

Knight Trucking LLC

2424 FAUNA RD N.W. - PO BOX 33 - LEBO, KS 66856

Applicant Name

Social Security Number

Pre-Employment Controlled Substance Testing Notification and Consent Agreement

Knight Trucking LLC, in compliance with the U S DOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C is required to administer a prescribed controlled substances test as part of the mandatory pre-employment process. No offer of employment may be tendered to you, nor may employment be offered until a controlled substances test has been taken, and Knight Trucking LLC has been advised of a **'NEGATIVE'**.

I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by Knight Trucking LLC, on the scheduled date and appointment time. I understand that the results of this testing procedure are confidential, and are only for the use of Knight Trucking LLC, its Medical Review Officer and me. I also understand that a **"POSITIVE"** result will disqualify me from operation of a commercial motor vehicle for Knight Trucking LLC and therefore will exclude me from employment for the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS

INSTRUCTIONS: EMCSR Part 382601 requires Knight Trucking LLC to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation, which apply to the company's drivers. This form will document the receipt of the required materials.

TO THE DRIVER: The Federal Motor Carrier Safety regulations require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records maintained. pertaining to the mandated drug and alcohol-testing program. Drivers may request a copy of this certification.

DRIVER'S CERTIFICATION

The undersigned hereby certifies the receipt of the educational materials, which the company is required to provide in accordance with 49 CFR Part 382.60 1. I acknowledge and agree that I am responsible for reading, understanding and complying with all company policies and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and the company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and/or the company's policies.

Any questions or comments on drug and alcohol policies should be referred to the Drug and Alcohol Program contact person listed in the materials provided to you.

Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.

X _____
Applicants Signature

X _____
Date

Witness: _____
(Knight Trucking representative)

Date

PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST RESULTS

Applicant Name: _____

Results Received from: _____

Test Results: Negative: Positive:

Eligible for Hire? Yes: No:

Results received by: _____