



DISCLAIMER

The contents of this handbook do not constitute a contract between Collins Trucking Company, Inc. and any person, but are instead presented as a matter of information only. While Collins Trucking Co., Inc. believes whole heartedly in the policies and procedures described herein, they are not conditions of employment. Collins Trucking Company, Inc. reserves the right to modify, revoke, suspend, terminate, or change any or all such plans, policies, or procedures in whole or in part, at any time, with or without notice. The language used in this handbook is not intended to create, nor is it to be construed or constitute, a contract between Collins Trucking Company, Inc. and anyone or all of its employees.

Employee Signature

Date

Employee Signature

Date



INSURANCE ENROLLMENT ACKNOWLEDGEMENT

I understand that I have fifteen (15) days from my hire date to complete my enrollment form for group insurance. If I do not complete this form and return it to Susan Owens, I am aware that I will not be covered by group insurance and will not be eligible until open enrollment to enroll.

Employee Signature

Date

EMERGENCY CONTACT INFORMATION

YOUR NAME:

EMAIL ADDRESS:

STREET ADDRESS:

CITY/STATE:

PHONE:

HOME:

CELL:

PRIMARY EMERGENCY CONTACT

NAME:

RELATIONSHIP:

STREET ADDRESS:

CITY/STATE:

PHONE:

HOME:

CELL:

WORK:

SECONDARY EMERGENCY CONTACT

NAME:

RELATIONSHIP:

STREET ADDRESS:

CITY/STATE:

PHONE:

HOME:

CELL:

WORK:

DRUG FREE WORKPLACE EMPLOYEE TRAINING ACKNOWLEDGEMENT OF COURSE COMPLETION

By my signature below, I acknowledge that I have received training regarding the Drug Free Workplace Program instituted by Collins Trucking Company, Inc. including material contained in the “Drugs in the Workplace” training video and I am also aware of the Substance and Alcohol testing policies of Collins Trucking Company, Inc.

Employee/Contractor/O-O Driver Signature

Date

Employee/Contractor/O-O Driver Printed Name

Video provided by the American Analytical, Inc.

SUBSTANCE ABUSE TESTING AGREEMENT

I do hereby certify that I have received a copy of the Collins Trucking Company, Inc. Drug and Alcohol Abuse Policy. I also acknowledge that I understand the program as explained to me.

I understand also that if my performance indicates it as necessary, or simply on a nondiscriminatory, random basis, I will submit to a substance abuse screening test. I also understand that failure to comply with such a request, the providing of an adulterated specimen, or a confirmed positive test result may lead to my termination and/or disqualification from Collins Trucking Company, Inc.

Signature

Print Name

Date

POLICY ON SUBSTANCE ABUSE

POLICY OVERVIEW:

Collins Trucking Company, Inc. has a vital interest in maintaining a safe, healthful, efficient and professional environment for its employees and clients. Being under the influence of alcohol or drug on the job can pose serious health risks not only to the user, but also to those who may come in contact with the abuser. The possession, use, or sale of an illegal drug or alcohol in the workplace presents an unacceptable risk for safe, healthful, efficient, and professional operations.

We recognize that our health and the future are dependent upon the physical and physiological health of our employees, either regular or contract. Accordingly, the corporation has the right, obligation, and intent to maintain a safe, healthful, efficient, and professional environment for all its employees and to protect our employees, clients, and property.

With these objectives in mind, Collins Trucking Company, Inc. has established the following policy with the regard to use, possession, or sale of illegal drugs and alcohol.

PRE-EMPLOYMENT DRUG SCREENING: All employment applicants at Collins Trucking Company, Inc. will undergo screening for the presence of illegal drugs and/or alcohol as a condition of employment. Applicants will be required to voluntarily submit to a urinalysis test conducted by a certified laboratory chose by Collins Trucking Company, Inc. Any applicant with a confirmed POSITIVE test result will be denied employment at that time.

ON THE JOB USE, POSSESSION, OR SALE OF DRUGS OR ALCOHOL:

- A. **ALCOHOL:** Being under the influence of alcohol by any employee, regular or contract, while performing any type of business for Collins Trucking Company, Inc. on or off of the property of the company is prohibited to the extent that such use or influence may affect the safety of co-workers, clients, or members of the public. Consumption of alcohol on Collins Trucking Company, Inc. property is strictly prohibited.

- B. LEGAL DRUGS:** Definition, “Legal Drugs” for the purpose of this policy is defined as a drug prescribed for the individual and such over-the-counter drugs, which have been legally obtained and are being used for the purpose for which they are intended or manufactured. An employee may continue to work, even though under the influence of a legal drug if management has determined that the employee does not pose a threat to his or her own safety or the safety of co-workers, clients, or the public and that the employees job performance is not effected by the legal drug. Otherwise, the employee, regular or contract, may be required to take a leave of absence or comply with other appropriate action determined by management. Abuse of prescription medications will be dealt with in the same manner as the abuse of illegal substances.
- C. ILLEGAL DRUGS:** Definition, “Illegal Drugs” for the purpose of this policy is defined as any drugs which is not legally obtainable or which is legally obtainable but has not been obtained in an acceptable manner. This term includes prescription drugs not obtained and prescription drugs not being prescribed. It also includes marijuana. The use, sale, purchase, transfer, or possession of an illegal drug by any employee, regular or contract, while acting as a representative of Collins Trucking Company, Inc. on or off company property is strictly prohibited. The presence of any detectable amount of any illegal drug by an employee, regular or contract, while acting in the business of Collins Trucking Company, Inc. is prohibited.

DRUGS AND ALCOHOL SCREENING: Collins Trucking Company, Inc. may require a urinalysis or other drug/alcohol screening at random or when management has a reasonable suspicion that an employee, regular or contract, may be under the influence of alcohol or drugs. An employee’s refusal to consent to such a test will result in immediate termination. Additionally any employee whose specimen is submitted for such test that is found to be adulterated by any means is subject to immediate termination.

DISCIPLINARY ACTION: Upon receipt of any adulterated and or positive alcohol or drug-screening test the employee understands that he will be automatically terminated.

DRUG/ALCOHOL USE POLICY, EMPLOYEES ASSISTANCE PROGRAM:

Employees, regular or contract, and or wives and children experiencing problems to alcohol or drug abuse will be referred to the appropriate management personnel. This individual will assist the employee in entering appropriate counseling and or entry to a treatment program at the expense of the employee.

CONFIDENTIALITY: All test results and any refusals to substance abuse assistance and counseling programs will be strictly confidential.

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Reviewed by: _____

Carrier Official (printed)

Date

Carrier Signature

Title

Carrier

Comments: _____



COMPANY GENERAL INFORMATION

ADDRESS: Collins Trucking Company, Inc.
PO Box 617
527 Alabama Blvd
Jackson, GA 30233

BUSINESS HOURS: Office: 8:00am until 5:00pm
Dispatch: 7:30am until 5:00pm
Shop: 7:00am until 5:00pm

OFFICE PHONE NUMBER: 770-775-3333

TOLL FREE: 800-808-0121

FAX NUMBERS: OFFICE: 770-775-3354

DISPATCH: 770-775-3873

SAFETY: 678-774-0017

AFTER HOURS EMERGENCY PHONE NUMBERS

Nick Besaw	770-681-9979	*Van Division Dispatch Emergency
Nick Dimsdale	470-526-5662	*Van Division Dispatch Emergency
Allen Herrington	912-293-3656	*VIDALIA Van Division Dispatch Emergency
Toni Moncrief	404-597-3479	*QTR Dispatch Emergency
Mike Chupp	404-402-6483	*Safety related emergency
Shop	678-216-6397	*Call for road breakdowns after 5pm
Mike Collins	404-867-8349	*Call only when the above contacts cannot be reached



COMPANY DIRECTORY

Name	Title	Direct Phone Number
Besaw, Nick		678-661-2239
Carroll, Karin		678-774-7425
Chupp, Mike		678-774-7420
Cobb, Kathy		678-774-7413
Collins, Andy		678-774-7414
Collins, Dakota		678-661-2241
Collins, Drew		678-310-1144
Collins, Dylan		678-774-7422
Collins, Leigh Ann		678-774-7416
Collins, Mike		678-774-7415
Dimsdale, Nick		678-774-7421
Herrington, Allen		678-774-0018
Jones, Scott		678-774-7418
Moncrief, Toni		678-774-7419
Morella, Joe		678-774-7417
		Cell: 404-447-6506
Owens, Susan		678-774-7412
Reynolds, Denise		678-774-0022

COLLINS TRUCKING COMPANY, INC. EMPLOYEE AGREEMENT

I, _____ understand and agree that I will be placed on a 90-day probationary period. During that probationary period, Collins Trucking Company, Inc. reserves the right to terminate my employment without any recourse to me whatsoever.

If I discontinue my employment for any reason, I understand that I will not receive my last paycheck until I have returned any and all fuel cards, fuel keys, gate keys, and paperwork, including legal logs, or any other equipment or items that were assigned to me at the time of my employment. I also understand that I will be subject to a \$300.00 recovery charge if I do not return the assigned tractor, trailer, and any and all other assigned equipment to the Jackson, GA terminal. I accept full responsibility for the following equipment provided to me on my employment date. This equipment was tendered in good and useable condition.

- | | | | |
|---------------------------------|-------|----------------------------|-------|
| 1. Eight chains | _____ | 7. One strobe log light | _____ |
| 2. Eight binders | _____ | 8. One red safety flag | _____ |
| 3. One fire extinguisher | _____ | 9. Two 27x24x8 tarps | _____ |
| 4. One set reflective triangles | _____ | 10. One tie down bar | _____ |
| 5. One hard hat | _____ | 11. One air pressure gauge | _____ |
| 6. One pair safety goggles | _____ | 12. Two Securement straps | _____ |

Abuse, neglect, or stolen equipment shall be at my expense and may be deducted from my final paycheck. Abuse of tractor and trailer are included. Normal wear and tear of equipment will not be deducted.

In addition to the following:

1. I understand that I must turn in my paperwork on Monday of each week and I will receive payment for all work performed the prior week on Friday of each week.
2. I understand that my starting pay is \$_____ for all miles loaded and empty, _____% for all Georgia intrastate movements, and _____% for any logging movements that I may handle.
3. I understand that if my employment is terminated within the first six months, whether by the company or myself, that I will be responsible for the pre-employment drug screen collection cost, the cost of any DOT re-certification physical, all pre-employment HireRight reports and FMCSA reports.
4. I understand that I will make myself available for work between Monday and Friday of each week and if problems arise beyond my control, I will immediately notify my immediate supervisor of those problems.
5. I understand that all unnecessary out of route miles will be charged to me and will be deducted from my paycheck. It is my responsibility to plan my trips using the most direct and safest routes and if I am not sure of the best route I will contact my immediate supervisor.
6. I understand that it is my responsibility to make sure that all loads are secure so that my life as well as that of all others will not be endangered.
7. I understand that I will be responsible for a tow bill when required. No vehicle should be parked on anyone's property without written permission being on file with Collins Trucking Company, Inc.

My signature below certifies that I have received a copy of the Company Policies and Procedures. I understand each and was given the opportunity to ask questions pertaining to each subject.

Employee Signature

Date

ORIENTATION TRAINING ACKNOWLEDGEMENT

This form confirms that I attended orientation at Collins Trucking Company, Inc. Each section listed below has been explained throughout the hiring process in detail, and I have been given the opportunity to ask questions which were followed by a sufficient answer.

1. Orientation driver videos
2. Qualcomm system
3. Customers - types of freight and ways to secure
4. Company policies and procedures
 - a. General information
 - b. Employee benefits (medical, dental, vision, life, Aflac)
 - c. Operations
 - d. Equipment
 - e. On road fuel procedures
 - f. Accidents
 - g. Loss prevention
 - h. Payroll
 - i. Hours of service
 - j. Loading and unloading
 - k. General customer rule
5. Company fuel island procedures
6. Shop procedures/equipment servicing
7. Wash bay operations

Employee Signature

Date

Company Official

Date

BLUE BEACON TRUCK WASH ACCOUNT

Truck washes are limited to one (1) wash every 45 days for truck and trailer.

Included: Aluminum brightening for tanks, wheels, steps and headache racks

Does NOT include: Engine wash, undercarriage wash and Rain-X

- Provide Blue Beacon with your truck number including the letters “CI” for company trucks. Flatbed trailers must be empty while being washed. If a driver washes a loaded trailer, any resulting cargo claim for wet product is the driver’s responsibility.
- If a driver washes a tractor prior to the 45 days, it will not be authorized by Collins Trucking Company, Inc. and could result in the driver being charged without reimbursement. Call 678-774-7420 for questions regarding eligibility for wash.
- Owner operators are eligible to use this account, however, they will be responsible for the tractor wash. Collins Trucking Company, Inc. will be responsible for company trailers only.

QUARTERLY SAFETY TRAINING

Quarterly safety training is a requirement for all company drivers and owner-operators. Training videos may be completed on a desktop computer at home, a mobile device, or the computer located in the drivers' lounge. If there are questions regarding training videos, contact the Safety Department.

To access training videos, use the website www.carriersedge.com/ce/login.jsp
OR download the application on the Apple AppStore or the Google Play store.

1. User Name: collins.first.last (example: John Smith - collins.john.smith)
2. Password: Driver's first name
3. Click on the current module to begin the course. The driver must complete the module and the end of course test.
4. Notification of course completion is automatically sent to the Director of Safety.

Each quarter two names are drawn from the list of drivers who have passed the end of course test for a prize of \$100.00. Training videos must be completed by the last day of the quarter to qualify for the end of quarter drawing. Completion of quarterly training is a requirement to be eligible for a driver's next increase in pay.

DRIVER/OWNER OPERATOR PERSONNEL FILE CHECK LIST

EMPLOYEE NAME: _____

EMP ID NUMBER: _____

1. APPLICATION _____
2. ELIGIBILITY VERIFICATION _____
3. PREVIOUS EMPLOYMENT VERIFICATION _____
4. PRE-EMPLOYMENT SUBSTANCE ABUSE TESTING AGREEMENT _____
5. SUBSTANCE ABUSE POLICY REPORT _____
6. DRUG AND ALCOHOL TRAINING _____
7. SINGLE DRIVER'S LICENSE CERTIFICATION _____
8. DRUG SCREEN CHAIN OF CUSTODY _____
9. DRUG SCREEN TEST RESULT _____
10. COPY DRIVER'S LICENSE/ CDLIS VERIFICATION _____
11. COPY SOCIAL SECURITY CARD/SSN CHECK _____
12. COPY MEDICAL CERTIFICATE CARD/LONG FORM _____
13. STATEMENT OF PRIOR ON-DUTY HOURS _____
14. U.S.I.S. DOT DRUG & ALCOHOL RELEASE _____
15. INVESTIGATIVE CONSUMER REPORT RELEASE _____
16. HIRE RIGHT REPORTS
MVR, CDLIS, SSN, EMPLOYMENT
VERIFICATION, CRIMINAL HISTORY _____
17. DRIVERS ROAD TEST _____
18. FMCSA PRE-EMPLOYMENT SCREENING RELEASE _____
19. FMCSA PSP DETAILED REPORT _____

DRIVER/OWNER OPERATOR PERSONNEL FILE CHECK LIST PAGE 2

EMPLOYEE NAME: _____ EMP ID NUMBER: _____

MISC. COMPANY RELATED FORMS

1. EMERGENCY PHONE NUMBERS _____
2. EMPLOYEE/ O-O SET UP INFORMATION _____
3. DIRECT DEPOSIT INFORMATION _____
4. W-4 FEDERAL WITHOLDING FORM/1099 _____
5. STATE WITHOLDING FORM _____
6. W/C PANEL ACKNOWLEDGEMENT _____
7. GEORGIA NEW HIRE CONFIRMATION _____
8. EMPLOYEE/ O-O AGREEMENT _____
9. GEORGIA POST-EMPLOYMENT MEDICAL _____
10. INSURANCE ENROLLMENT ACKNOWLEDGEMENT _____
11. COLLINS TRUCKING COMPANY, INC. JOB DESCRIPTION _____
12. DISCLAIMER FORM _____
13. ORIENTATION TRAINING ACKNOWLEDGEMENT _____
14. O-O WORKMAN COMP. APPLICATION _____
15. O-O LEASE AGREEMENT _____
16. O-O INSURANCE CERTIFICATE (PHYS. DAMAGE/BT) _____
17. O-O PROOF OF OWNERSHIP _____
18. O-O ANNUAL INSPECTION _____
19. O-O LICENSE CERTIFICATE _____
20. ADDITIONAL INFORMATION _____

DETENTION PROCEDURE

Collins Trucking Company, Inc. customers have a two hour period for loading/unloading. The following procedures must be completed to be compensated for detention.

1. If you have been waiting for one hour and 30 minutes, send notice to dispatch through the Qualcomm. Once you are loaded/unloaded send the correct macro to let dispatch know your load is complete.
2. Before you leave the shipper/receiver, the bill of lading must have the in and out times notated along with a signature if possible.
3. Once the bill of lading is signed, immediately send a clear picture of the bill of lading to vandispatch@collinstrucking.com with the order number and your name.

I understand that detention may not be paid if I do not follow the above procedures.

Employee Signature

Date

LUMPER PROCEDURE

1. Enter arrival and departure macros BEFORE calling dispatch for the EFS check code. Please use the current time for your departure time and re-send the macro once you have actually departed the location.
2. Take a clear picture of the lumper receipt and text to vandispatch@collinstrucking.com. Turn the paper receipt in with the corresponding bill of lading.
3. If texting a picture of the lumper receipt is not possible, please fax the receipt to Van Dispatch at 678-774-0024 within 12 hours.