



RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigate background inquiry and/or a credit report may be requested that will include information as to my character, work habits, performance, and experiences; along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job described, Wade's Dairy may be requesting information from public and private sources about workers' compensation, driving record, court record, education, credentials, credit, and references.

In the event that information from a credit report is utilized in whole or in part in making an adverse decision with regards to potential employment, I understand that Wade's Dairy will provide me with a copy of the credit report and a description in writing of your rights under the law.

I understand that I have the right to request, in writing, within a reasonable time (30 days) the nature and scope of the information requested. Such disclosure will be making to me within 30 days from the date on which the written request was received by Wade's Dairy.

The Fair Credit reporting act gives specific rights in dealing with the consumer reporting agencies. You will find these rights summarized in the attached summary.

Medical and Worker's compensation information will be requested in compliance with Federal Americans with Disabilities ACT (ADA) and/or any other applicable state laws.

Driving records will be obtained in compliance with the Federal Driver Privacy Protection Act and may contain personal information including but not limited to child support payments and or/ alimony payments, as well information on driver violations and accidents.

By my signature below, I hereby authorize Wade's Dairy to obtain a consumer report about me, in order to be considered for the employment.

Name

Signature

Date

PRE- EMPLOYMENT DRUG TEST CONSENT FORM

I hereby give permission for WADE'S DAIRY/SOI to commission a Urine Drug Test for the purpose of obtaining or maintaining employment.

I understand that I will pay the entire cost of my pre-employment drug testing.* In the event that my drug testing results in a negative finding, WADE'S DAIRY, INC will reimburse me.

* \$63.50 per test as of August 2013; subject to change

I understand that I will need to bring my driver's license for identification.

For CDL Drivers ONLY	<p>I understand that as required by Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 391.103, all driver-applicants of this company must be tested for controlled substances as a pre-condition for employment.</p> <p>I consent to the urine sample collection and testing for controlled substances.</p> <p>I understand that a positive test results for controlled will render me unqualified to operate a commercial motor vehicle.</p> <p>The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written Authorization.</p>
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I UNDERSTAND THE ABOVE CONDITIONS AND HEREBY AGREE TO COMPLY WITH THEM.

(Applicant's Name - PRINT) (Month / Day / Year)

(Applicant's Signature)

**NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE**



To Reorder Call (860) 520-4455

(Note: Original to be retained by carrier, copy for driver)

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES - Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ ID No. _____

I further certify that I have surrendered the following licenses to the state(s) indicated.

State _____ Type/Class _____ ID No. _____

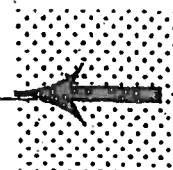
State _____ Type/Class _____ ID No. _____

Check if applicable:

I further certify that I am required by the state of _____ to maintain a non-resident license.

Type/Class _____ I.D. No. _____

Driver's Signature _____ Date _____



**SIGN
& DATE**



DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

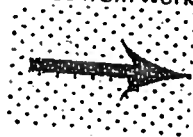
Name (Print) _____
 Social Security Number _____
 Motor Vehicle Operator's License Number _____
 Type of License _____ Issuing State _____

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(k)(2) Federal Motor Carrier Safety Regulations.

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

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at _____ on _____
Time (Day) (Month) (Year)

SIGN & DATE



(Signature) _____

Witness: _____ Date _____
Company Representative

EMPLOYMENT CHECK LIST FOR INTERMITTENT, CASUAL OR OCCASIONAL DRIVER

The qualification file for an intermittent, casual, or occasional driver employed under the rules in Sec. 391.63 must include the following forms as per Section 391.51(d) Federal Motor Carrier Safety Regulations.

- 1. Medical Examiner's Certificate** — The medical examiner's certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Sec. 391.43.
- 2. Certificate of Driver's Road Test** — The certificate of driver's road test issued to the driver pursuant to Sec. 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Sec. 391.31.
- 3. Certificate of Written Examination, Questions and Answers** — The questions asked, the answers the driver gave, and the certificate of written examination issued to him pursuant to Sec. 391.35(G), or a copy of a certificate which the motor carrier accepted as equivalent to a written examination pursuant to Sec. 391.37.



REQUEST/ CONSENT FORM

for Information from Previous Employers for Alcohol & Controlled Substance Testing Record

To be Completed by Prospective Employee

Date

Last name, First name _____

Signature _____

I, (perspective employee) signed, hereby authorize

..... (Previous employer), to release and forward all information and records, if any, requested below to WADES DAIRY Inc.

To be completed by Previous Employer

1. Has this person ever tested positive for a controlled substance in the last two years? Y N

2. Has this person ever had an alcohol test results of 0.04 or greater in the last two years? Y N

3. Has this person ever refused to be drug and/or alcohol tested as a required by the federal Highway Administration's drug and alcohol rules? Y N

If yes to any of the above questions, please give to SAP's (Substance Abuse Professional) name, address and phone number for further reference:

Name

Address

Phone Number

In addition, please attach to this form any records pertaining to a determination by a SAP concerning the employee's need for assistance as well as any records concerning a driver's compliance with the recommendations of the SAP. In addition, please include any records pertaining to the employee's return to duty and follow up Tests.

(Signature of Previous Employer)

(Date)

(Title of Previous Employer Representative)



Motor Vehicle record will be processed by:

Human Resources Manager
Wade's Dairy
1316 Barnum Avenue
Bridgeport, CT, 06610

Applicant's Name _____

Applicant's Signature _____

Applicant's Address: _____

City/State/ Zip _____

Social Security _____

Driving License & State _____

**Date of Birth _____

** Date of birth is being requested in order to obtain accurate retrieval of records.

Information in this document is intended only as a service to inform or be educational in nature. Nothing herein should ever be construed as legal advice or opinion, nor as the offer of such.

Motor Vehicle Record Consent Form

In connection with your eligibility to operate a Wade's Dairy, Inc., vehicle, you consent to a background check on your driving record in accordance with the Wade's Dairy Inc., motor vehicle record review policy for drivers of Wade's Dairy Inc., vehicles. As part of this procedure you hereby authorize Wade's Dairy Inc., and MMZ Associates, Inc. ("MMZ") to obtain Motor Vehicle Records ("MVR's") from any and all states which you currently have, or previously had, a driver's license. You understand that Wade's Dairy Inc., has an established MVR review policy that your driving history will be compared against to determine your driving eligibility for Wade's Dairy Inc.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, MMZ ASSOCIATES, INC. AND ANY PARTY OR AGENCY CONTACTED BY MMZ ASSOCIATES, INC., TO FURNISH THE ABOVE-MENTIONED INFORMATION AND I RELEASE DEVULIO'S SAUSAGE COMPANY AND MMZ AND ALL OTHER ENTITIES FROM WHICH THE CONSUMER REPORTS ARE OBTAINED FROM ANY CLAIM OR LIABILITY RELATED TO OBTAINING, COMPILING OR RELEASING SUCH REPORTS.

By signing below, I certify that I have read and fully understand this release, that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion. I further understand and agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain Motor Vehicle Records.

Print Wade's Employee Name

Date of Birth

License Number

License State

SIGNATURE

Print Spouse Name

Date of Birth

License Number

License State

SIGNATURE

Print Household Resident Name

Date of Birth

License Number

License State

SIGNATURE

Print Household Resident Name

Date of Birth

License Number

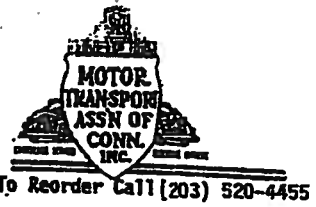
License State

SIGNATURE

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing in person, by mail, or by telephone. We are required to have personnel available to explain your file to you and we must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.



VIOLATION AND REVIEW RECORD

Driver's Name _____
(Please Print or Type)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	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 required to be listed during the past 12 months.



(Date of Certification)	(Driver's Signature)
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by Signature)	(Title)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by Signature)	(Title)

WADE'S DAIRY DOT WORKPLACE DRUG & ALCOHOL POLICY

Acknowledgement & Agreement Form

I acknowledge that I have received a copy of the following:

- Wade's Dairy DOT Workplace Drug & Alcohol Policy dated February 2015
- "Be a Driver In the Know Federal Drug & Alcohol Testing Regulations" brochure

I acknowledge and agree that I am responsible for reading the above policies and booklets in full and complying with their requirements.

I understand that upon request, I may obtain a copy of the booklet, "What Employees Need to Know about DOT Drug & Alcohol Testing," published by the U.S. Department of Transportation Office of the Secretary.

As a DOT driver in a safety-sensitive position, I understand that I will be subject to drug and alcohol testing as described in the three documents I have received. I understand that if I test positive or if I refuse to be tested, I will be subject to immediate termination of employment in accordance with the Wade's Dairy Policies.

I understand that as a condition of being hired by Wade's Dairy, Inc. and TriNet Strategic Outsourcing Inc. (TriNet SOI) must submit to **pre-employment** testing that results in a negative finding. I understand that if I test positive or if I refuse to be tested, I will be ineligible for employment and may reapply after one year. If I start work before the result of my drug test is completed, my employment will be contingent upon a negative pre-employment test result. I also understand that if I am hired, I will be subject to the drug and alcohol testing as described in the Policy.

I understand that Human Resources Administrator will answer any questions I may have regarding the Policy.

I understand that by signing this form I am giving Wade's Dairy and TriNet SOI my consent to submit to drug and alcohol testing under the terms and conditions described in this policy. I authorize release of the testing results and evaluations to Wade's Dairy and TriNet SOI and understand that TriNet SOI may use the results in any administrative proceeding where unemployment or workers compensation benefits are claimed by me. I release and hold harmless Wade's Dairy and TriNet SOI and their officers, agents and employees from any claim I may have against them resulting from my refusal to submit to a drug or alcohol test or from my submission to a drug or alcohol test.

This Policy is not a contract of employment. I understand that Wade's Dairy and TriNet SOI may amend this Policy at their sole discretion. If I am hired, my employment is at will, which means that my employment can be terminated by me; or TriNet SOI; or Wade's Dairy at any time with or without cause or notice.

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all drivers –applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are, positive, the controlled substance will be identified. Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

Print Name: _____

Date: _____

Signature: _____

Last 4 of Social: _____