL LLC COMPANY
1555 BEAULIEU ROAD
PORT ALLEN, LA 70767

REQUESTED BY

_____
(Printed Name)

_____
(Title)

_____
(Signature)

MOTOR VEHICLE DRIVER'S

Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violation 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 violations which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER		DATE OF EMPLOYMENT
HOME TERMINAL (CITY & STATE)	DRIVERS LICENSE NUMBER	STATE	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 last 12 months.

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

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certificate 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 391.25**

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

_____

Reviewed by: _____ _____
Signature **Date**

_____ _____
Printed Name **Title**

Kent Environmental, A TMS Environmental LLC Company 1555 Beaulieu Road, Port Allen, LA 70767
Motor Carrier Name and Address

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or used them within the last 3 years in a position that involved the operation of a commercial motor vehicle.

In accordance with 49 CFR §391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.

Please complete SECTIONS 2 and 3 (as applicable) and return to the prospective employer shown in SECTION 1.

PROSPECTIVE EMPLOYEE: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 4a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 4b and retain.

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____ _____

First Name M.I. Last Name

_____ _____

Social Security Number Date of Birth

hereby authorize:

Previous Employer: _____ Email: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax No: _____

To release this information in a written form that ensures confidentiality, such as fax, email, or letter, to:

Prospective Employer: TMS Environmental LLC DBA Kent Environmental

Attention: April Alberado Telephone: 225-930-4512

Street: 1555 Beaulieu Lane

City: Port Allen State: LA Zip: 70767

Prospective employer's confidential fax number: 225-930-4516

Prospective employer's confidential email address: april.alberado@kentenvironmental.com

Applicant's Signature Date

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Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was employed or used by ○ Yes ○ No

Employed as (job title) | from (m/y) | to (m/y)

Did they drive a motor vehicle for you? ○ Yes ○ No

If yes, what type? ○ Straight Truck ○ Tractor-Semitrailer ○ Bus ○ Cargo Tank ○ Doubles/Triples ○ Other (Specify) Other

Completed by:

Company:

Street:

City: | State | Zip: | Telephone

Signature | Date

Complete Section 3 before returning.

Employee Name: | Date

Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1,

☐ or check here if there is no accident register data for this driver.

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

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government

Section 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ○ Faxed to previous employer. ○ Mailed ○ Emailed. ○ Other

Other (specify)

By: Date

Subsequent attempts to contact previous employer (391.23(c)(1)):

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from:

Recorded by: Date

Method ○ Fax ○ Mail ○ Email ○ Telephone ○ Other:

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Kent Environmental, A TMS Environmental LLC Company

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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

_____ _____

Applicant's Signature Date

_____ _____

Print Name Social Security Number

DRUG & ALCOHOL CLEARINGHOUSE
CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per 38.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO THE MOTOR CARRIER: This consent for authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per 382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I _____, hereby authorize
(Driver's printed name)

Kent Environmental, A TMS Environmental LLC Company
(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent withing 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

Social Security Number: _____ Date: _____

ORIGINAL – Motor Carrier

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Kent Environmental
A TMS Environmental LLC Company

Please read and initial each of the following:

- **Kent Environmental, A TMS Environmental LLC Company requires that you maintain an OSHA card, TWIC card and Commercial Drivers' License as a condition of employment. It is your responsibility to renew each of these. _____**

- **Kent Environmental, A TMS Environmental LLC is available for work 7 days a week, nights and weekends. You must be available for work 7 days a week, night and weekends at any of our terminals. Please advise management of any special arrangements on a pre-hire basis to see if we can accommodate your needs. _____**

- **It is your responsibility to notify dispatch when you need a day off at least three (3) days in advance. _____**

- **Kent Environmental, A TMS Environmental LLC pays drivers _____% of truck gross. Kent and Smith Holdings, LLC also allows drivers to work in the shop when approved by management. Shop time is payable at $16.00 hourly. _____**

- **Kent Environmental, A TMS Environmental LLC will pay or reimburse the cost of OSHA, OSHA Refresher, and/or TWIC, however, if you are terminated or resign within six months of your hire date or renewal date, we will deduct these costs from your final payroll check. _____**

- **Kent Environmental, A TMS Environmental LLC will deduct the cost of your physical, drug, and alcohol screening from your final check if you are terminated or resign within the first 90 days of employment. _____**

- **All Kent Environmental, A TMS Environmental LLC equipment is to be domiciled at your terminals in Port Allen, Raceland and Westlake or at the Sunshine Casino and Truck Plaza at 10433 Hwy 70, St James, LA or Cane Row at 7775 Hwy 70, Donaldsonville, LA. _____**

- **Kent Environmental, A TMS Environmental LLC pays weekly. All paperwork must be turned in by Monday, at noon, in order to be paid the following Tuesday. Not meeting the Monday Noon deadline will result in your payroll being delayed by one week. _____**

- **You must turn in all citations, violations, fuel receipts, materials and work tickets with your payroll. Failure to do so will result in a payroll delay and these expenses will be deducted from your payroll. _____**

- **Kent Environmental, A TMS Environmental LLC will deduct the cost of your Ipad if not returned within 3 days of your termination or resignation. The total cost will be $900.00 _____**

_____ _____

Signature **Date**

THIS PAGE MUST BE SIGNED, DATED AND RETURNED.

Endorsements:

I understand and agree that I have read, understand and received a copy of each of the following endorsements to the Kent Environmental, A TMS Environmental LLC Company Employment Application:

➢ **Drug & Alcohol Receipt**	➢ **Accident/Incident/Spill Reporting**
➢ **Unauthorized Use of Company Vehicles**	➢ **Physical/Drug/Alcohol Reimbursement**
➢ **Safety and Health Program**	➢ **Unauthorized Passengers**
➢ **Speeding Violations**	➢ **Engine Oil**
➢ **Vehicle Damage**	➢ **Kent Vehicle, Equipment, Uniforms**
➢ **Roadside Inspections**	➢ **Accidents/Citations/Violations**
➢ **Drug and Alcohol Testing Clarification**	➢ **Annual Inspections**
➢ **Truck and Trailer Information**	➢ **Driver Dispatch/Off Duty Time**
➢ **Doctor's Appointments**	➢ **On-Call Personnel**
➢ **Cell Phone Agreement**	➢ **Personal Cell Phone Usage**
➢ **Parking of Kent Environmental, A TMS Environmental LLC Company Owned/Leased Equipment**	➢ **HAZMAT Endorsement**
➢ **Driver Logs, Post-Trip Inspections and IFTA Reporting Forms**	➢ **Work Tickets and Supporting Documents**
➢ **Permitted Roads**	➢ **Company Physicals**
➢ **Driver/Vehicle Violations**	➢ **Seatbelt Violations**
➢ **No Record of Duty Status (Logs)**	➢ **Size and Weight Violations**
➢ **3 Point Entry/Exit Policy**	➢ **Daytime Running Lights**

By signing below, I am agreeing to abide by these policies and procedures. Please return ***ONLY*** this page. The endorsements are for your records!

_____ _____

Employee Signature Date Signed

Drug and Alcohol Receipt: I certify that I have read, understand, and have received a copy of the alcohol and drug policy. By accepting employment, I consent to submit to drug/alcohol testing and agree to comply with all of the requirements of the federal, state, and local laws and company policy.

The results of the drug/alcohol tests will be maintained by the driver qualification department and will not release the results to any additional parties without written authorization. I authorize the employing motor carrier to inquire about drug/alcohol test results conducted by previous employer motor carriers and authorize my prior employing motor carriers of the past two years to release all information regarding any alcohol test with a concentration of 0.04 or greater, a positive test for controlled substances and any refusals to be tested.

Accident/Incident/Spill Reporting: It is imperative that all accidents, incidents and spills be reported ***immediately*** to your supervisor. Anyone ***not*** reporting accidents, incidents or spills promptly will be subject to termination of employment.

You must also provide, in writing, your statement of the facts of the accident/incident/spill. Each vehicle should have an accident reporting kit which includes a camera. This kit will assist you in preparing your statement, taking photos of the accident scene and reporting all pertinent information. Please check your vehicle to ensure that you have an accident reporting kit.

Supervisors, it is your job to complete the supervisors portion of the accident/incident report and forward all information to Pat Clay concerning any accident, incident or spill. Pat, will, in turn, conference with upper management as to how to handle the accident, incident, or spill. Supervisors please do not decide not to report an accident, incident, or spill. Your decision could cause your loss of employment.

Supervisors, please remember that all employees involved in an accident are subject to Post-Accident drug and alcohol testing immediately following the accident. Remember, if you are in doubt, REPORT!!!!

Unauthorized Use of Company Vehicles: It has been brought to our attention that some employees may be utilizing company vehicles for personal use. This must stop as we have no liability coverage that will cover you or your passengers while engaged in unofficial business. Our policy states: "The business auto policy does not extend coverage to employees and their family members if the company furnished vehicle is operated outside the scope of the employer's permission or if the employee rents or borrows a vehicle on a personal basis which is not owned, rented or borrowed by the business."

With this in mind, anyone found to be utilizing a company vehicle for personal use is subject to but not limited to termination. Keep in mind that unlawful use of a movable (vehicle) is considered theft which is a felony under the criminal code.

Reimbursement of cost of Pre-Employment Physical and Drug Screens:

Pursuant to Louisiana Labor Law R.S. 23:897 section K:

"Notwithstanding any other provision of law, an employer shall have a right of reimbursement from an employee or an applicant who becomes an employee, provided employee is compensated at a rate equivalent to not less than one dollar above the existing federal minimum wage and is not a part-time or seasonal employee as defined in R.S. 23:1021, for the costs of such employee's or applicant's pre-employment medical examination or drug test if the employee terminates the employment relationship sooner than ninety working days after his first day of work or never reports to work, unless such termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law."

Therefore, please be aware, any employee terminating prior to 90 working days will be made to reimburse Kent the cost of pre-employment physical and drug testing. The preferable method of reimbursement is a payroll deduction

from your final paycheck. If payroll deduction is not a viable option, you will be expected to pay the cost via personal check or money order to your terminal manager.

Safety and Health Program: The employee acknowledges that he/she knows the location of the Safety and Health Program has read the Program and understands the contents of the Program. If the employee is unable to read, he/she acknowledges that the contents of the Safety and Health Program have been explained to him/her and that he/she understands it.

Complying with all stated policies, including safety, is a condition of employment with this entity.

Unauthorized Passengers: Pursuant to FMCSA Regulation 392.6:

Subpart G — Prohibited Practices
§392.60 Unauthorized persons not to be transported.

(a) Unless specifically authorized in writing to do so by the motor carrier under whose authority the commercial motor vehicle is being operated, no driver shall transport any person or permit any person to be transported on any commercial motor vehicle other than a bus. When such authorization is issued, it shall state the name of the person to be transported, the points where the transportation is to begin and end, and the date upon which such authority expires. No written authorization, however, shall be necessary for the transportation of:
(1) Employees or other persons assigned to a commercial motor vehicle by a motor carrier;
(2) Any person transported when aid is being rendered in case of an accident or other emergency;
(3) An attendant delegated to care for livestock.
(b) This section shall not apply to the operation of commercial motor vehicles controlled and operated by any farmer and used in the transportation of agricultural commodities or products thereof from his/her farm or in the transportation of supplies to his/her farm.

I hereby acknowledge that I am in receipt of a copy of Subpart G-Prohibited Practices §392.60 of the Federal Motor Carrier Rules and Regulations manual. I also acknowledge the following disciplinary actions will be enforced if I am found in violation of this policy:

1st Offense	3 days off without pay
2nd Offense	7 days off without pay
3rd Offense	Termination

Speeding Violations: Speeding violations received when driving a vehicle operating under Kent Environmental, A TMS Environmental LLC Company USDOT Number (driver/vehicle examination report), will be subject to the following disciplinary action:

1st Citation = 1 Day Suspension
2nd Citation= 3 Days Suspension
3rd Citation= Subject to termination

Any unit clocked speeding with the company radar will be subject to the following disciplinary action:

1st Violation = (Written) Verbal Warning
2nd Violation = 1 Day Suspension
3rd Violation = 3 Days Suspension
4th Violation = Subject to Termination

Engine Oil: Any employee driving a company owned vehicle is required to make sure that all fluid levels are checked and vehicle is properly maintained. If any company owned vehicle is checked and found that the engine oil does not reach the dipstick, the employee responsible for that vehicle is subject to immediate dismissal.

Vehicle Damage: Any damage to company owned vehicles which is determined to be due to operator abuse, will be repaired at the operators' expense through payroll deduction.

Issued Vehicles, Equipment, Uniforms, Etc.: Any employee leaving without returning uniforms and/or equipment will be subject to payroll deduction for entire cost of missing uniforms in final paycheck. If you are out of work due to an illness or an injury for over seven (7) days, Kent vehicle, uniforms, and equipment are to be returned to your reporting office. Once you return to work uniforms, vehicle and equipment will be re-issued.

Roadside Inspections: Any time you are stopped for a **roadside inspection**, you must contact your immediate supervisor within **24 hours** and report the inspection and any citations issued. You then have **7 days** to turn in the inspection. If you are working away from your normal terminal, turn it in to the terminal where you are working. These Inspections **cannot and will not** be held by any employee. Any employee receiving a speeding violation will have their truck governed to 62 MPH.

Supervisors, anytime you are notified of an employee receiving a speeding citation, you have 24 hours to report it to Pat Clay. Simply put, all speeding violations should be reported to Pat Clay within 48 hours of their receipt. Allowances will be made for weekends and holidays ONLY!

Any employee not following these guidelines may be subject to **IMMEDIATE TERMINATION!**

Accidents/Citations/Violations: Any employee who drives a company vehicle whether 18-wheeler or pickup is required to report any accidents, citations or violations received **REGARDLESS** of whether the accident, citation or violation was received in a company vehicle or a personal vehicle. The accident, citation or violation must be reported to your immediate supervisor and a copy of the accident report, citation or violation furnished to Pat Clay within 48 hours of receipt. **ANY** accident, ticket or violation you receive impacts our insurance. Any employee not following these guidelines may be subject to **IMMEDIATE TERMINATION**.

Drug and Alcohol Testing Clarification: This is a clarification on **Kent Environmental, A TMS Environmental LLC Company** drug and alcohol testing policies:

Please be aware, post-accident drug and alcohol tests are ***required*** in the following situations:

1. Any accident/incident where a police report is made, regardless of state, city, or parish police
2. Any accident/incident on a customer's location (includes equipment and/or personnel)
3. Any spill on a customer's location
4. Any employee who is injured or becomes ill requiring medical attention while on job
5. Any incident resulting in damaged equipment

A reminder: A DOT recordable accident is defined as any accident involving a commercial motor vehicle operating on a public road which results in:

A. A Fatality; or
B. A Tow away; or
C. Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident

Please keep in mind these are required by the DOT, our customers and our insurance companies. Testing is ***NOT*** optional or on a time permitting basis. Testing must be done immediately following accident/incident/spill. All testing must be completed at one of our approved sites.

Remember, if in doubt….**TEST!**

Annual Inspections: We have had a rash of violations for **NO PROOF OF CURRENT US DOT ANNUAL INSPECTION** (Inspection Sticker).

As the **DRIVER** of the truck, you are responsible for checking that you have a current inspection on the truck and trailer (***EVEN*** if the trailer does not belong to Kent Environmental, A TMS Environmental LLC Company).

If your inspection has expired or you do not have a sticker for the truck or trailer, it must be noted on **YOUR POST TRIP INPECTION REPORT** and reported to the office or mechanic shop. Failing to follow these procedures could result in ***YOU*** paying the penalty ($100 for each violation)

Truck and Trailer Information: All drivers, including owner-operators, are required to complete the **DRIVER—TRUCK—TRAILER** information form on the truck and trailer assigned to them. Anytime your truck/trailer assignment changes, you are required to complete another one of these forms. The form can be obtained from your dispatch office. Once this form is complete it must be faxed to Pat Clay at **(225) 930 4516.** The original must be returned to April Alberado and becomes a part of your driver qualification file.

Driver Dispatch/Off Duty Time: When you are called to go to work, you have ***fifteen (15) minutes*** to return the call to the dispatcher. If you do not call back within this time frame, you are subject to immediate termination.

Once you have been dispatched, you have ***one (1) hour*** to be on the road to the job site ***REGARDLESS OF WHERE THE JOB SITE…NORTH, SOUTH, EAST OR WEST.***

DOCTOR'S APPOINTMENTS: If you have a doctor's appointment scheduled, you must let the office know as soon as the appointment is scheduled. You MUST give the office at least 24 hours' notice prior to the scheduled visit. If you must have more than one (1) day off, you must give one (1) week notice.

On-Call Personnel: All on-call personnel must be available for work 24 hours a day except for scheduled days off or prior approval from management. You must answer your phone when called. If your phone is not working or you will be at a different number, the supervisor on duty must be notified. Drinking alcoholic beverages while on-call is not allowed and is not an accepted excuse. When you are on call, you MUST be ready and available to work at a moment's notice.

The **FIRST TIME** you are on-call and unavailable for work, you will receive a WARNING.
The **SECOND TIME** you will be SUSPENDED without pay for 3 days.
The **THIRD TIME,** you will be SUSPENDED without pay for 5 days.
The **FOURTH TIME,** you will be **TERMINATED.**

Cell Phone Agreement: The following conditions apply to any employee utilizing a Kent Environmental, A TMS Environmental LLC Company phone owned by Kent, its assigns or affiliates:

1. The phone is to be used for Kent Environmental, A TMS Environmental LLC Company business and although personal calls are allowed, they must be kept to a minimum.

2. You must not use the phone in an unsafe manner while operating a motor vehicle or other equipment provided by Kent Environmental, A TMS LLC Company. The cell phone or similar device must not be used while driving, whether business conducted is personal or company related. This prohibition includes receiving or placing calls, text messaging, surfing the internet, receiving or responding to email, checking for phone messages or any other purpose related to your employment; the business; our customers; our vendors; or any other company or personally related activities not named here while driving or on a company location that bans cell phone usage.
3. Any text message, email or internet usage that is not Kent Environmental, A TMS Environmental LLC Company related will result in loss of cell phone.
4. Distractions occur during driving, however, curbing the use of cell phones, while driving, is one way to minimize the risk, for our employees, of accidents. Therefore, you are required to stop your vehicle in a safe location so you can safely use your cell phone or similar device.
5. If you lose the Kent Environmental, A TMS Environmental LLC Company cell phone, you are responsible for paying for its replacement unless sufficient evidence can be supplied that the phone was stolen or lost outside of your control.
6. When choosing a phone, you will choose a phone offered through the Kent Environmental, A TMS Environmental LLC Company contract or you will personally pay the difference in the cost of the phone of your choosing.
7. If you do not adhere to any part of this agreement, you may be subject to termination or access to the Kent Environmental, A TMS Environmental LLC Company cell phone and/or disciplinary action.

Personal Cell Phone Usage: Cell phone usage is banned from many of our customer's locations. Make sure the location you are on allows cell phone usage before using your cell phone or any electronic device on any location. Many accidents occur when cell phones are used while driving. It is against Kent Environmental, A TMS Environmental LLC Company, company policy for any employee to utilize a cell phone while driving, loading or unloading. Anyone going against this policy is subject to immediate termination as this can result in a serious accident, injury, death or hazardous spill. Texting has been banned by the Department of Transportation (DOT) in ALL states. If you are involved in a DOT recordable accident, you will be required to furnish the DOT with your cell phone records to prove that you were NOT on the phone and you were NOT TEXTING. The same goes with incidents on our customer's locations. If you have an accident, incident or spill on a customer location, you will be required to furnish your phone records to prove you were not talking or texting at the time of the accident, incident or spill.

Parking of Kent Environmental, A TMS Environmental LLC Company Equipment: If you are driving a truck and trailer home or parking nearby and backing off the road into your parking spot, this will **NO LONGER BE ALLOWED.** If you are unable to drive in and turn around and drive out, you must drop your trailer at a truck stop or a Kent Environmental, A TMS Environmental LLC Company yard. This policy pertains to both company drivers and owner-operators.

Hazardous Materials and Tank Endorsement: ALL commercial drivers employed by Kent Environmental, A TMS Environmental LLC Company are required to have both a HAZMAT and TANK endorsement. Any commercial driver hired without a HAZMAT endorsement has ninety (90) days to obtain the HAZMAT endorsement or contact April Alberado with a progress report and expected date to obtain this endorsement. Any employee not eligible for a HAZMAT endorsement must notify April Alberado of the reason for ineligibility in writing as this will become a part of your drivers' qualification file.

Any employee without a Tank endorsement will not operate our equipment until the endorsement is obtained. Any employee not following these guidelines is subject to termination.

Drivers Hours of Duty (Logs), Driver Vehicle Inspection Reports (Post Trip Inspections), and IFTA Mileage Reports: ALL drivers are ***REQUIRED*** to submit logs, post-trip inspections, and IFTA Mileage Reports weekly. Both Grid Logs and Exempt Logs along with Post Trip Inspections and IFTA Reporting forms are available at every Kent Environmental, A TMS Environmental LLC Company yard. Anyone not complying with this DOT requirement will NOT be dispatched until such time that all required paperwork is caught up. Repeated offenses may result in disciplinary action up to and including termination.

Work Tickets and Supporting Documents: Each time you come to a Kent Environmental, A TMS Environmental LLC Company yard, ALL paperwork is to be turned in. NEVER hold paperwork for more than one week at a time. You want to get paid for your work. If you hold tickets for longer than one week, the office will be bombarded with paperwork on the week of payroll and you may not be paid for all of your tickets, some may be held until next pay period.
Also, some of our customers require that invoicing be processed immediately upon completion of the job. If we do not have your work tickets, we cannot invoice for your part of the job. If we are not paid for a job because you held paperwork, you will not be paid for the job either.

Permitted Roads: Any driver receiving a violation or citation for not having a permit or going down the wrong road (not following the permitted route), will now be responsible for paying the fine accompanying the violation and/or citation. You must have the permit number and route to and from that location, do not go from one location to another without following the driving route from that parish.

Company Physicals: Pre-employment and recertification physicals must be performed by company doctors. Anyone not utilizing a company doctor will be responsible for the cost of the physical and will also be required to take a physical with a company doctor. We are contracted with Prime Medical, Port Allen, LA; Westlake, LA and Houma Family Clinic, Houma, LA. If you need to renew your physical, please contact your office and have them schedule and appointment for you.

Driver/Vehicle Violations: Drivers and/or owner/operators will be responsible for any fines resulting from a driver violation. This will include, but is not limited to: All moving violations (speeding, stop signs, lane usage, traffic signals, seat belt, etc.), Violations due to driver fault (crossing a posted bridge over weight, not permitted for route, unsecured load, overweight due to driver overloading, annual vehicle inspection or any violations found to be under the drivers control). **The fine amount will be payroll deducted once notification of amount is received.** Remember, **PRE-TRIPS AND POST TRIPS ARE MANDATORY.** The driver has control of these violations; **KENT ENVIRONMENTAL, A TMS ENVIRONMENTAL LLC COMPANY WILL NOT PAY** for driver neglect.

Seatbelt Violations: Seatbelt violations are some of the weightiest violations issued in a roadside inspection. A seatbelt violation generates 7 points to the company profile and 7 points to the driver's profile as well. Besides the points, it is the law that everyone wears their seatbelt. Effective immediately, the following new policy will be enacted:

1st Offense Seatbelt Violation—3 days off without pay

2nd Offense Seatbelt Violation – Termination

No Record of Duty Status: Effective immediately any employee receiving a violation for "NO RECORD OF DUTY STATUS" is subject to immediate TERMINATION. There is absolutely no valid excuse for receiving this violation especially as we provide all logs to you. It is to your advantage to show an incomplete log rather than no log at all.

Please remember if you are using exempt (timesheet) logs and are within your 100 air-mile radius, you must advise the officer of this information.

All of these violations are hurting your driver profile and Kent Environmental, A TMS Environmental LLC company profile. Out of service violations generate the most points and will trigger an audit and possible suspension of your license.

Size and Weight Violations: Per the Texas DOT, future Oversize/Overweight violations may result in a $5,000 administrative fine in addition to the oversize/overweight violation fee. With this information in mind, we are putting each location on notice that any yard/driver/supervisor receiving these violations may be held financially liable jointly (meaning supervisor and employee) for the $5,000 fine. Please do not encourage your employees to load heavy as a portion of this fine may be deducted from your pay. Please make sure all employees are aware of this. We cannot afford any size/weight violations in any state. Please notify all employees that we have a zero tolerance for these violations.

3 Point Entry/Exit Policy: It is a policy of Kent Environmental, A TMS Environmental LLC Company that all employees who have need to enter or exit a vehicle must utilize the 3 Point Entry and Exit system when mounting or dismounting a tractor or trailer. This is meant to maximize employee safety.

THREE-POINT means that three limbs are in contact with the vehicle at all times – two hands and one foot, or two feet and one hand. This method allows a person to have maximum stability and support, thereby reducing the likelihood of slipping and falling.

Nothing should be carried in the hands while entering or exiting the cab. Materials to be placed in the cab should be placed either on the floor of the cab or the seat. When ready to sit down in the cab, they can be safely moved into their proper location.

Not only should this system be used to enter or exit a cab, but when hooking or unhooking tractor lines or climbing onto or off of a truck cargo body or trailer.

If an employee is observed not utilizing the 3 Point Entry/Exit procedure, there may be disciplinary consequences up to and including termination.

Daytime Running Lights (DRL) are designed to increase visibility of your vehicle during daylight hours. It is the policy of Kent that all company vehicles are equipped with Daytime Running Lights and that these lights will be utilized every time a Kent vehicle is operated. Any employee found operating without this valuable safety tool will be subject to disciplinary action.