



## **WOST SUPPORT TEAM MEMBER AGREEMENT :**

Active state employees who do not hold a CDL/Safety sensitive title and are not subjected to drug/alcohol testing as part of their full-time position must be tested prior to the season and are subject to random testing (see below). Active state employees who hold a CDL/Safety sensitive title and are in a random pool at their full-time position do not have to be tested prior to the season, but must complete and submit form 49CFR and provide a NJDOT-supplied cover letter completed by their employer, which states the individual is in a valid random pool and the employer will follow federal regulations for drug/alcohol testing. This group is also subject to random testing with the DOT (below) TES employees must be tested prior to the season, and are subject to random testing (below).

My commitment to this team obligates me to complete required training and drug testing, as described below and on page 6. The NJDOT will NOT compensate WOST team members for trainings or tests.

SNOW REPRESENTATIVES: No drug/alcohol testing required.

DRIVERS: Active state employees who do not hold a CDL/Safety sensitive title and are not subjected to drug/alcohol testing as part of their full-time position must be tested prior to the season and are subject to random testing (see below). Active state employees who hold a CDL/Safety sensitive title and are in a random pool at their full-time position do not have to be tested prior to the season, but must complete and submit form 49CFR and provide a NJDOT-supplied cover letter completed by their employer, which states the individual is in a valid random pool and the employer will follow federal regulations for drug/alcohol testing. This group is also subject to random testing with the DOT (below). TES employees must be tested prior to the season, and are subject to random testing (below).

ALL DRIVERS (Active State, TES) are subject to random testing during the winter season. If the crew you are assigned to is selected for random testing during the season, you will be called to report for testing also. If you are unable to attend at that time, you must make arrangements with the Regional WOST Coordinator for testing at a state-contracted facility within 24 hours. Failure to be tested may result in removal from the program.

If I receive a positive drug/alcohol result I understand I will be removed from the volunteer program.

I understand that if I am a state employee it is my responsibility to ensure that I am working within the rules, regulations or guidelines that my department or agency has set forth to allow me to also support the NJDOT in this effort. I understand that as a TES employee I must also follow all rules, regulations and guidelines set forth by NJDOT. I understand that I may be summoned to report for duty for the NJDOT during nights, weekends, and/or holidays as needed. I also understand that in the event of an official State of New Jersey emergency closing due to an emergent event, I am expected to fulfill my commitment to the NJDOT Winter Operations Support Team and report for duty when called upon. If I am a state employee when working for the NJDOT during an official State Closing, I will receive my normal rate of pay during my normal work hours and will receive the emergency rates listed herein during those hours worked outside of my normal work hours.

I understand that by becoming a Support Team Member I become an integral part of the Departments plan for keeping the roadways of New Jersey safe during emergent events. Therefore, if for any reason I feel I cannot fulfill this obligation I can contact my NJDOT representative and request that this agreement be voided. Finally, I understand that it is my responsibility to submit accurate timesheets for the periods worked for the NJDOT in a timely manner (within two weeks from the pay period closing date in which I worked) so I may be compensated for the work performed, and submit accurate and timely travel expense vouchers for mileage incurred working as a snow representative and utilizing my personal vehicle.

**I understand that I cannot work or enter into an agreement to work for 180 days (6 months) after my retirement date. I understand that it is my responsibility to notify my NJDOT representative of my retirement.**

*Please complete the remainder of this agreement in its entirety and sign.  
Submit electronically to the appropriate regional coordinator on page 4.*

# MEMBER INFORMATION

For Office Use Only

Check here if you are a returning team member. If checked, what crew you were previously assigned to? \_\_\_\_\_

CREW ASSIGNED: \_\_\_\_\_

DATE ACTIVE: \_\_\_\_\_

## I wish to be a Winter Operations Support Team Member in the capacity of a:

Driver - Current State Employee

Representative - Current State Employee

Driver - On Call Driver (TES)

Representative - On Call (TES)

Driver - Retirees (TES)

Representative - Retirees (TES)

Retirement Date for Current Retired WOST: \_\_\_\_\_

Do you plan on retiring during the winter season?  Yes  No If yes, date: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

DRIVER LICENSE EXPIRATION DATE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(NOTE: This email address is very important and will be used to supply you with information throughout the year.)

EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

Select three (3) locations within a 25 mile radius from your residence that you would accept assignment to. See list on page 5. NOTE: We will attempt to accommodate location choices whenever possible, however, it cannot be guaranteed as assignments are primarily determined by operational needs.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please check the class of CDL that you possess:  A  B  C  Air Brake Endorsement

Please refer to page 2 to determine if you must be drug tested prior to season. If answer is no, leave next line blank.

DATE OF DRUG TEST: \_\_\_\_\_

REGULAR WORK ASSIGNMENT INFORMATION  Check if you are a TES (retiree or On Call) and go to next page.

REGULAR WORKING DAYS:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat HOURS: \_\_\_\_\_ to \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_

TITLE \_\_\_\_\_ PAYROLL # \_\_\_\_\_ UNIT # \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WORK TELEPHONE # \_\_\_\_\_ WORK EMAIL ADDRESS \_\_\_\_\_

IMMEDIATE SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S PHONE: \_\_\_\_\_

NEED ECATS ID (NEW USER)

**FOR ALL MEMBERS - APPLICATION DEADLINE IS JUNE 30, 2017. APPLICANTS WHO FAIL TO PROVIDE ALL OF THE REQUIRED DOCUMENTATION BY THE DEADLINE DATE WILL NOT BE CONSIDERED FOR ASSIGNMENT.**

**FOR DRIVERS - CDL TRAINING ONLY**

**IMPORTANT NOTE: IF YOU ARE INTERESTED IN CDL TRAINING, PLEASE READ AND SIGN BELOW:**

In consideration for the CDL road training expenses paid for by the New Jersey Department of Transportation (NJDOT) and in accordance with its policy and procedures; I agree to participate in the NJDOT winter operations support team program for at least one year after obtaining my CDL. If I do not continue my commitment, I will reimburse NJDOT for the costs involved in the training to obtain my CDL (this amount may vary by region but is approximately \$650.00). Costs of the CDL may be waived at the discretion of the NJDOT based on circumstances which management recognizes as compelling (illness, relocation of spouse, military obligations, etc.)

**THE COST OF THE TEST PERMIT AND THE CDL LICENSE IS THE RESPONSIBILITY OF THE APPLICANT.**

**By checking here, I agree to the above statements and I am requesting CDL Training.**

**Note CDL training is only offered if there is a need in the area selected. Not all applicants who apply will be accepted into the program.**

**SNOW REPRESENTATIVES MEMBERS ONLY Note: DOT does not provide vehicles for this position.**

Check type of vehicle you will be utilizing  STATE ASSIGNED  PERSONAL

NOTE: Your application will not be considered complete until your respective WOST coordinator has received the following:

- Proof of valid driver's license - required for both State assigned and Personal vehicles.
- Face sheet of insurance policy i.e. Declarations Page\* - required only if you are using your personal vehicle.

\*Must show that you maintain insurance for personal liability in minimum amounts of twenty-five thousand dollars (\$25,000.00) for each person, fifty thousand dollars (\$50,000.00) for each accident, and ten thousand dollars (\$10,000.00) for property damage for each accident..

Have you ever submitted mileage reimbursement through the State of New Jersey?  No  Yes  Don't Know

I understand that as a snow representative, I will not be eligible for mileage reimbursement for commuting to my assigned snow section.

**SNOW REPRESENTATIVES ONLY: - I am proficient in the following languages other than English:**

\_\_\_\_\_

**TES Employees (retirees and on-call drivers) are limited to forty (40) hours per week. Any TES employee who works over forty (40) hours in one week will be ineligible for future work for the remainder of the snow season.**

**The week begins at 12 a.m. Saturday and ends at 11:59 the following Friday.**

**If you need assistance in submitting this agreement, please contact the appropriate Regional Coordinator:**

**North Region WOST Coordinator**  
[SnowVolunteers.North@dot.nj.gov](mailto:SnowVolunteers.North@dot.nj.gov)  
Telephone: (973) 601-6771

**Central Region WOST Coordinator**  
[SnowVolunteers.Central@dot.nj.gov](mailto:SnowVolunteers.Central@dot.nj.gov)  
Telephone: (732) 625-4342

**South Region WOST Coordinator**  
[SnowVolunteers.South@dot.nj.gov](mailto:SnowVolunteers.South@dot.nj.gov)  
Telephone: (856) 486-6606

Member Signature: \_\_\_\_\_

Member Name (print) \_\_\_\_\_

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

*If your browser does not prompt you to select either your default email or web based email and it appears the email was sent then the Application has NOT been submitted. You will receive a confirmation email to the email address you provide on the application when properly submitted.*

**NOTE:** We will attempt to accommodate location choices whenever possible, however it cannot be guaranteed as assignments are primarily determined by operational needs.

NORTH		CENTRAL		SOUTH	
CREW	LOCATION	CREW	LOCATION	CREW	LOCATION
<b>BERGEN</b>		<b>HUNTERDON</b>		<b>ATLANTIC</b>	
212	Fort Lee	336	Bloomsbury	421	Buena
213	Lodi	337	Clinton	456	Mays Landing
211	Ramsey	331	Flemington	423	Pomona
<b>ESSEX</b>		330	West Amwell	<b>BURLINGTON</b>	
215	West Orange	<b>MERCER</b>		430	Bordentown
226	Newark	321	Hamilton	468	Mount Laurel
<b>HUDSON</b>		325	Hamilton	434	Red Lion
222	Jersey City	316	Lawrence	<b>CAMDEN</b>	
219	Secaucus	314	West Trenton	415	Berlin
<b>MORRIS</b>		317	Washington Twp.	411	Cherry Hill
217	Riverdale	<b>MIDDLESEX</b>		410	Pennsauken
220	Hanover	311	College Farm	<b>CAPE MAY</b>	
225	Hanover	329	Keasbey	428	Middle Twp.
218	Netcong	335	Metuchen	<b>CUMBERLAND</b>	
227	Rockaway	310	Sand Hill	426	Cumberland
228	Rockaway	312	Sayreville	<b>GLOUCESTER</b>	
<b>PASSAIC</b>		<b>MONMOUTH</b>		413	West Deptford
210	Paterson	318	Freehold	414	Deptford
214	Totowa	319	Freehold	416	Bridgeport
<b>SUSSEX</b>		313	Hazlet	417	Glassboro
230	Branchville	320	Ocean Twp.	<b>SALEM</b>	
231	Sussex	324	Wall Twp.	425	Deepwater
<b>UNION</b>		328	Wall Twp.	420	Elmer
223	Elizabeth	<b>OCEAN</b>			
221	Summit	327	Lakewood		
<b>WARREN</b>		334	Manahawkin		
216	Columbia	333	Toms River		
224	Port Colden	<b>SOMERSET</b>			
229	Yellow Frame	338	Bedminster		
		339	Bedminster		
		326	Bridgewater		
		332	Bridgewater		

## 2017 - 2018 WOST DRUG TESTING SCHEDULE

### **CURRENT STATE OF NEW JERSEY EMPLOYEES:**

If you are not enrolled in a program to be randomly tested as part of your full-time State job title/assignment or have not provided the required 49CFR Form & Letter as indicated on page 2, you must select and attend one of the arranged pre-season testing dates below if you wish to participate in the program for the 2017/2018 season. There will be NO arrangements made for private facility testing if you do not make one of these dates. Please indicate the date you will attend on your application.

### **STATE RETIREES AND ON-CALL DRIVERS:**

If you are a state retiree or an on-call driver (TES employee), you can only attend one of the drug testing dates in September (indicated as TES drug test), **you cannot be tested in August**. NJDOT Human Resources Representatives will be present at TES Testing Dates ONLY to go over all TES Employment Paperwork. Only the WOST Application is submitted to the Regional WOST Coordinator. The Regional WOST Coordinator will no longer process the additional TES Employment Paperwork

**ALL DRIVER APPLICANTS** (Current State Employee, Retirees & On Call) - Please understand that it is your responsibility to mark the date on your calendar and attend as scheduled. You will not receive a reminder prior to the testing date. Be advised that you MUST bring your valid CDL Driver's license to the drug screen, you will not be tested without it.

You must further understand that you will be required to take other random drug screens whenever the NJDOT employees of the maintenance crew you are assigned are screened through April 30, 2018. If you do not respond when contacted for random testing, you may be removed from the program until you are tested.

<b>NORTH REGION:</b> All testing begins at 7:30 a.m. and will continue until all volunteers arriving by 10:30 a.m. have been tested		
August 2, 2017 (Wednesday)	Active state employees only, <b>no TES</b> permitted to test on this date	Region North Headquarters 200 Stierli Court, Mount Arlington, NJ 07856
August 18, 2017 (Friday)	Active state employees only, <b>no TES</b> permitted to test on this date	Newark Maintenance Yard 602 Route 1 & 9 SB, Newark, NJ 07114
September 15, 2017 (Friday)	<b>TES testing date.</b> Active state employees also permitted	Newark Maintenance Yard 602 Route 1 & 9 SB, Newark, NJ 07114
September 21, 2017 (Thursday)	<b>TES testing date.</b> Active state employees also permitted	Region North Headquarters 200 Stierli Court, Mount Arlington, NJ 07856

<b>CENTRAL REGION:</b> All testing begins at 7:30 a.m. and will continue until all volunteers arriving by 10:30 a.m. have been tested		
August 10, 2017 (Thursday)	Active state employees only, <b>no TES</b> permitted to test on this date	Wall Maintenance Yard 2436 Paynters Road, Wall, NJ 08736
August 17, 2017 (Thursday)	Active state employees only, <b>no TES</b> permitted to test on this date	Hamilton Maintenance Yard 2779 Kuser Road, Hamilton, NJ 08690
September 11, 2017 (Monday)	<b>TES testing date.</b> Active state employees also permitted	Flemington Maintenance Yard 47 Route 31 SB, Flemington, NJ 08822
September 22, 2017 (Friday)	<b>TES testing date.</b> Active state employees also permitted	Hamilton Maintenance Yard 2779 Kuser Road, Hamilton, NJ 08690

<b>SOUTH REGION:</b> All testing begins at 7:30 a.m. and will continue until all volunteers arriving by 10:30 a.m. have been tested		
August 9, 2017 (Wednesday)	Active state employees only, <b>no TES</b> permitted to test on this date	Bordentown Maintenance Yard 101 Dunns Mill Road, Bordentown, NJ 08505
August 16, 2017 (Wednesday)	Active state employees only, <b>no TES</b> permitted to test on this date	Cumberland Maintenance Yard 5282 Route 49, Maurice River, NJ 08332
September 7, 2017 (Thursday)	<b>TES testing date.</b> Active state employees also permitted	Cherry Hill Yard Route 70 & NJ Turnpike, Cherry Hill, NJ 08034
September 12, 2017 (Tuesday)	<b>TES testing date.</b> Active state employees also permitted	Cumberland Maintenance Yard 5282 Route 49, Maurice River, NJ 08332