

LEE-SMITH, INC

APPLICATION FOR EMPLOYMENT

www.lee-smith.com PO Box 72843 2600 8th Ave Chattanooga, TN 37407

Phone (423) 622-4161 Fax (423) 493-4830

We are an Equal Opportunity/Reasonable Accommodation Employer

Read all information on this application.
Print neatly in ink.
Answer all questions completely and accurately.

Complete and include all supplemental forms.
Sign this application and all other forms.
If you need any assistance, please ask for help.

POSITION DESIRED

Please check the shifts you are interested in: Full Time Part Time First Shift Second Shift

Position Applied For:

Salary Requirements:

PERSONAL DATA

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Phone:

Cell Phone:

E-Mail

Are you legally eligible for employment in the United States? Yes No Social Security Number -- --

Are you 18 years of age or older? Yes No If no, please give age:

Do you have any relatives that work for the Company? Yes No Name/Relationship

EDUCATIONAL INFORMATION

High School: Yes No If no, grade completed: G.E.D. : Yes No

Colleges/University

Major

Number
Years Attended

Diploma

Special Training Skills / Certifications / Business Training / Language(s) fluent in other than English:

Dates

List Licenses, Professional Registrations, Certificates and Professional Memberships:

List computer software with which you are proficient:

LEE-SMITH, INC APPLICATION FOR EMPLOYMENT

BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses and does not mean minor traffic offenses. "Convicted" means that you have been found guilty of a crime by a court or jury, or have pled guilty or no contest to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined, or received a suspended sentence.

NOTE: A criminal conviction(s) does not constitute an automatic disqualification to employment. Factors considered in this regard, include, but are not limited to, age at the time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the job for which you have applied. All offers of employment and continued employment will be subject to a complete review of any convictions you may have. Your failure to make a full and accurate disclosure of any prior convictions(s), or to answer the questions fully and accurately will result in immediate termination from employment or the rejection of any pending application or offer of employment.

Have you ever been convicted of a crime in any domestic or military court, regardless of whether the conviction was later set aside or expunged? Answer by writing "Yes" or "No"

Do you presently have any criminal charges pending in any court? Answer by writing "Yes" or "No"

Have you ever been dishonorably discharged from any branch of the military? Answer by writing "Yes" or "No"

Have you ever used illegal drugs or non-prescribed prescription drugs? Answer by writing "Yes" or "No"

Have you ever been discharged for cause or asked to resign from a position? Answer by writing "Yes" or "No"

If you answered yes to any of the above questions, please give details of the offense(s).

Have you ever worked or had a drivers license under another name? If yes, please list the names and license numbers.

EMPLOYMENT HISTORY

(You may attach a resume, but not as substitute for completing application)

Current or most recent employer:

Phone:

Address:

State:

Zip:

Title or Position:

Were you a supervisor? Yes No Number ?

Employment Dates

From:

To:

Supervisor's Name/Title:

Starting Salary:

Current or
Ending Salary:

Hours per week:

Work Performed:

Reason for leaving or wanting to change:

May we contact this employer if you are considered for the position? Yes No

EMPLOYMENT HISTORY

(You may attach a resume, but please do not use as a substitute for completing application)

Employer:		Phone:	
Address:		State:	Zip:
Your Title or Position:		Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer		Phone:	
Address:		State:	Zip:
Your Title or Position:		Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates:	From:	To:	
Supervisor's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer:		Phone:	
Address:		State:	Zip:
Your Title or Position:		Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer:		Phone:	
Address:		State	Zip:
Your Title or Position:		Were you a supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisors's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

EMPLOYMENT HISTORY

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, years and dates of service:
Branch:		Rank:
Military ID No:	Duties:	

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The Company will conduct background checks including but not limited to, work references, driving records, criminal conviction records, and educational attainment. New hires for some company positions may be required to pass a physical examination at the Company's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the Company. I further understand that any condition which may preclude my ability to perform essential functions of the job - and such conditions can not be reasonably accommodated - will disqualify me from consideration for employment in the job for which I applied.

I understand that employment at the Company, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including, but not limited to, hours, benefits, and salary are subject to change by the Company at any time.

If employed, I agree to provide evidence of an acceptable driving record.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by the Company at any time, at the Company's sole discretion and without prior notice to me.

I acknowledge that I understand that when advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (American with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatement, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Company and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Company service. I give the Company the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting the Company in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

All applicants will be considered for employment without regard to race, religion, sex (including pregnancy), age, mental or physical disability, or any other classification specifically protected by applicable law.

The Company is a drug and alcohol free workplace.

The Company is a smoke-free workplace.

Signature: _____ Date: _____

LEE-SMITH, INC

www.lee-smith.com PO Box 72843 2600 8th Ave Chattanooga, TN 37407
Phone (423) 622-4161 Fax (423) 493-4830

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

PLEASE FAX TO: HUMAN RESOURCES (423) 493-4830

Name:	Social Security No.	
Previous Employer:	Telephone:	
Contact Name:	Fax No:	
Address:	State:	Zip:

I hereby authorize you to release the following information to Lee-Smith, Inc. or Lesco, Inc. for the purpose of checking prior work history.

Signature

Date

For Use By Previous Employer

The above individual has made an application to this company for a position as a _____ and states that you employed them as a _____ from _____ (mm/yy) to _____ (mm/yy).

1. Is the employment record with your company correct as stated above? Yes No

If not, explain: _____

2. What kind(s) of work did the applicant do? _____

3. Reason for leaving your employ: Discharged Laid Off Resigned

Remarks: _____

4. Is the applicant for rehire? Yes No
5. Was the applicant's general conduct satisfactory? Yes No
6. Was the applicant's attendance satisfactory? Yes No

Signature: _____ Title: _____ Date: _____

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DRUG/ALCOHOL TEST CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis, breath analyzer and/or other tests as determined by Lee-Smith, Inc. in the selection process of applicants for employment or as a condition of employment for the purpose of determining the absence or presence of drugs and/or alcohol content therein.

I hereby give my consent to and authorize the company designated by Lee-Smith, Inc. to perform the collection of specimens for these tests and to either test them or forward them to a testing laboratory to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine or breath.

I hereby give my consent to release the results of the said test(s) to appropriate individuals within Lee-Smith, Inc. who have a need to know of the alcohol and drug testing results and to the use of all such reports in its assessment of my employment application and/or employment status.

I understand that a positive test for illegal drugs (including non-prescribed prescription drugs) and and/or of alcohol or a refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, will prohibit me from being employed by or continuing my employment at Lee-Smith, Inc.

I agree to hold harmless Lee-Smith, Inc. and it's owners, employees, managers and/or it's agents from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with the consideration of my employment application or my continued employment with the said company.

I further agree that a reproduced copy of this Drug/Alcohol Test Consent and Release Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Applicant/Employee Name

Social Security Number

Applicant/Employee Signature

Date

Witness Signature

Date

LEE-SMITH, INC CDL DRIVER'S ADDENDUM

STATEMENT OF DRUG TESTING PROCEDURES

In accordance with the Federal Motor Carrier Safety Regulations (FMCSR) Part 382.103, all Lee-Smith, Inc. employees who have a Commercial Motor Vehicle License (CDL) Class A are required to be in a drug testing program that consists of pre-employment, post-accident, reasonable suspicion and random testing.

PLEASE NOTE: The Company takes the position that any employee with a CDL drivers license, regardless of whether it is Class A or B and may be behind the wheel of a vehicle that weighs greater than 26,000 lbs. at any time, must be in the drug testing program. **You may elect out of this program, but in doing so you will be unable to drive a vehicle over 26,000 lbs. off of company property and this may impact your ability to earn raises and promotions.**

I want to participate in the CDL drug testing program.

I DO NOT want to participate in the CDL drug testing program and I understand that by electing not to I may not drive any vehicle over 26,000 lbs. off the company property.

Driver Name (Print)

Driver Signature

Date

If you checked the "I DO NOT want" box do not fill out the rest of the application.

EMPLOYMENT HISTORY FOR THE PAST THREE YEARS

AND ALL COMMERCIAL MOTOR VEHICLE JOBS FOR THE PAST 10 YEARS

All time must be accounted for including military service, schooling and self **employment** (attach additional sheet if necessary)

Current or most recent employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven:	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven:	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

LEE-SMITH, INC CDL DRIVER'S ADDENDUM

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven:	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven?	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven?	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

Previous Employer:		From: (mm/yy)	To: (mm/yy)
Address:		State:	Zip:
Phone:	Reason for Leaving:	Type of Equipment Driven?	
Position:	Number of Accidents/Incidents:	Miles Driven Weekly:	Type of Trailer Pulled:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?			

MILITARY HISTORY

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch:	ID No.:	Rank:	Duties:

LEE-SMITH, INC CDL DRIVER'S ADDENDUM

THREE YEAR ADDRESS HISTORY

(Attach additional sheets if necessary)

Current	Address:	State:	Zip:	How Long?
Previous	Address:	State:	Zip:	How Long?
Previous	Address:	State:	Zip:	How Long?
Previous	Address:	State:	Zip:	How Long?

MOTOR VEHICLE LICENSE INFORMATION

Motor Vehicle Licenses Held (List all driver licenses held in the past five years, include multiple licenses if you have them)

State	License Number	Expiration Date	Current License?	Class A or B	Endorsements
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B	

Motor Vehicle Record

Has any license, permit or privilege ever been suspended or revoked for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you ever been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license or are any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you ever been convicted for any alcohol or controlled substance related while operating a motor vehicle, or are any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

If you answered YES to any of the above, please explain:

FIVE YEAR ACCIDENT / INCIDENT RECORD

Were you involved in any accidents/incidents with any vehicle in the last five years (even if not at fault)? Yes No

Date	In a CMV?	Type of Accident or Incident	Any Fatalities or Personal Injuries?	Were you Ticketed?	State
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAFFIC CONVICTIONS IN THE LAST FIVE YEARS

Were you involved in any traffic convictions/forfeitures for the past five years in any motor with any vehicle? Yes No

Date	In a CMV?	Location: State	Violation (if speeding, show rate of speed over posted limit)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LEE-SMITH, INC CDL DRIVER'S ADDENDUM

APPLICATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The Company will conduct background checks including but not limited to, work references, driving records, criminal conviction records and educational attainment. New hires for some company positions may be required to pass a physical examination at the Company's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the Company. I further understand that any condition which may preclude my ability to perform essential functions of the job - and such conditions can not be reasonably accommodated - will disqualify me from consideration for employment in the job for which I applied.

I understand that employment at the Company, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including, but not limited to, hours, benefits, and salary are subject to change by the Company at any time.

If employed, I agree to provide evidence of an acceptable driving record.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by the Company at any time, at the Company's sole discretion and without prior notice to me.

I acknowledge that I understand that when advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (American with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatement, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Company and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Company service. I give the Company the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting the Company in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

All applicants will be considered for employment without regard to race, religion, sex (including pregnancy), age, mental or physical disability, or any other classification specifically protected by applicable law.

The Company is a drug and alcohol free workplace.

The Company is a smoke-free workplace.

Applicant Name (Print)

Applicant Signature

Date

LEE-SMITH, INC CDL DRIVER'S ADDENDUM

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

www.lee-smith.com PO Box 72843 2600 8th Ave Chattanooga, TN 37407 (423) 622-4161
PLEASE FAX BACK TO (423) 493-4830

Applicant: _____ Social Security No.: - -

You are hereby authorized to release to Lee-Smith, Inc. all information regarding my services, character, and conduct while in your employ, in order to enable them to comply with the requirements of 49 CFR Parts 391.23, 40.25 and 382.413, and you are released from any liability which may result from giving such information. I further agree that a reproduced copy of this Request for Information from Previous Employers form shall have the same force and effect as the original.

Applicant Signature: _____ Date: _____

PREVIOUS EMPLOYER INFORMATION (To Be Completed By Employer)

Previous Employer: _____ Phone: _____

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

Dates of Employment: From: _____ To: _____
 From: _____ To: _____

SAFETY PERFORMANCE HISTORY

There is no safety performance history to report. Driver did not operate a Commercial Motor Vehicle.

Driver operated a: Straight Truck Tractor Semitrailer Bus Cargo tank Doubles Triples Other (specify)

Reason for leaving employ? Discharged Resignation Lay Off Military Duty Eligible for Re-hire? Yes No

Accident History

Did the applicant have any accidents while in your employ: Yes No

Date	Location	Injuries	Fatalities	Description
		<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	
		<input type="checkbox"/> # _____	<input type="checkbox"/> # _____	

Drug and Alcohol Testing History for the Past Three Years

This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.25 (if No, skip this section). Yes No

This person had an alcohol test with a result of 0.04 or higher alcohol concentration. Yes No

This person tested positive or adulterated or substituted a test specimen for controlled substances. Yes No

This person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test. Yes No

This person committed other violations of Subpart B of Part 382, or Part 40. Yes No

This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed. Yes No

This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had a alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. Yes No

Other Comments:

Person completing this form: _____ Title: _____ Date: _____

1st Request _____/_____/_____ 2nd Request _____/_____/_____ 3rd Request _____/_____/_____

LEE-SMITH, INC CDL DRIVER'S ADDENDUM

REQUEST FOR CHECK OF DRIVING RECORD

www.lee-smith.com PO Box 72843 2600 8th Ave Chattanooga, TN 37407 (423) 622-4161

I hereby authorize you to release the following information to Lee-smith, Inc for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature:

Date:

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be use for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Requestor Signature:

Date:

To Whom it May Concern:

The following named person has made an application with our company for the position of DRIVER. In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the undersigned with the applicant's driving records for the past three years.

Name of Applicant

Date of Birth:

Drivers License No.:

Social Security No:

Address:

City:

State:

Zip:

Previous Address:

Requested by: _____

Title: _____

Date: _____

LEE-SMITH, INC CDL DRIVER'S ADDENDUM
DRUG/ALCOHOL TEST CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis, breath analyzer and/or other tests as determined by the Company in the selection process of applicants for employment or as a condition of employment for the purpose of determining the absence or presence of drugs and/or alcohol content therein.

I hereby give my consent to and authorize the company designated by the Company to perform the collection of specimens for these tests and to either test them or forward them to a testing laboratory to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine or breath.

I hereby give my consent to release the results of the said test(s) to appropriate individuals within the Company who have a need to know of the alcohol and drug testing results and to the use of all such reports in its assessment of my employment application and/or employment status.

I understand that a positive test for illegal drugs (including non-prescribed prescription drugs) and and/or of alcohol or a refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, will prohibit me from being employed by or continuing my employment at the Company.

I agree to hold harmless the Company and it's owners, employees, managers and/or it's agents from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with the consideration of my employment application or my continued employment with the said company.

I further agree that a reproduced copy of this Drug/Alcohol Test Consent and Release Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Applicant/Employee Name

Social Security Number

Applicant/Employee Signature

Date

Witness Signature

Date

LEE-SMITH, INC CDL DRIVER'S ADDENDUM
ADDENDUM TO EMPLOYMENT APPLICATION

As a prospective employer, we must ask pursuant to 49 CFR Part 40.25 (j) any applicant for a driving position with our company whether they have tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a Commercial Motor Vehicle) during the last two years.

Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the past two years preceding the date of this application.

No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the past two years preceding the date of this application.

Department of Transportation (DOT) regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you admit that you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes No

This certifies that I completed this addendum to the employment application, and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in rejection of my application and or dismissal from employment.

Applicant Signature

Date

LEE-SMITH, INC CDL DRIVER'S ADDENDUM
AUTHORIZATION TO MAKE DEDUCTIONS FROM WAGES

I, _____, understand that, in the event I am hired by Lee-Smith, Inc (the "Company"), that the first 90 days of my employment are a probationary period of employment during which I am not eligible for Company sponsored benefits, including but not limited to health and dental insurance, life insurance, disability insurance, or any other payroll deducted benefits. During this probationary period, if I voluntarily leave employment at the Company or am terminated from my employment for cause, the actual costs by the Company for the following items directly related to my hiring, but not to exceed \$500.00 will be deducted from my wages and reflected on my last paycheck:

- Physical examination
- Drug screening and other lab fees
- Administrative costs
- Training costs
- Mandatory background check and screening
- Uniform fees

I agree that the Company may deduct money from my pay under the above circumstances.

Signature

Date

LEE-SMITH, INC CDL DRIVER'S ADDENDUM
FAIR CREDIT REPORTING ACT

DISCLOSURE

In connection with your application for employment with Lee-smith, Inc may obtain a consumer report and/or investigative consumer report regarding your character, general reputation and mode of living, your motor vehicle record, criminal background record and/or other appropriate public record information from a consumer reporting agency, as those terms are identified in the Fair Credit Reporting Act and amendments ("FCRA"). These reports may also include the names and dates of your previous employer, reasons for the termination of your prior employment, work experience and any other type of information authorized under the FCRA or other applicable laws. Such reports may come from federal, state, local and/or any other agencies which contain and/or maintain such records. You may request in writing a complete disclosure of the the nature and scope of the investigation to be performed.

Name (print)

Social Security Number

Signature

Date

AUTHORIZATION

I hereby authorize Lee-smith, Inc ("Company") to obtain consumer reports and/or investigative consumer records, ("Consumer Reports") from any appropriate consumer reporting agency and understand that such Consumer Reports may be used by the Company in the determination of whether or not to offer me employment. I understand that I have the right to make a request of such consumer reporting agencies, upon proper identification, of the nature and substance of all information in such files on me, including the source of information and recipients of any reports on me which have been previously furnished by the consumer reporting agencies within the two year period preceding my request. I hereby consent to allowing the Company to obtain such Consumer Reports from any and all appropriate consumer reporting agencies and agree that such information maintained by such consumer reporting agencies will be supplied to the Company. I therefore authorize the procurement of said Consumer Reports by the Company and, if hired, understand that this authorization shall remain in my file and shall serve as on-going authorization for the Company to procure additional consumer reports on at least an annual basis, or at any other time during my employment with the Company.

Name (print)

Social Security Number

Signature

Date