

**SCHNEIDER NATIONAL, INC  
AUTHORIZATIONS AND CERTIFICATIONS**

I understand that as part of the Department of Transportation Driver Qualification process (specifically DOT 49 CFR Parts 382 CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING) Schneider National, Inc. and its subsidiaries (Schneider National Carriers, Schneider National Bulk Carriers, Schneider Tank Lines, Schneider Transport, Schneider Training Academy) are required to obtain the results of all DOT required drug and/or alcohol tests (including refusals to be tested).

I understand that I must give Schneider National, Inc. written authorization to obtain the above mentioned information from all of the companies for which I performed a safety sensitive function, or for which I took a pre-employment and/or non-DOT drug and/or alcohol test, during the past three years. I also understand that my signing of this authorization does not guarantee me a job/lease with Schneider National, Inc.

**Below, I have listed all of the companies for which I performed a safety sensitive function, or for which I took any drug and/or alcohol test during the past three years. I hereby authorize the companies to furnish Schneider National, Inc. the following information concerning my drug and /or alcohol tests:**

1. All verified positive drug test results during the past three years.
2. All alcohol tests with a result of 0.04 or higher alcohol concentration during the past three years.
3. All refusals to be tested (including verified adulterated or substituted drug test results) during the past three years.
4. Any violations of DOT agency drug and alcohol testing regulations or alcohol and controlled substance prohibitions during the past three years.
5. Any drug and/or alcohol rule violations provided by a previous employer/lessor during the past three years.
6. Documentation of successful completion of DOT return to duty requirements, to include SAP information and follow-up tests and/or documentation of non-completion or refusal of SAP referral during the past three years.
7. All testing violations subsequent to the successful completion of a rehabilitation SAP during the past three years.

Company Name	Dates Worked (month/yr)	Company Name	Dates Worked (month/yr)

- I acknowledge that I will be required and agree to submit to a physical examination and controlled substance and alcohol use testing as part of Employer's/Lessor's evaluation procedures and authorize release of my results and all prior medical records to Employer/Lessor and Employer's/Lessor's use of those results in deciding whether I should be offered or continued in employment/lease;
- I acknowledge that illegal alcohol or drug use during my employment/lease will be grounds for immediate termination without notice and without re course;
- I authorize Schneider (Employer/Lessor) its subsidiaries, affiliates or agents to use my Social Security Number and Drivers License Number(s) to investigate my background, character, general reputation, record of convictions, deferred prosecutions, charges pending, motor vehicle records and prior employment/lease, by contacting my prior employers/lessors, references or any other individuals or agencies Employer/Lessor considers necessary;
- I authorize Employer/Lessor, my prior employers/lessors, educational institutions, references, and any other individuals or agencies contacted by Employer/Lessor to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- I acknowledge that any employment/lease offered to me is at the will of Employer/Lessor and may be terminated by Employer/Lessor at any time, without cause.
- I understand and agree that while I am receiving my training or traveling to/from the Schneider training facilities, and I become injured or ill, Schneider National, Inc. may pay a limited amount for any initial emergency medical treatment rendered to me.
- I agree that not updating, or providing false, misleading or incomplete statements or data in this application and/or supplemental documents is grounds for immediate termination of my employment/lease, regardless of when such information is discovered.

I understand that in order to investigate my safety employment history, per FMCSA regulations, Schneider (Employer/Lessor) must investigate the information I have provided by contacting all previous DOT regulated employers/lessors under which I was employed/leased in a safety-sensitive function within the previous three years from the date of this employment/lease application.

Applicants have the following rights regarding the investigative information that will be provided to Schneider (Employer/Lessor) pursuant to FMCSA Reg 391.23 (i) (1):

1. The right to review investigative information provided by previous DOT employers/lessors for the preceding three years by submitting a written request to Schneider, ATTN: Regulatory Dept. (Employer/Lessor), within 30 days after being employed/leased or of being notified of denial of employment/lease.
  2. The right to have errors in the information corrected by their previous employer/lessor and for that previous employer/lessor to re-send the corrected information to Schneider (Employer/Lessor). Applicants must send the request for the correction to the previous employer/lessor that provided the records to Schneider (Employer/Lessor).
  3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer/lessor and the applicant cannot agree on the accuracy of the information. Applicant must send the rebuttal to the previous employer/lessor with instructions to include the rebuttal in that applicant's safety performance history.
- By completing, submitting and signing this application, I hereby agree to all of the above. I certify by my signature that all entries and information on and in this application and all supplemental documents are true and complete to the best of my knowledge and I hereby agree to all of the above.

Print Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Schneider National's hiring/leasing criteria and application process may be changed at any time at Schneider's discretion without prior notice.