



# Employment Application

UBCR, LLC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

<b>PERSONAL DATA</b> - complete in detail even if a resume has been or is being submitted			
Position applying for:		Social Security Number:	
Name (Last, First, Middle):			
Street address		City	State
Zip code			
Home Phone:	Cell Phone:	E-mail:	
Are you available to work		Shift preference:	
Full-time		1 <sup>st</sup>	
Part-time		2 <sup>nd</sup>	
Temporary assignment		3 <sup>rd</sup>	
Summer/seasonal assignment		Rotational	
Referral source:		Name of referral (agency, friend, relative, etc.):	
Advertisement		_____	
Friend		Do you have any relative employed by UBCR or an affiliate company? If so, name and relationship.	
Relative		_____	
Employment agency		_____	
Walk-in		_____	
Other: _____		_____	
Have you ever been employed by UBCR or an affiliate company?		If YES, provide dates of employment, location, and reason for leaving:	
Yes No		_____	
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?			
Yes No			
Are you 18 years of age or older?			
Yes No			
List all driver licenses or permits held in the past 3 years			Have you been denied a license, permit or privilege to operate a motor vehicle?
State	License Number	Type	Yes No
Exp Date			
_____	_____	_____	Has any license, permit or privilege ever been suspended or revoked?
_____	_____	_____	Yes No
Date of Birth:			
Required for Commercial Drivers Only			
Have you ever been convicted of a felony? (A conviction will not be an automatic bar to employment. It will be considered only as it is related to the position applied for.)			
Yes No			

EDUCATION -				
School name	City/State	Scholastic average	Major/minor	Degree/Certificate
High School				
College(s)				
Technical school/business school/others				
Course(s):				

DRIVING EXPERIENCE-		
What Class of Equipment have you driven? Check all that apply	Dates	
	From	To
Straight Truck	_____	_____
Tractor and Semi-Trailer	_____	_____
Tractor - Two Trailers	_____	_____
Tractor- Three Trailers	_____	_____
Motorcoach - School Bus	_____	_____
Other: _____	_____	_____

**ACCIDENT RECORD** for the past 3 years or more (attach sheet if more space is required). If none, write **None**.

Injuries	Date	Nature of Accident (Head-on, Rear-End, Upset, Etc)	Fatalities
Last Accident	_____	_____	_____
Next Previous	_____	_____	_____
Next Previous	_____	_____	_____

**EXPERIENCE** - All driver applicants must provide the following information on **all employers** during the **preceding 3 years**.  
You must provide the same information for **all employers for whom you have driven a commercial vehicle** seven years prior to the initial three years (**total of ten years of employment record**).

Name of employer	Phone no.	Starting date	Starting salary
Address		Leaving date	Leaving salary
Job title and duties			

Reason for leaving	Supervisor's name/title
--------------------	-------------------------

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) 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

Name of employer	Phone no.	Starting date	Starting salary
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Address	Leaving date	Leaving salary
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Job title and duties

Reason for leaving	Supervisor's name/title
--------------------	-------------------------

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) 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

Name of employer	Phone no.	Starting date	Starting salary
------------------	-----------	---------------	-----------------

Address	Leaving date	Leaving salary
---------	--------------	----------------

Job title and duties

Reason for leaving	Supervisor's name/title
--------------------	-------------------------

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) 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

Name of employer	Phone no.	Starting date	Starting salary
------------------	-----------	---------------	-----------------

Address	Leaving date	Leaving salary
---------	--------------	----------------

Job title and duties

Reason for leaving	Supervisor's name/title
--------------------	-------------------------

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) 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

**GENERAL INFORMATION**

Which safe driving awards do you hold and from whom?

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>SECTION 1</b>	<b>AUTHORIZATION</b>
------------------	----------------------

I, (Print Name) \_\_\_\_\_, hereby authorize:

(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_ to: \_\_\_\_\_ (Date of Application)

Prospective Employer: UBCR, LLC Attn.: Jessica Stevenson

Street Address: 4820 Holtz Drive Phone: 248-529-2604

City, State, Zip: Wixom, MI 48393

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: **248-529-2697**

Prospective employer's confidential email: **JStevenson@ubcrlc.com**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

<b>SECTION 2</b>	<b>ACCIDENT HISTORY</b>
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The applicant named above was employed by us. Yes No

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer

Bus Cargo Tank Doubles/Triples Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3*

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1 AUTHORIZATION**

I, (Print Name) \_\_\_\_\_, hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_ to: \_\_\_\_\_(Date of Application)

Prospective Employer: UBCR, LLC Attn.: Jessica Stevenson  
Street Address: 4820 Holtz Drive Phone: 248-529-2604  
City, State, Zip: Wixom, MI 48393

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: **248-529-2697**  
Prospective employer's confidential email: **JStevenson@ubcrlc.com**

\_\_\_\_\_  
Applicant's Signature Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

**SECTION 2 ACCIDENT HISTORY**

The applicant named above was employed by us. Yes No  
Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.  
Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer  
Bus Cargo Tank Doubles/Triples Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>SECTION 1</b>	<b>AUTHORIZATION</b>
------------------	----------------------

I, (Print Name) \_\_\_\_\_, hereby authorize:

(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_ to: \_\_\_\_\_ (Date of Application)

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Prospective employer's confidential fax number: **248-529-2697**

Prospective employer's confidential email: **JStevenson@ubcrlc.com**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

<b>SECTION 2</b>	<b>ACCIDENT HISTORY</b>
------------------	-------------------------

The applicant named above was employed by us. Yes No

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer

Bus Cargo Tank Doubles/Triples Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3*

**SECTION 3****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

**YES      NO**

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4****MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) Fax      Mail      Email      Other \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5****RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: Fax      Mail      Email      Phone

Date: \_\_\_\_\_ Other \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that Reports verifying your previous employment, previous drug and alcohol test results and your driving record may be obtained on your for employment purposes.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Social Security Number



**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 violations 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 violation which must be listed, he/she shall so certify (Section 391.27)

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
Name of Driver:	Social Security Number	Date of Employment	
Home Terminal (City and State)	Driver's 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 past 12 months.

(If you have had no violations, write NONE)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

<b>COMPLETED BY UBCR – ANNUAL REVIEW OF DRIVING RECORD</b>
--

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
- Does not adequately meet satisfactory safe driving performance
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Action taken with driver:

\_\_\_\_\_

\_\_\_\_\_

Reviewed by:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

UBCR, LLC 4820 Holtz Drive Wixom, MI 48393

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

Previous Pre-Employment Employee  
Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

**UBCR, LLC**  
**4820 Holtz Drive**  
**Wixom, MI 48393**

Prospective Employee: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years:

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

Prospective Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

UBCR, LLC

PRE EMPLOYMENT DRUG AND ALCOHOL NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103, pre-employment testing requirements, apply to driver applicants of this company.

391.103 Pre-Employment testing Requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under Section 391.1047 of the subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment with UBCR, LLC, I agree to the urine sample collection, and controlled substance testing.

I understand a positive test for controlled substances based on the urine analysis will disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the test. Negative and positive results will be reported to the company.

My written authorization is required for the test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Drug Testing Notification.

Applicant's Name (Please Print)

Applicant's Signature

Date

Company Representative Signature

Date

## **IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

**1. In connection with your application for employment with UBCR, LLC, UBCR, 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 UBCR uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, UBCR, LLC 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, UBCR, LLC 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 UBCR, LLC uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, UBCR, LLC 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 UBCR, LLC who procured the report, then, within 3 business days of receiving your request, together with proper identification, UBCR, LLC must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.**

**UBCR, LLC cannot obtain background reports from FMCSA unless you consent in writing.**

**If you agree that UBCR, LLC may obtain such background reports, please read the following and sign below:**

**2. I authorize UBCR, LLC 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 consenting to 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 UBCR, LLC to make a determination regarding my suitability as an employee.**

**3. I further understand that neither UBCR, LLC 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 am challenging 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.**

**4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.**

**I have read the above Notice Regarding Background Reports provided to me by UBCR, LLC and I understand that if I sign this consent form, UBCR, LLC may obtain a report of my crash and inspection history. I hereby authorize UBCR, LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.**

**Date: \_\_\_\_\_**

**Signature \_\_\_\_\_**

Name (Please Print) \_\_\_\_\_

## AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by UBCR.

I understand that any employment is conditioned on a background check. I authorize UBCR to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to UBCR, without giving me prior notice of such disclosure. In addition, I release UBCR, any former employers and all references listed above from any claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand that if I am hired by the Company, I will be required to attest to my identity and employment eligibility and to present documents supporting my identity and eligibility. Further, I understand that I cannot be hired without fulfilling these requirements.**

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at anytime, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon UBCR unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to UBCR the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired a condition of my employment will be that I abide by UBCR's Substance Abuse Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all UBCR work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: \_\_\_\_\_

Date:

\_\_\_\_\_