



LYNCH
LIVESTOCK, INC.
Family Owned Since 1916

The Lynch Companies

Standards of Behavior

The Lynch Companies Team Members are committed to providing EXCELLENCE in customer service in an environment that is RESPECTFUL of others, ADAPTIVE to change, and ACCOUNTABLE for outcomes. Individually Team Members as well as Applicants, must pledge to practice the following standards of behavior for the benefit of our co-workers and the betterment of The Lynch Companies.

ADAPTABILITY

I will:

- Maintain a positive, willing and flexible attitude
- Be a team player and remove the phrase, "It's not my job" from my vocabulary
- Work collaboratively to help others
- Be proactive in identifying opportunities for individual growth and departmental improvement
- Be receptive to constructive criticism
- Promote cooperation between co-workers/departments
- Embrace change and offer suggestions for resolutions to problems; and respect and listen to my co-workers' ideas

RESPECT

I will:

- Treat customers, visitors, and colleagues with respect and courtesy
- AIDET – **A**cknowledge the person, **I**ntroduce myself, establish a **D**uration, provide an **E**xplanation and say "Thank you"
- Respect individuality, privacy, and dignity of co-workers and customers
- Practice telephone etiquette by answering the telephone: 1) within 3 rings, 2) with energy and vitality, and 3) stating "Good morning", department name, and "How may I help you?"
- Keep all interactions positive by not engaging in negative behaviors such as gossiping, back-stabbing, non-verbal negative insinuations, undermining, withholding, infighting, and arrogance
- Keep all interactions positive and discuss internal issues only with those who need to know, such as compensation and bonuses
- Refrain from criticizing The Lynch Companies in the workplace and in the presence of our customers and co-workers
- Practice elevator etiquette in areas where customers frequent, such as the front desk/reception area.
- Show respect for all employees regardless of their position in the hierarchy of the organization

EXCELLENCE

I will:

- Welcome new employees to my department
- Manage up, speaking well of each other, co-workers and customers
- Take pride in the workplace and help keep my work area clean by picking up litter, debris, and spills promptly
- Maintain a safe environment

ACCOUNTABILITY

I will:

- Strive to exceed attendance expectations in order to provide consistency in quality of service
- Be fiscally responsible by not wasting time or resources
- Take pride in my overall appearance
- Take responsibility for making sure that my actions, behaviors, and decisions reflect positively on The Lynch Companies
- Support a culture that finds solutions, rather than one that makes excuses or blames others
- Hold myself and staff accountable for providing professional and reliable service in a consistent manner
- Communicate any concerns, suggestions, and ideas to my supervisor in an open and honest manner
- Collaborate with co-workers of other departments to ensure success of the Company
- Adhere to and uphold all policies and procedures
- Acknowledge and respond to e-mail, voice mail, and other forms of communication in a professional and timely manner
- Attend and participate in Company meetings and other meetings as required
- Be punctual for meetings and appointments

I have reviewed The Lynch Companies “Standards of Behavior” and agree to abide by the contents of the Standards.

Name (print) Date

Signature

I have reviewed The Lynch Companies “Standards of Behavior” and **DO NOT** agree to abide by the contents of the Standards.

Name (print) Date

Signature

Application for Employment
The Lynch Companies, Inc.
331 3rd St., NW, Waucoma, IA 52171

INSTRUCTIONS: Applicant to complete all information requested. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position Applied For:					Date:				
PERSONAL INFORMATION									
Last Name			First			Middle			
Street Address			City		State	Zip			
Home Phone	Alternate Phone		Email Address (Voluntary)		Are you 18 years of age or older? Yes No				
List any other names that you have previously used to identify yourself, and identify the period of time that you used the name.									
Are you legally eligible to work in the U.S.? Yes No (If offered employment, eligibility documentation must be produced within 3 work days)									
In the last seven years have you been convicted of a crime (other than a minor traffic violation)? Yes No If "yes" state the type of conviction, the county and state where it occurred, the year and a description of the offense.									
(Convictions will not necessarily bar you from employment. Rather, the number, nature, seriousness, and recency of the convictions will be considered as it related to the job for which you are applying.)									
Have you previously been employed with The Lynch Companies, Inc.? Yes No If "yes," indicate dates, position held, department/location, and your reason for leaving.									
Did a current Employee refer you for this position? Yes No If yes who?									
Indicate the type of employment sought (check only those you will accept) F/T P/T 1 st Shift 2 nd Shift Temporary Seasonal. If the job requires weekends and holidays would you be willing to accept it? Yes No									
EDUCATION									
	Name of School		Major Course of Study		# of years	Graduated Yes/No		Degree Earned	
High School						Yes No		Diploma GED	
College						Yes No		Associates Bachelors Other	
Graduate School						Yes No		Masters Other	
Other						Yes No			

WORK EXPERIENCE

List either your last four (4) places of employment or up to ten (10) years of employment history, starting with your present or most recent employer. Please respond to the following information completely. A resume may be included for additional reference.

Present & Former Employers (list most recent first) **Please print if not filling out online**

Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		

1. Have you at any time in the past or are you now a member of, a supporter of, or a direct or indirect employee of, a contractor for, or in any other way affiliated with or acting on behalf of any vegan or animal rights activist group, including but not limited to Human Society of the U.S., People for the Ethical Treatment of Animals, Mercy for Animals, Farm Sanctuary or Animal Liberation Front? Yes No
2. Do you intend to take any pictures or make any recordings or video at any of our farms without the prior written consent of Company management? Yes No
3. Do you agree to abide by all the policies and procedures of the Company as given to you both in writing and orally by supervisors, including the immediate reporting of any animal abuse or neglect? Yes No
4. If you answered "yes" to questions 1 or 2 or "no" to question 3, please explain and detail the basis for such answer(s) below:

PROFESSIONAL REFERENCES

Provide the names of three references familiar with your current skills and abilities. Please do not include supervisors listed in the Work Experience section or family members.

Name	Title	Company Name	Telephone Number	E-mail

If the position you are applying for requires it, do you have a valid Iowa driver's license? Yes No N/A

If you do not have an Iowa driver's license, but have a valid driver's license from another state, please identify the state:

Do you have a Commercial Driver's License (CDL) Yes No

If "yes" list any CDL Endorsements

Do you have reliable transportation? Yes No

Have you ever had any license suspended or revoked? Yes No If yes, state the type of license, the regulatory agency or body making the suspension/revocation, the date(s) of suspension/revocation, and the reason for the suspension/revocation:

Are you lawfully authorized to work in the United States? Yes No

I understand that the Immigration Reform and Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

"I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules. I acknowledge that there is no specified length of employment and agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. I authorize the Company to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you. I understand that any offer of employment is contingent upon satisfactory completion of a pre-employment physical, drug test for controlled substances and/or an investigative consumer report."

List any military training, special training, or other skills/experience you have that would apply to the position for which you are applying

The Lynch Companies

DISCLOSURE and AUTHORIZATION

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, _____, hereby consent and authorize Inquirehire or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h).

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes No

If yes, list names and corresponding years. _____

Driver's License number: _____ State of issuance (DL): _____

List all past counties of residence and corresponding years: (i.e. Scott, IA 2000 – 2009)

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

Current Address, City, State, & Zip

For Minnesota and Oklahoma and California, check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquire hire at 800-494-5922. By signing below you acknowledge receipt of Article 23-A of NY Correction Law.

New York & Maine Applicants Only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Oregon Applicants Only: - Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information and remedies should you suspect or find that the Company has not maintained secured records is available upon request.

Washington State Applicants or Employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Cargo Claims

Have you had any cargo claims in the past 4 years?

Yes No

List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of Claim	\$\$ Amount of Claim	Type of Cargo	Were you charged for the claim?

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

Lynch Livestock, Inc. Applicants

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

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.

Print Name

Applicants Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

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

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) 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 authorizing 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 Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer 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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Effective 1/19/2015 and supersedes all others

LYNCH COMPANIES DRUG & ALCOHOL TESTING POLICY

I. PHILOSOPHY

Lynch Companies (here after known as the Company) is committed to providing a work environment free from the effects of alcohol and illegal drugs. Consistent with this philosophy, the Company is revising its policy to test for alcohol and drugs in the workplace.

II. DEFINITIONS

1. "Abuse of alcohol or a legal drug": Any use of alcohol or a legal drug which impairs an individual's faculties (other than use of a legal drug for appropriate purposes in accordance with applicable medical directions).
2. "Alcohol": Ethanol, isopropanol, or methanol.
3. "Alcohol Concentration": Grams of alcohol per 210 liters of breath as indicated by an evidential breath test (EBT).
4. "Breath Alcohol Technician" (BAT): Trained individual who operates an EBT device.
5. "CDL Driver" Any person who holds a Commercial Driver's License (CDL) and operates a commercial motor vehicle in any capacity as required by their job with the Company and who is subject to the U.S. Department of Transportation's Rules and Regulations for drug and alcohol testing.
6. "Drug": Any drug or substance defined as a controlled substance and included in schedule I, II, III, IV, or V under the Federal Controlled Substances Act, 32 U.S.C. §801 et. seq.
7. "Medical Review Officer": A licensed physician, osteopathic physician, nurse practitioner, or physician assistant authorized to practice in any state of the United States, who is responsible for received laboratory results generated by an employer's drug or alcohol testing program, and 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 the individual's medical history and any other relevant biomedical information.

III. INDIVIDUALS SUBJECT TO TESTING AND CIRCUMSTANCES UNDER WHICH TESTING MAY BE REQUIRED

- A. A pre-employment drug screening test will be administered to all job applicants for positions within the defined scope set forth in Section V below who have been given an offer of employment by the Company conditional on the applicant receiving a negative drug screening result.
- B. Returning seasonal employees that have not received a payroll check for more than 6 months shall be subject to pre-employment drug screening within one week of reporting back to the Company.
- C. Additionally, the Company reserves the right to administer a drug/alcohol test to those current employees within the defined scope set forth in Section V below under the following conditions:
 - 1. When there is reasonable suspicion that the employee is using or has used alcohol or drugs in violation of the work rules set forth in Section VI, C and D below. Reasonable suspicion shall be based upon evidence, drawn from specific facts and reasonable inferences including, but not limited to, any of the following:
 - (a) observable phenomena while at work such as direct observation of alcohol or drug use or abuse or of the physical symptoms or manifestations of being impaired due to alcohol or other drug use;
 - (b) abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
 - (c) a report of alcohol or other drug use provided by a reliable and credible source;
 - (d) evidence that an individual has tampered with any drug or alcohol test during the individual's employment with the Company;
 - (e) evidence that an employee has manufactured, sold, distributed, solicited, possessed, used, or transferred drugs while on Company premises or while operating a Company vehicle, machinery, or equipment;
 - 2. Unannounced testing conducted on a periodic basis, without advance notice of the test to employees subject to testing, and without individual suspicion. The selection of employees to be tested from the pool of employees subject to testing shall be done on a neutral and objective selection process by an entity independent from the Company and shall be

made by a computer-based random number generator that is matched with the employee's social security numbers, or other comparable identifying numbers in which each member of the employee population subject to testing has an equal chance of selection for initial testing, regardless of whether the employee has been selected or tested previously. Any employee who is in the following pool(s) of employees is subject to unannounced testing:

- (a) All CDL drivers with the exception of drivers who are not scheduled to be at work at the time the testing is to occur, because of the status of the employee (i.e., leave of absence, layoff, etc.) or who have been excused from work pursuant to the Company's policies prior to the time the testing is announced to employees.
3. When a CDL driver receives a citation under state or local law for a moving traffic violation arising from an accident or is involved in an accident which results in injuries requiring transportation to a medical treatment facility; or if one or more vehicles incurs disabling damage that requires towing from the site. All employees that are on duty in the vehicle at the time of the accident and any others whose performance could have contributed to the accident shall be subject to testing.
4. When any Company employee has caused an accident at work which resulted in injury, as defined in the Iowa Workers' Compensation Act, to the employee or another person, or resulting in damage to property, including equipment, in an amount reasonably estimated at the time of the accident to exceed one thousand dollars (\$1,000). If the accident was an "Act of God" (icy roads, deer, etc.) testing may not be required. *Please note under Iowa Workers' Compensation Code 85.16 a work comp accident shall not be paid by the Company or the Companies Work Comp insurance carrier if the employee was under the influence of alcohol or drugs at the time of the accident.*
5. As required by federal law or regulation or by law enforcement.

IV. REFUSAL OF JOB APPLICANT OR EMPLOYEE TO SUBMIT TO TESTING

Before requesting an employee or job applicant to undergo drug or alcohol testing, the Company will ask the employee or job applicant to complete a form whereby the job applicant or employee (a) acknowledges that he or she has seen and read the Company's Drug and Alcohol Testing Policy and (b) has been given the opportunity to indicate any over-the-counter or prescription medications or controlled substances that he or she is currently taking or has recently taken and any other information relevant to the reliability of, or explanation for, a positive test result. Any employee or job applicant may refuse to submit to a drug/alcohol screening test that the Company has requested pursuant to this

Policy, but upon such refusal the Company will (a) withdraw its offer of employment to a job applicant or (b) discharge an existing employee.

V. SCOPE

This Policy applies to all Company employees as well as all post offer applicants.

VI. TEST AND CONSEQUENCES OF TEST RESULTS

A. Alcohol and Drug Tests

All prospective employees will be subject to a test for use of drugs defined as controlled substances by this policy. When the Company elects to administer an initial screening test to a current employee in one of the categories under the circumstances described in Section III of this policy, such employee will be given an initial screen test for use of alcohol and those drugs defined as controlled substances by Iowa law. Drug or alcohol testing of current employees shall normally occur during, or immediately before or after a regular work period, and shall be deemed work time for the purposes of compensation and benefits for employees. The Company shall pay all actual costs for alcohol testing and initial drug screening required by the Company, and shall provide transportation to the current employee if sample collection is conducted at a location other than the employee's normal work site.

Collection of samples for testing shall be performed under sanitary conditions and with regard for the privacy of the individual from whom the specimen is being obtained in accordance with Iowa law. The substance collection will be conducted by an outside company (such as Winneshiek Medical Center) and not by an employee of the Company. The initial screening test will be capable of providing data concerning general classes of drugs, alcohol or their metabolites.

If such an initial screening test shows a positive result, a confirmatory test shall be performed, as required by Iowa law. The employee or prospective employee will be given an opportunity to provide information which may be relevant to the test result, including identification of prescription and non-prescription drugs currently or recently used, or any other relevant medical information. They will give this information to the person conducting the substance test.

Alcohol testing for current Company employees will be conducted utilizing a National Highway Safety Administration ("NHTSA") approved Evidential Breath Testing Advise ("EBT") operated by a trained BAT. If the employee is a CDL driver and the alcohol test is .02 to .039 that driver will not be allowed to drive for 24 hours. An alcohol concentration level of .04 or higher is considered a positive alcohol test result for all employees and violates this policy.

¹A Medical Review Officer ("MRO"), prior to the test results being reported to the Company, shall review and interpret any confirmed positive test results, including both quantitative and qualitative test results to insure that the chain of custody is complete and sufficient on its face, and that any information provided by the individual is considered.

Within three (3) working days (Monday through Friday) of the Company's receipt of a drug/alcohol test report for a current employee, the Company or Med Tox shall inform the employee by certified mail, return receipt requested, of the result of the test, and in the case of a positive drug test, the employee's right to request and obtain a confirmatory retest of the sample collected at an approved laboratory of the employee's choice, and the amount of the fee payable by the employee to the Company for reimbursement of expenses concerning the confirmatory retest. If the employee, in person or by certified mail, return receipt requested, requests a confirmatory retest, identifies an approved laboratory to conduct the retest, and pays the Company the fee for the retest within seven (7) calendar days from the date the Company or Med Tox mails the written notice to the employee of the employee's right to request a retest, by certified mail, return receipt requested, a confirmatory retest shall be conducted at the laboratory chosen by the employee.

If the results of the confirmatory retest do not confirm the results of the initial confirmatory test, the Company shall reimburse the employee for the fee paid by the employee for the second test, and the initial confirmatory test shall not be considered a confirmed positive drug test for purposes of taking disciplinary action.

If a confirmed positive drug or alcohol test for a prospective employee is reported, the Company or Med Tox shall notify the prospective employee in writing of the results of the test, the name and address of the medical review officer who made the report and the prospective employee's right to request any records relating to the prospective employee's drug test.

Any current employee or prospective employee for whom a confirmed positive test result is reported shall, upon written request to the Company, have access to any records relating to his or her drug or alcohol test, including records of the laboratory where the testing was conducted and any records relating to the results of any relevant certification or review by a medical review officer. However, a prospective employee shall be entitled to records only if the prospective employee requests the records within fifteen (15) calendar days from the date the Company or Med Tox provided the prospective employee written notice of the results of a drug or alcohol test.

¹ A Medical Review Officer shall notify a CDL Driver who has a confirmed positive test and give the employee seventy-two (72) hours in which to request a retest in accordance with the regulations of the U.S. Department of Transportation.

Any employee required to be tested for drugs or alcohol must report to the test site within two (2) hours of notification. For unannounced testing, employees are required to report to the test site immediately. In the case of reasonable suspicion testing, employees will be driven to the testing site by a supervisor or manager.

B. Consequences of a Positive Test

Where a confirmatory test indicates illegal, improper or inadequately explained drug use, or that an employee is using or has used alcohol or drugs in violation of the work rules set forth in Section VI, C and D of this Policy, and where the employee or job applicant either does not obtain a confirmatory drug retest or the confirmatory drug retest is positive:

- (i) The contingent employment offer to a job applicant will be withdrawn and the individual will not be hired.
- (ii) An alcohol test result of a current employee of .04 or above will result in an employee being required to be evaluated by a substance abuse professional and complete a substance abuse rehabilitation program as set forth in subparagraph (iii) below.
- (iii) If an employee tests positive for alcohol in violation of the policy and has been employed for at least 12 months, and the employee has not violated this policy in the past, the employee shall be required as a condition of continued employment to be evaluated by a substance abuse professional and, if determined necessary, enroll in a substance abuse rehabilitation program. No adverse employment action shall be taken against the employee so long as he or she complies with and successfully completes the rehabilitation program. In the case of alcohol rehabilitation, the cost of rehabilitation shall be apportioned as provided under the Company's employee benefit plan or as provided by Iowa law if no benefit plan exists. If an employee either refuses to participate in the rehabilitation program or fails to successfully complete the program (as evidenced by withdrawal or dismissal from the program before its completion or by a positive test result after the program) the employee shall be discharged. If the employee has been employed by the Company for less than 12 months and violates this policy the employee will be discharged.
- (iv) A current employee who tests positive for alcohol in violation of this policy and who has had a prior alcohol positive confirmatory test while employed at the Company shall be discharged without opportunity for rehabilitation.
- (v) The Company will suspend a tested employee, without pay, pending the outcome of a confirmatory test, or confirmatory re-test, elected by the

employee. An employee who has been suspended without pay solely on the basis of suspected drug use where the Company has chosen to test the employee for drug use will be reinstated with back pay if the outcome of the confirmatory test or any requested confirmatory retest is negative.

C. Work Rule on Alcohol

The possession, use, sale, or transfer of alcoholic beverages on Company property or job sites is prohibited. (Except in moderation at a Company social function and this will only be authorized by the Owner of the Company). Furthermore, an employee is not permitted to report to work or operate Company vehicles, machinery, or equipment while under the influence of alcoholic beverages. The employee will be considered to be "under the influence" when consumption of any alcoholic beverage has impaired or is reasonably likely to impair the employee's job performance in the judgment of his or her supervisor. Employees who violate this work rule shall be discharged, subject to the applicable rehabilitation provisions set forth in Section VI, B. No employee shall use alcohol within four (4) hours of reporting for duty, during the hours that they are on call or up to eight (8) hours following an accident or until the employee undergoes a post-accident test, whichever occurs first.

D. Work Rule on Drugs

The Personal possession, use, sale, or transfer of controlled substances or the improper use of other drugs during working hours or on Company property and job sites is prohibited. Furthermore, the employee is not permitted to report to work or operate Company vehicles, machinery, or equipment while under the influence of any drug or controlled substance that adversely affects or could adversely affect the employee's performance in the judgement of his or her supervisor. Employees who violate this work rule shall be discharged.

Employees who are under a physician's care and who are taking prescribed controlled substances that could affect performance shall report this treatment to their supervisors. This information is important to the Company in ensuring that safety and efficiency are maintained. Employees failing to make such a report and whose performance is adversely affected by their taking prescribed controlled substances shall be subject to disciplinary action up to and including discharge.

ATTACHMENT A

LETTER TO PROSPECTIVE EMPLOYEE

TO:

In response to your application for employment, **Lynch Companies** is pleased to offer you employment at **Lynch Companies**, conditional upon your satisfactorily passing a drug screening test. The test will be administered to determine the presence of drugs classified as controlled substances by applicable law in accordance with **Lynch Companies** written policy, a copy of which is attached.

The substances to be tested for Non DOT Employees include:

- Methamphetamine
- Methadone
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Opiates
- Phencyclidine
- Marijuana

The substances to be tested for DOT Employees include:

- Marijuana
- Cocaine
- Amphetamines
- Opiates
- Phencyclidine

The location of your drug test will be at the **Winneshiek Medical Center in Decorah, IA**. If the drug test will be conducted at any other drug testing facility, we will contact you and let you know where to go for your drug test.

The drug testing facility is being furnished a copy of this letter, which constitutes authorization to perform the screening test. The initial screening test will use a method of analysis capable of providing data concerning a general class of drugs or their metabolites. If this test is positive, a confirmatory test will be conducted using the same sample and a method that is reliable for providing specific data concerning drugs or their metabolites that were detected in the initial screening test. In addition, you will be given an opportunity to provide information regarding any over-the-counter or prescription medications or controlled substances you are currently taking or your have recently taken and provide any other information that you think might be relevant to

the reliability of, or explanation for, a positive drug test result. **Your completed and signed copy of this letter must be presented to the Testing Laboratory at the time of your drug screening test, and you must present current photo identification.**

Please acknowledge that you have seen and read **Lynch Companies** Drug and Alcohol Testing Policy and consent to testing.

Lynch Companies or Med Tox will advise you within three (3) working days following our receipt of your test result report whether the results were positive or negative.

Respectfully,

Heather Dieschbourg

I, _____, acknowledge that I have seen and read **Lynch Companies** Drug and Alcohol Testing Policy. I hereby consent to testing and to abide by the terms and conditions contained in the Testing Policy.

Signature _____

Date _____