Employee Driving Records Policy

Based upon the requirements of our general liability insurance company, the following policy regarding current and prospective employee driving records has been implemented. This policy applies to those current and prospective employees whose position responsibilities substantially require that they drive either company owned vehicles, customer owned vehicles, or their own personally owned vehicles on company business.

All employees will be required to authorize the release of their motor vehicle record to our insurance company by February 1 of each year in order to complete a review of all employee records which is necessary to assure compliance with policy.

Employee Motor Vehicle Records Criteria

I. Acceptable Motor Vehicle Record

Employee is eligible for employment. Employee has a valid driver's license AND employee's motor vehicle record reflects no more than three total Class I Violations within the past three years as defined below AND no more than one of these violations is alcohol or drug use related. For purposes of this policy, restricted occupational licenses which do not prohibit work-related driving and temporary out of state licenses, which are subject to state of residency time limits, are valid licenses.

II. Unacceptable Motor Vehicle Record

Employee is ineligible for employment. Employee does not have a valid driver's license OR employee does have a valid license and the employee's motor vehicle record reflects more than three Class I Violations within the past three years, none of which are related to alcohol or drug use as defined below OR record reflects two or more violations that are alcohol or drug use related OR the record reflects a single Class II Violation as defined below.

III. Class I Violations:

A. Any violations related to alcohol or drug use to include those per the provisions of the state of Wisconsin's law pertaining to minors and not related to any Class II Violation defined below.
B. Racing and speeding contests.
C. Reckless driving.
D. Careless driving.
E. Permitting an unlicensed person to drive.
F. Leaving the scene of an accident.
G. Driving after suspension or revocation of driving privileges.
H. All other moving violations not listed below as a Class II Violation.

IV. Class II Violations:

A. Negligent homicide arising out of the use of a motor vehicle.
B. Using a motor vehicle in the commission or attempted commission of a felony.
C. Aggravated assault or attempted assault with a motor vehicle.
D. Auto theft or attempted auto theft.

Note: These criteria are subject to review and revision at any time without prior notice.

AUTHORIZATION TO OBTAIN A DRIVER'S LICENSE REPORT AND ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF COMPANY POLICY

In accordance with and to the extent required by the Fair Credit Reporting Act, we hereby notify you that it is our practice to obtain consumer report(s) in connection with your application for employment and/or continued employment with Zimbrick, Inc. Unless otherwise notified, in writing, consumer reports will be limited to information regarding your driving record as may be obtained from any and all applicable state motor vehicle departments or related agencies or entities.

I hereby authorize Zimbrick, Inc., together with its affiliated companies and its business insurance carrier(s), including but not limited to Universal Underwriters, to obtain periodic consumer reports relating to my driving record.

I acknowledge receipt of the attached Driving Records Policy and related Employee Motor Vehicle Criteria.

I further acknowledge and understand that if I am found to not meet the criteria for having an acceptable driving record that any offer of employment may be withdrawn or, if already employed, that my employment may be terminated.

This authorization will remain in effect for a period of 90 days or, if employed, for the period of my employment, whichever is longer.

This authorization may be revoked, in writing, at any time. Revocation is effective upon receipt, but may be considered grounds for suspension or termination of employment.

_____ _____

Name (please print) Signature

_____

Date