

CHECK LIST FOR QUALIFICATION OF NEW CDL DRIVERS
Oregon Military Department

NAME OF DRIVER: _____ ID NO.: _____

ADDRESS: _____
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS: The following checklist is intended to help Oregon Military Department (AGP) obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Complete/obtain the required forms listed below and **forward the originals** (copies of the Medical Examiners Cert. only) to AGP for placement in the employees CDL/DOT file.

Forms completed/obtained by hiring Program:

- Driver's Application for Employment (15-F)
- Fair Credit Reporting Act Disclosure Statement (16-F-A or 116-FS-C2)
- Safety Performance History Records Request
- Certification of Violations/Annual Review of Driving Record
- Previous – Pre Employment Employee Alcohol and Drug Test Statement
- AGP Drug and Alcohol Testing Policy and Acknowledgment sheet (99.100.02)
- AGP CDL Policy (99.100.04)
- Medical Examiners Certificate
- I-9 Document (to be maintained in AGP I-9 file)

Forms completed by AGP:

- Request for FMCSA (Federal Motor Carrier Safety Administration) Safety Performance History From Previous Employer
- Driver Record Card
- Driver Record Check
- Pre-Employment and Random Drug Testing (Bio-Med) (Maintained in Medical File)

Forms Retained by DMV:

- Record and Certificate of Road Test
- Medical Examiners Report Form

If you have questions or comments, please contact the Safety Manager at 503-584-3581 or by email, robin.m.webb@mil.state.or.us

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
 (print)
 Company _____
 Address _____
 City _____ State _____ Zip _____

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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the 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 _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) 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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- 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	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---		
OTHER _____			

LIST STATES OPERATED IN FOR 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: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

OREGON MILITARY DEPARTMENT

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 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 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

ID No.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Oregon Military Department

SECTION 1:	TO BE COMPLETED BY APPLICANT
<p>I, (Print Name) _____ <div style="display: flex; justify-content: space-between;"> First, M.I., Last _____ Social Security No. _____ </div> <p style="text-align: center;">Hereby authorize:</p> <div style="display: flex; justify-content: space-between;"> Previous Employer: _____ Date of Birth _____ </div> <div style="display: flex; justify-content: space-between;"> Street: _____ Email: _____ </div> <div style="display: flex; justify-content: space-between;"> City, State, Zip: _____ Telephone: _____ </div> <div style="display: flex; justify-content: space-between;"> _____ Fax No.: _____ </div> <p>To release and forward the information requested by Section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: center;">(date of employment application)</div> <p>To: _____</p> <p>Prospective Employer: <u>Oregon Military Department</u> Attention: <u>Robin Webb, Safety Manager</u> Telephone: <u>503-584-3581</u> Street: <u>1776 Militia Way SE, PO Box 14350</u> Confidential Fax No.: <u>503-584-3556</u> City, State, Zip: <u>Salem, OR 97309</u> Confidential Email: <u>robin.m.webb@mil.state.or.us</u></p> <p>In compliance with §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.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Applicant's Signature _____ Date _____ </div> <p><small>*This information is being requested in compliance with §40.25 and §391.23.</small></p> </p></p>	

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return form.</p> <p>ACCIDENTS: 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 above, or check here <input type="checkbox"/> if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Location</th> <th style="width: 10%;">No of Injuries</th> <th style="width: 10%;">No. of Fatalities</th> <th style="width: 15%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____</p> <div style="text-align: right; margin-top: 10px;"> Signature: _____ Title: _____ Date: _____ </div>			Date	Location	No of Injuries	No. of Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	No of Injuries	No. of Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

SECTION 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
	YES NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> <input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> <input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/> <input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/> <input type="checkbox"/>
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 send documentation back with this form.	<input type="checkbox"/> <input type="checkbox"/>
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?	<input type="checkbox"/> <input type="checkbox"/>
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: _____ Telephone: _____	
Section 3 completed by (Signature): _____ Date: _____	

SECTION 4:	TO BE COMPLETED BY OREGON MILITARY DEPARTMENT
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

SECTION 5:	TO BE COMPLETED BY SAFETY MANAGER - OREGON MILITARY DEPARTMENT
Complete below when information is obtained.	
Information received from: _____	
Recorded by: <u>Robin Webb, Safety Manager</u>	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone
Date: _____	<input type="checkbox"/> Other _____

- INSTRUCTIONS IN COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**
- | | |
|---|---|
| <p>SIDE 1 – SECTION 1: Applicant</p> <ul style="list-style-type: none"> ▪ Complete the information required in this section ▪ Sign and date ▪ Submit form to Oregon Military Department <p>SIDE 2 – SECTION 4: Oregon Military Department</p> <ul style="list-style-type: none"> ▪ Complete the information required in this section ▪ Send to Previous Employer <p>SIDE 1 – SECTION 2: Previous Employer</p> <ul style="list-style-type: none"> ▪ Complete the information required in this section ▪ Sign and date ▪ Turn form over to complete SIDE 2 - SECTION 3 | <p>SIDE 2 – SECTION 3: Previous Employer</p> <ul style="list-style-type: none"> ▪ Complete the information required in this section ▪ Sign and date ▪ Return to Oregon Military Department <p>SIDE 2 – SECTION 5: Safety Manager, OR Military Depart.</p> <ul style="list-style-type: none"> ▪ Record receipt of the information ▪ Retain the form |
|---|---|

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

The Oregon Military Department shall at least once every 12 months, require each CDL driver it employees 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 Oregon Military Department. 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: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT																					
ADDRESS (CITY AND STATE)	DRIVER'S LICENSE NO.	EXPIRATION DATE																					
<p>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, check the following box - <input type="checkbox"/> None.)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">DATE</th> <th style="width:30%;">OFFENSE</th> <th style="width:25%;">LOCATION</th> <th style="width:30%;">TYPE OF VEHICLE OPERATED</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>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.</p> <p>DATE _____ Drivers Signature: _____</p>				DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED																				
_____	_____	_____	_____																				
_____	_____	_____	_____																				
_____	_____	_____	_____																				
_____	_____	_____	_____																				

COMPLETED BY AGP – ANNUAL REVIEW OF DRIVING RECORD	
<p>Review the certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.</p> <p>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):</p> <p><input type="checkbox"/> Meets minimum requirements for safe driving <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15</p> <p><input type="checkbox"/> Does not adequately meet satisfactory safe driving performance</p> <p>Action taken with driver: _____</p> <p>_____</p> <p>Reviewed by: _____ Date: _____</p> <p style="margin-left: 40px;">(Signature)</p> <p>_____ Title: _____</p> <p style="margin-left: 40px;">(Printed Name)</p>	

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**
Oregon Military Department

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))

Applicant's Printed Name: _____ ID No.: _____

The applicant 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?

Check one: Yes No

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

Check one: Yes No

I certify that the information provided on this document is true and correct.

Applicant's signature: _____ Date: _____

Witnessed by: _____ Date: _____
(Signature)

*Once this form is complete, return it to Robin Webb, Safety Manager, Oregon Military Department.

**PERSONNEL POLICIES AND PROCEDURES
OREGON MILITARY DEPARTMENT
AGP POLICY 99.100.02**

Subject: Drug/Alcohol Testing

Applicability: State Employees, Commercially Licensed Drivers, Temporaries and Final Applicants following a conditional job offer.

Effective Date: 1 January 2009 (revised, also replaces 99.100.03)

I. PURPOSE: To provide the public with a drug/alcohol free service environment, employees with a drug/alcohol free workplace and to establish a procedure for testing for alcohol and controlled substances. This policy covers all Oregon Military Department (OMD) employees as it relates to reasonable suspicion drug testing, employees whose duties require random drug testing and positions that require the possession of a Commercial Driver's License (CDL).

II. GENERAL POLICY: The OMD values employees who provide support to the Oregon National Guard and has both a responsibility and a commitment to ensure a drug/alcohol free work place and to provide a productive and safe work environment to its employees.

III. AUTHORITY: As it relates to CDLs, the Omnibus Transportation Employee Testing Act (OTETA) and 49 CFR part 382 mandates every employee whose duties require the possession of a CDL be subject to alcohol and controlled substance testing. In addition, 49 CFR part 40 prescribes how the individual alcohol and controlled substance tests are to be conducted.

IV. SCOPE: This policy will apply to all OMD employees, permanent, limited duration, seasonal, represented, management service, executive service, temporary and final applicants.

V. STANDARDS:

A. Types of Tests:

1. Pre-Employment Testing:

a. Controlled Substance: All applicants who are applying for positions that require a CDL, work in Security, Fire, or who work directly with juveniles, are required to submit to a pre-employment controlled substance test. An applicant whose urine specimen is diluted will no longer be considered for employment unless there is a documented medical reason or an additional specimen has been provided, tested and passed a drug screen within the time frame set by the OMD. An applicant, whose diluted specimen has any detectable amounts of controlled substances, will not be given the opportunity to retest.

2. Post-Accident Testing:

a. Alcohol: Any employee who while operating a Government/State motor vehicle or a Personal motor vehicle while on official State business and/or is involved in any accident which involves a fatality or injury requiring professional medical attention and/or is deemed by competent authority to be at fault shall be tested for alcohol by a breathalyzer within two (2) hours of the incident but no later than eight (8) hours after the incident. If the test required is not administered within (2) hours following the accident, the employee's supervisor shall prepare a report stating the reason the test was not administered promptly.

**PERSONNEL POLICIES AND PROCEDURES
OREGON MILITARY DEPARTMENT
AGP POLICY 99.100.02**

If the test is not administered within eight (8) hours following the accident, all attempts to test shall cease and the supervisor shall prepare a report indicating why the test was not administered. All reports shall be forwarded to the OMD State Personnel Office (AGP) Safety Manager.

b. **Controlled Substances:** Any employee operating a Government/State motor vehicle or a Personal motor vehicle while on official State business and/or is involved in any accident which involves a fatality or injury requiring professional medical attention and/or is deemed to be at fault by competent authority, shall be tested for controlled substances. If the test required is not administered within 32 hours following the accident, the employee's supervisor shall prepare a written report stating the reasons the test was not promptly administered. All reports shall be forwarded to the OMD AGP Safety Manager.

3. Random Testing (CDL):

a. **Controlled Substances:** Random testing for controlled substances shall be administered at a minimum annual rate of 50 percent of the average number of positions requiring a commercial driver's license.

b. **Alcohol:** Random testing for alcohol shall be administered at a minimum rate of 25 percent of the average number of positions requiring a CDL and will be limited to time periods surrounding the performance of safety sensitive functions; e.g., the time period just before, during or after a driver performs safety sensitive functions.

c. **Selection:** The testing facility will randomly select individuals by a computerized program and notify the AGP Safety Manager, who will coordinate sending the employees for the random testing.

4. Reasonable Suspicion Testing:

a. **Controlled Substances:** An employee will be required to submit to a controlled substance test when the employer has reasonable suspicion, based on specific, contemporaneous, articulated observations concerning the appearance, behavior, speech, or body odors of an employee. Reasonable suspicion observations may also be based on the known chronic and/or withdrawal effects of controlled substances. *This observation must be made by either an individual trained to make reasonable suspicion determinations or the opinion of a medical professional employed by the agency.* The test must be administered within 32 hours following a reasonable suspicion determination.

b. **Alcohol Testing:** An employee may be required to submit to an alcohol test upon the concurrence of two (2) supervisors/managers when the employer has reasonable suspicion based on specific, contemporaneous, articulated observations concerning the appearance, behavior, speech or body odors of the employee. *This observation must be made by either an individual trained to make reasonable suspicion determinations or the opinion of a medical professional employed by the agency.* Testing for alcohol is to occur if

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OREGON MILITARY DEPARTMENT
AGP POLICY 99.100.02

possible within two (2) hours of the employee being notified of the test but in any case no later than eight (8) hours following the employee notification.

5. Return to Duty Testing:

a. Controlled Substances: Employees who test positive for controlled substance use shall undergo a return-to-duty controlled substance test with a verified negative result before returning to duty.

b. Alcohol: Employees who test positive for alcohol misuse shall undergo a return-to-duty test with a result indicating a Blood Alcohol Content (BAC) of less than .02 before returning to duty. Fire Fighter must have a BAC of 0.00.

6. Follow-up Testing:

a. Controlled Substances: Employees testing positive for controlled substances are subject to follow-up testing of not more than six (6) tests within the next twelve (12) months.

b. CDL Holders: Following a determination by a Substance Abuse Professional (SAP) that a commercially licensed driver is in need of assistance in resolving problems associated with the use of controlled substances, the driver will be subject to unannounced follow-up controlled substance testing at a frequency to be determined by the SAP. The frequency shall be no less than six (6) times in the first twelve (12) months following the date the driver returns to duty for a period not to exceed 60 months from the date the driver returns to duty.

c. Alcohol Testing: Employees testing positive for alcohol are subject to follow-up testing of not more than six (6) tests within the next 12 months.

7. Random Testing:

a. Employees shall be subject to random testing or reasonable suspicion testing for controlled substances and alcohol in accordance with Collective Bargaining Agreements and 49 CFR part 382.

b. Before directing an employee to submit to an alcohol or controlled substance test for reasonable suspicion, the employee shall be notified that the test is required pursuant to this policy. Notification may be given orally or in writing.

c. Results of all alcohol and controlled substance tests shall be treated in a confidential manner as mandated by federal and state law.

d. No employee shall refuse to submit to any alcohol or controlled substance test required under this policy or 49 CFR part 382. Any employee who refuses to submit to such testing shall be subject to disciplinary action up to and including termination.

PERSONNEL POLICIES AND PROCEDURES
OREGON MILITARY DEPARTMENT
AGP POLICY 99.100.02

- e. Employees shall adhere to the following prohibitions:
1. **Pre-Duty Use:** No employee shall be on duty or perform any safety sensitive functions within four (4) hours after consuming any substance containing alcohol, except as listed below.
 - a. Resource Protection Patrol Officers shall not report for duty within eight (8) hours after consuming alcohol in accordance with Air Force Regulation, Arming and Use of Force.
 - b. Fire Protection personnel shall not report for duty within twelve (12) hours after consuming alcohol or while under the influence of alcohol.
 2. **Alcohol Possession:** No employee shall be on duty or operate a commercial motor vehicle while in possession of an open container of alcohol while on duty.
 3. **On-Duty Use:** No employee shall use or be under the influence of alcohol while on duty with a BAC of .02 or greater. Fire Fighter must have a BAC of 0.00.
 4. **Alcohol Use Following an Accident:** No employee required to take a post-accident alcohol test pursuant to this policy or 49 CFR part 382 shall use alcohol for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test, whichever occurs first.
 5. **Controlled Substance Use:** No employee shall report for duty or remain on duty when the employee uses any controlled substance except when the use is pursuant to the instructions of a licensed physician who has advised the employee that the substance does not adversely affect the employee's abilities and/or adversely affect the employee's ability to safely operate a commercial motor vehicle.
 6. **Controlled Substance Testing:** No employee shall report for duty, or remain on duty if the employee tests or has tested positive for controlled substances.

B. **Cost for Testing:** The Department will pay for all testing except for follow-up testing and split specimen testing. Split specimen testing and follow-up testing will be paid by the affected employee at the time the test is taken. The employer will reimburse the employee for split specimen testing **IF** the test results are returned as negative.

VI. **RESPONSIBILITIES:**

- A. **The Adjutant General:** Has overall responsibility to ensure the Department is in compliance with this policy and 49 CFR parts 382 and 40.
- B. **Director of State Personnel:**

**PERSONNEL POLICIES AND PROCEDURES
OREGON MILITARY DEPARTMENT
AGP POLICY 99.100.02**

1. Manages the implementation and ongoing testing as required through this policy, 49 CFR parts 382 and 40.
2. Will be on call when the AGP Safety Manager is unavailable.
3. Coordinate training for personnel to make reasonable suspicion determinations.

C. AGP Safety Manager:

1. Is responsible for the coordination of the Alcohol and Drug Testing Program through program directors, managers and supervisors.
2. Acts as the liaison between the Department and the vendor providing the services.
3. Manages the notification process to supervisors for employee testing.
4. Maintains records provided by the contractor as well as services provided by a SAP as required by 49 CFR part 40.
5. Must be available twenty-four (24) hours per day to assist the contractor when a positive test result is reported.
6. Receives the test results from the contractor and confidentially maintains them.
7. Confidentially reports positive test results to the supervisor and strictly limits the knowledge to those who have a need to know.
8. Will promote a drug/alcohol free workplace by circulating materials, which inform employees, directors, managers and supervisors of the effects of drug/alcohol impairment in the workplace and behavioral symptoms of impairment.

D. Directors, Managers and Supervisors:

1. Discuss with employees any behavior or job-performance factors that may indicate the use of drugs, alcohol or other violations of this policy and to suggest, when appropriate, that employees seek assistance through the Employee Assistance Program (EAP).
2. Direct all employees to comply with the provisions of the Drug/Alcohol Testing Policy.
3. Ensure individuals authorized to make reasonable suspicion determinations have been trained.
4. Ensure determinations of reasonable suspicion are based on specific, contemporaneous, articulated, reliable observations concerning the appearance, behavior, speech or body odor of the employee. Ensure the determination was made by an individual authorized and trained to make reasonable suspicion determinations.

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5. Any employee determined to have a blood alcohol concentration of .02 or above will, at a minimum, be immediately removed from duty for 24 hours.

6. Ensures if an employee is suspected of being incapable of performing their duties due to suspicion of drug or alcohol misuse that information is documented on the behavior, and does not allow the employee to continue to perform the function or remove the employee from the workplace. If an employee is removed from the workplace, the supervisor and/or manager should discuss the situation with the AGP Safety Manager to review appropriate action. Each situation involving reasonable suspicion will be handled on a case-by-case basis.

7. Ensures all candidates of classifications specified in paragraph V.A.1 that are offered employment complete a pre-employment drug test.

8. Ensures all employees are informed of their responsibilities regarding this policy and the drug/alcohol testing program and provided a copy of this policy.

E. Employees:

1. Are expected to report to work fit for duty and refrain from the use and misuse of controlled substances and alcohol as stated in this policy and while performing state business.

2. Report to their supervisor where prescription drug usage would affect public safety.

3. Shall comply with alcohol and drug testing policies and federal regulations.

F. Final Applicant:

1. Shall sign a release for a pre-employment drug test.

2. Shall pass a pre-employment drug screening test prior to beginning employment.

3. Shall not receive a final employment offer following a positive drug test.

4. May elect to retest within 48 hours of notice that the applicant's specimen was a diluted specimen.

a. The applicant will bear the cost of the second test if the results are positive for drugs.

b. The employer will bear the cost of the second test if the results are negative for drugs.

VII. TESTING PROCEDURES:

A. Drug Testing:

1. All elements of the alcohol and controlled substances testing program shall be provided through a private vendor selected through the competitive bidding process under contract with the Department of Administrative Services or the OMD. The

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facility providing the testing must be licensed and operated in accordance with ORS 438.010 and OAR 333-24-0305 through 0365.

2. Upon notification of selection of employees covered under random drug testing, the employee must cease their work, consistent with safety practices and proceed to the testing location as soon as possible.
3. Tests must not be delayed due to the OMD's need for continued operation, with the exception of State or National emergencies.
4. Drug testing procedures for employees include split specimen techniques. The employee provides a urine specimen that is subdivided into containers labeled as primary and split specimen in front of the employee during the collection process. A chain of custody document is completed and both specimens are forwarded to a certified laboratory under contract with the state. Only the primary specimen is used in the urinalysis. If the test is positive for one or more drugs a confirmation test will be performed. The split specimen remains sealed and stored. All positive drug test results are reviewed and interpreted by a Medical Review Officer (MRO) under contract with the state, before they are reported to the AGP Safety Manager. If the laboratory reports a positive result to the MRO, the MRO contacts the employee and conducts an interview to determine if there is an alternative medical explanation for the presence of a controlled substance in the specimen. If the employee provides appropriate documentation and the information is verified through the employee's physician the MRO will report the test as negative.
5. The MRO will make three (3) attempts to contact the employee. If the MRO is unsuccessful at contacting the employee, the results will be determined as inconclusive. If the test result of a primary specimen is positive, the employee may request the MRO have the split specimen be tested in a different certified laboratory for the presence of drug(s) for which a positive result was obtained in the test of the primary specimen. The MRO shall honor such a request if it is made within 72 hours of the employee having been notified of a verified positive test result. Cost of split specimen testing is the responsibility of the employee.

B. Alcohol:

1. Two breath tests are required to determine if a person has a prohibited alcohol concentration, a screening test and confirmation test. Any result from the screening test is considered negative if the alcohol concentration is less than .02. If the alcohol concentration is .02 or greater, a confirmation test must be conducted.
2. The Evidential Breath Testing Device (EBT) shall be conducted by a Breath Alcohol Technician (BAT) employed by a drug/alcohol testing organization under contract with the State of Oregon.

C. Confidentiality of Test Results: Employee alcohol/drug test results and records are maintained under strict confidentiality by the AGP Safety Manager, the drug testing laboratory, the MRO and the alcohol testing facility. Direct supervisors will be informed if the test is returned positive. The results cannot be released to any other party except a SAP without expressed written consent of the employee.

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Exceptions to the confidentiality of the test results are limited to provisions of the public records law and the public employee collective bargaining act as well as decision makers in arbitration, litigation, or administrative proceedings arising from a positive drug or alcohol test and provisions established in 49 CFR parts 382 and 40.

VIII. CONSEQUENCES FOR ENGAGING IN PROHIBITED CONDUCT:

A. **Action:** Employees who engage in prohibited conduct as described in Section V.E.1. thru V.E.6. of the Standards Section of this directive will subject themselves to disciplinary action up to and including dismissal from state service.

1. **Executive Service:** Executive Service employees who engage in prohibited conduct subject themselves to termination.

2. **Management Service Employees:** Management Service employees who engage in prohibited conduct subject themselves to discipline according to Personnel Division rules and federal guidelines in existence at the time of the prohibited conduct.

3. **Represented Employees:** Represented employees who engage in prohibited conduct subject themselves to disciplinary action consistent with federal guidelines and according to the terms and conditions contained in the applicable collective bargaining agreement.

4. **Final Applicants:** Final applicants who engage in prohibited conduct shall no longer be considered for employment.

B. **Use of Leave Time:** An employee will be granted Department time for reasonable suspicion, post accident, and return to duty testing. This includes time traveled to and from the test site if such travel is required. When the employee has used all of their leave time, they may be placed on leave without pay to participate in a rehabilitation program and for performing follow-up testing.

C. **Positive Drug/Alcohol Test Results:** An employee who tests positive by reasonable suspicion, post accident or random testing may be subject to disciplinary action up to and including termination.

1. Upon receiving notification from the vendor of an employee testing positive for controlled substance or alcohol use, the appointing authority shall conduct a predisciplinary investigation which will consist of:

a. The assessment of the employee's work history and the circumstances surrounding the drug use;

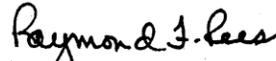
b. The opportunity for the employee to provide information/mitigating circumstances surrounding the use of drugs.

2. As a result of the assessment and the discovery conducted at the predisciplinary investigation, the appointing authority shall decide on the appropriate action(s) to be taken which may include:

a. The signing of a last chance agreement that the employee will stay free from drugs and/or alcohol and will include:

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- (1) Referral to a substance abuse professional for assessment;
 - (2) Referral to the Employee Assistance Program or other certified treatment or rehabilitation program;
 - (3) A plan for verification of successful completion of the treatment or rehabilitation program.
- b. The reassignment of the employee to an alternative job assignment if appropriate.
- c. Appropriate disciplinary action up to and including termination.


RAYMOND F. REES
Major General
The Adjutant General

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LAST CHANCE DRUG REHABILITATION AGREEMENT - SAMPLE

The following agreement is entered into between the Oregon Military Department and _____ henceforth to be referred to as employer and employee respectively. This agreement serves as notice to the employee of what is expected for continued employment with the employer.

1. I agree to be evaluated by a qualified Substance Abuse Professional (SAP), and if required, I shall immediately enroll and continue in a certified drug/alcohol abuse inpatient or outpatient rehabilitation program recommended by the SAP. I understand that should I fail to successfully complete the recommended treatment program, my employment with the employer will be terminated.
2. I agree to comply with and complete the conditions of any "aftercare plan," as recommended by my treatment counselor. If I must be absent from any aftercare session, I will notify the employer. The employer has my consent to verify attendance at required meetings. If I do not continue the aftercare program, I understand that my employment is terminated.
3. I agree that the signing of this agreement shall allow my employer to contact treatment or health care providers who may have information regarding my drug/alcohol condition and my compliance with the SAP recommended treatment and terms of this agreement. I authorize these providers to discuss all information regarding my drug and/or alcohol abuse and or treatment program with my employer.
4. I agree to return to work immediately upon successful completion of the drug/alcohol rehabilitation program. I further agree that should I be required to attend an outpatient program that my time away from work for such appointments will only include the time necessary for the appointment and travel to and from the appointment.
5. I understand this agreement constitutes a FINAL WARNING and is non-precedent setting for any other employees with the employer in the future. Each case will be reviewed on a case-by-case basis and will be reviewed on its own merit.
6. I understand the Employee Assistance Program (EAP) is available to me should personal problems arise in the future which may have an affect on my ability to remain in compliance with the employer's drug/alcohol policy and this agreement.
7. I understand that violation of the employer's drug/alcohol policy at any time in the future will result in my termination of employment.
8. All parties to this agreement understand that the undersigned employee will be terminated should he/she exhibit deficient performance or conduct.
9. I understand the terms and conditions of this agreement. I also understand that this agreement does not guarantee me employment for any set period of time. I have had the opportunity to discuss it with my representative. I sign this agreement free from duress or coercion. This agreement will be retained in my official personnel file for a period of three (3) years.

Personal Commitment:

I pledge and agree to abide by the terms of this agreement. I understand that a violation of, or noncompliance with, any of these terms will result in my termination of employment. I further pledge to remain free from all illegal drugs and not to abuse legal drugs during my term of employment.

SAMPLE DO NOT SIGN
Employee _____ Date _____

Appointing Authority _____ Date _____

Employee Representative _____ Date _____

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DEFINITIONS

- A. Accident: Any incident, involving an employee, where someone is injured or property is damaged.
- B. Adulterate/Alter a Sample: The intentional consumption of chemicals or any other products that interfere with the drug and/or alcohol testing process or any other intentional act to render a urine sample unfit for testing or alter an alcohol test result.
- C. Alcohol Test: A breathalyzer test administered by a BAT to determine the presence of alcohol.
- D. Breath Alcohol Technician (BAT): Individuals who instruct and assist individuals in the alcohol testing process and operate an Evidential Breath Testing Device (EBT).
- E. Commercial Driver's License: A commercial driver's license is required for any driver who operates a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property, whose gross vehicle combination weight is 26,001 pounds or more, inclusive of a towed unit with a gross vehicle weight rating of 10,000 pounds or more; has a gross vehicle weight rating of 26,001 or more; a vehicle that transports 16 or more passengers including the driver; any vehicle that transports hazardous material as found in the Hazardous Material Transportation Act and which requires the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).
- F. Controlled Substances: The term "drug" and "controlled substances" are used interchangeably in this policy. They refer to one or more of the following controlled substances as identified in schedules I through V of Section 202 of the Controlled Substance Act, 21 USC 811, 812 and CFR 1308.11 through 1308.15 unless authorized by a legal prescription or are exempt from State or Federal Law. The prohibited drugs/controlled substances are: marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines and all other substances specified in the above identified act.
- G. Controlled Substance Test: A urine test performed by a licensed testing facility to determine the presence of controlled substances.
- H. Conviction: Found guilty in a court of law for a crime.
- I. Diluted Specimen: A urine specimen that has a specific gravity less than 1.003 and a creatinine of less than 20.
- J. Distribution: To hand out, giveaway, trade or sell to an individual.
- K. Employee: Any full-time, part-time, permanent, limited duration, seasonal, job share, temporary employee or volunteer. Any employee who is required to hold a CDL as a condition of employment.
- L. Employer: One who directs the work and has discretionary power over an employee.

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- M. **Final Applicant:** Any person who is the final applicant to a position, where a bonafide job offer has been made subject to passing a pre-employment controlled substance test.
- N. **Injury:** An injury requiring professional medical attention.
- O. **Manufacture:** To make or produce.
- P. **Medical Review Officer (MRO):** A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.
- Q. **Performing a Safety Sensitive Function:** A driver is considered to be performing a safety sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety sensitive function.
- R. **Possession:** To have an item, which an individual is in physical control of or located within an item of personal property or in the property under control by an individual.
- S. **Reasonable Suspicion:** Specific, contemporaneous, articulated observations concerning the appearance, behavior, speech, or body odors of an employee. Reasonable suspicion observations may also be based on the known chronic and/or withdrawal effects of controlled substances. *This observation must be made by either an individual trained to make reasonable suspicion determinations or the opinion of a medical professional employed by the agency.*
- T. **Refusal to Test:** Refusal to submit to a controlled substance or alcohol test means that an employee/driver:
1. Fails to provide adequate urine for a controlled substance test without a valid medical explanation after he or she received notice of the requirement for urine testing pursuant to this policy and provisions of a drug-free workplace State Policy 50.000.01.
 2. Fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirements for breath testing pursuant to 49 CFR part 382 and this policy.
 3. Engages in any conduct that clearly obstructs the testing process.
 4. Fails to remain readily available for any required post accident testing.
- U. **Split Specimen:** A urine specimen that is subdivided into containers labeled as primary and split specimen.
- V. **Substance Abuse Professional (SAP):** A licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism

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and Drug Abuse Counselors Certification Commission or The International Certification Reciprocity Consortium/Alcohol & Other drug Abuse). All must have knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance related disorders.

W. Testing Facility: The facility performing drug/alcohol testing will be licensed and operated in accordance with ORS 438.010 and OAR 333-24-0305 through 0350.

X. Under the Influence: Any detectable amount of a controlled substance and/or BAC of .02 (.00 for Firefighters).

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Subject: Commercially Licensed Drivers (CDL)
Applicability: State Employees required to possess a CDL
Effective Date: 1 January 2009 (revised)

I. **PURPOSE:** To establish a policy for Oregon Military Department employees whose duties require possession of a CDL.

II. **AUTHORITY:** The Federal Motor Carrier Safety Regulations and the Oregon Vehicle Code.

III. **SCOPE:** This entire policy, with the exceptions as noted below, will apply to any employee whose duties require the possession of a CDL.

EXCEPTION: Emergency services workers as defined in ORS 401.025 and 652.050 are exempt from the CDL requirement per ORS 801.208(2)(a) and (b).

IV. **DEFINITIONS:**

A. **Driver:** The term "driver" as it is used in this policy and in 49 CFR parts 382 and 40 means any employee whose duties require the possession of a CDL.

B. **Commercial Driver's License (CDL):** A special license required for operating a Commercial Motor Vehicle.

C. **Commercial Motor Vehicle:** A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property, whose gross vehicle combination weight is 26,001 pounds or more, inclusive of a towed unit with a gross vehicle weight rating of 10,000 pounds or more; has a gross vehicle weight rating of 26,001 or more; a vehicle that transports 16 or more passengers including the driver; any vehicle that transports hazardous material as found in the Hazardous Material Transportation Act and which requires the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

D. **Employee:** Any full-time, part-time, job share, seasonal, limited duration, temporary employee or volunteer required to hold a CDL as a condition of employment/appointment.

V. **STANDARDS:**

A. Certain employees must possess a CDL to qualify for some job classifications as determined by the Department of Administrative Services (DAS).

B. Employees must possess a CDL to operate any of the following vehicles.

1. A single vehicle with a gross vehicle weight rating (GVWR) of more than 26,000 pounds.
2. A combination vehicle with a gross combined weight rating of more than 26,000 pounds when the trailer has a GVWR of more than 10,000 pounds.
3. A vehicle designed to transport 16 or more persons, including the driver.

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4. Any size vehicle with a hazardous material placard.

- C. Medical Certificate: Employee must maintain and carry a valid medical certificate in accordance with the Federal Motor Carrier Safety Regulations.

VI. RESPONSIBILITIES:

- A. **The Adjutant General:** Has overall responsibility to ensure the Department is in compliance with this policy and the Federal Motor Carrier Safety Regulations.

- B. **The Director of State Personnel:**
 1. Ensures the Department is in compliance with this policy.
 2. Identifies employees who no longer meet the condition of employment of holding a valid CDL.

- C. **The Personnel Office (AGP) Safety Manager:**
 1. Is responsible for the coordination of this policy with employee's supervisor.
 2. Ensures that employees are tested in accordance with DOT rules for drugs and alcohol. See Alcohol and Drug Testing AGP Policy 99.100.02.

- D. **Directors, Managers and Supervisors:**
 1. Ensures employees comply with the rules and regulations for driving a vehicle that requires a CDL.
 2. Ensures employees maintain and carry a medical certificate while performing duties that require a CDL.
 3. Notifies the AGP Safety Manager of any events that may affect an employee's ability to perform their driving duties safely.
 4. Must not allow any employee to operate a commercial motor vehicle if they do not possess a current valid CDL.
 5. Must identify positions that require a CDL and ensure Position Description reflects the CDL requirement.
 6. Ensures AGP is provided employee's name for random drug testing procedures required by the Omnibus Transportation Employee Testing Act (OTETA) and 49 CFR part 382.
 7. Ensures the program is responsible for all costs for employee to obtain and maintain the CDL in accordance with applicable collective bargaining agreement, if employee is asked after hire to obtain a CDL.

- E. **Employees:**
 1. Are expected to possess and maintain the correct class of CDL for their job duties.

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2. Are required to maintain and carry a valid medical certificate while performing duties that require a CDL.
3. Must notify their supervisor within 30 days of conviction for any traffic violations (except parking). This is true no matter what type of vehicle was being driven.
4. Must immediately notify their supervisor if their license is suspended, revoked, or cancelled, or if they are disqualified from driving.
5. Must participate in the drug/alcohol testing in accordance with the Omnibus Transportation Employee Testing Act (OTETA) and 49 CFR part 382.

Raymond F. Rees

RAYMOND F. REES
Major General
The Adjutant General

Agency Policy Signature Page
(All employees must comply with agency policies)

Instructions to Employee: All agency employees are required to read the agency policies listed below. Agency policies are available at:
http://www.oregon.gov/OMD/AGP/agn_policies.shtml . If you have trouble locating the policies, let HR or your supervisor know.

Agency Policy	Number	Employee's Initials and Date
Drug and Alcohol Policy	99.100.02	
Commercially Licensed Drivers (CDL)	99.100.04	

Direct questions about the policies to HR or your supervisor.

Employee's Signature _____ **Date** _____
(My signature indicates I read the policies and had my questions answered. I understand I must comply with procedures and requirements of the policies.)

(The original agency Policy signature page is retained in the employee's Personnel and DOT-CDL File. Give a copy to the employee.)