To Applicant:

We appreciate your interest in qualifying to work for RWI. In order to process this application please fill in all information so that it is complete, legible and verifiable. Do not leave any blanks.

Past employment must include complete company names, addresses, dates, contacts and phone numbers for verification.

If you are a DOT driver applicant, we MUST have 10 years of verifiable previous employment history. Please denote anytime during the last ten years which you were not employed (i.e. in school, incarcerated, etc.)

If the answer to a question is not applicable, enter NONE or N/A initialing the appropriate block when necessary.

Please sign on all lines requiring your signature, and initial and date all boxes in which it is appropriate. Incomplete applications will not be processed.

***Please let us know if you have any questions. We will be happy to help.***

INFORMATION PROVIDED IN THE APPLICATION WILL BE USED FOR THE PURPOSE OF VERIFYING PREVIOUS EMPLOYMENT, CHECKING DRIVING RECORDS, AS WELL AS VERIFYING PREVIOUS DRIVING EXPERIENCE. ALL THE INFORMATION IS REQUIRED BY STATE AND FEDERAL REGULATIONS FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES (391.23 FMCSR).

Thank you for your application,

RWI Human Resources

|  |  |
| --- | --- |
| **BEFORE YOU COMPLETE THE EMPLOYMENT APPLICATION – READ THIS! INITIAL AND DATE TO THE LEFT OF EACH NOTICATION BLOCK** | |
| Initials/Date | **General Disclaimer:** I understand that **Recovered Water Industries**, hereafter “**RWI”**, is not obligated to hire me, that any employment offer will not be for any specified period, that either party may terminate my employment at will, with or without notice or cause, and that no one is authorized to enter into any agreement with me contrary to the foregoing. Nothing contained in my employment application or in granting of an interview is intended to create an employment contract between **RWI** and me or to provide any benefit(s). None of the benefits or policies described in any handbook are intended by reason of publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by **RWI**, or to change my status as an “at will” employee (as permitted by law). All statements and provisions in the handbook(s) are procedural or are guidelines and **RWI** has the right to change any policy, benefit or procedure at any time without notice. |
| Initials/Date | **Agreement to Follow Rules:** If employed, I agree to adhere to all rules, policies, guidelines, procedures, regulations, and statutes promulgated by or issuing from **RWI** OR local, state, or federal regulatory agencies. I understand that there is no expectation of privacy for any of my personal property on **RWI’s** premises, including vehicles. I consent to and agree that **RWI** may inspect my personal property, along with desks, lockers, toolkits, etc., to investigate possible violations of **RWI’s** rules, policies, guidelines, procedures or local, state or federal regulations or statutes. |
| Initials/Date | **Possess Only One License:** As a commercial motor vehicle (CMV) driver you may not possess more than one motor vehicle operator’s license (See the Texas Transportation Code (TRC) &522.026 for the full text). |
| Initials/Date | **Notification of Conviction to Department or Employer:** A person who holds or is required to hold a commercial driver’s license and who is convicted in another state of violating a state law or local ordinance relating to motor vehicle traffic control shall notify, in writing, the Texas Department of Public Safety and **RWI** not later than the 30th day after the date of conviction. (See the TRC &522.061 for the full text). |
| Initials/Date | **Notification of Disqualification:** A person who is denied the privilege of driving a CMV in a state for any period, who is disqualified from driving a CMV, or who is subject to an out-of-service order shall notify **RWI** of that fact before the end of the first business day after the date the person received notice of that fact (See the TRC &522.063 for the full text). |
| Initials/Date | **Notification of Previous Employment and Offenses:** Anyone applying for employment as a CMV driver will provided the following information for the 10 years preceding the date of application: The names and addresses of the previous employers for which the applicant drove a CMV; the dates between which the applicant drove for each employer; the reason for leaving the employment of each employer; and each criminal offense or serious traffic violation of which you have been convicted and each suspension, revocation, or cancellation of driving privileges that resulted from the conviction (See the TRC &522.064 and 49 CFR &391.15(b)(2) for full text). |
| Initials/Date | **Notice of Drug and Alcohol Testing:** I understand that I must submit to **RWI’s** controlled substance and alcohol testing program and to provide biological samples to be tested. Controlled substances include, but are not limited to: marijuana, cocaine, amphetamines, opiates and phencyclidine. **RWI** may contact with a third party to obtain, analyze and report on the samples provided. A positive controlled substance, and/or alcohol test, or refusal to test, will disqualify me from consideration for employment or will result in my termination if employed. **RWI** will report the results of positive controlled substances and/or alcohol tests to the Texas Department of Public Safety in accordance with TRC &644.252. **RWI** will also release this information to motor carriers and other third parties upon receipt of a properly executed release document. A positive result or a refusal on a post-accident test may also result in denial of any Workers Compensation claims I make due to any injury sustained in an accident. My initials authorize **RWI** to withhold the cost of pre-employment tests if I terminate employment within 60 days of my hire date. |
| Initials/Date | **Applicant Rights (49 CFR &391.23(i):** I understand that I have the following rights regarding the information that will be provided to **RWI** pursuant to paragraphs (d) and (e) of 49 CFR &391.23(i): The right to review previous employer information; to have errors corrected and to have corrected information re-sent to **RWI**; to have a rebuttal statement attached to the alleged erroneous information; and if you and the previous employer cannot agree on the accuracy of the information. Drivers who have previous Department of Transportation regulated employment history in the preceding three years and who wish to review previous employer-provided investigative information must submit a written request to **RWI**. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. |

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

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

Position Applied For: Field Tech DOT Driver Supervisor Office Sales

Please circle one of the following

#### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

First Middle Last

Date of Birth \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone

Area Code Number Area Code Number

Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State/ Zip Code

\*If at the above address less than 3 years, list below all addresses at which resided during the past 3 years.

Address How long:

Street City State

Address How long:

Street City State

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

Have you had any Felony Convictions? Yes 🞏No 🞏

If Yes, List Date and Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any Misdemeanor Convictions? Yes 🞏No 🞏

If yes, List Date and Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked for this company before? Yes 🞏No 🞏 If Yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently employed? Yes 🞏No 🞏

If yes, may we contact your current employer? Yes 🞏No 🞏

How did you learn about RWI opportunities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special skills or certifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

§391.21 (b)(10) List all periods of employment (full, part-time & seasonal), self-employment, unemployment and schooling during the past 10 years, beginning with the most recent time period. If unemployed or self-employed for over 30 days, provide means of verification (names, telephone numbers, documents, etc.) Any application received that is incomplete **WILL NOT BE PRROCESSED.**

Current or most recent employer

|  |  |
| --- | --- |
| Business Name | Employment Dates  Start Date: End Date: |
| Address | Position |
| City State Zip | Salary |
| Contact Person Phone | Reason for Leaving |

Were you subject to the FMCSRs while employed with this company? Yes\_\_\_\_\_ No\_\_\_\_\_ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |
| --- | --- |
| Business Name | Employment Dates  Start Date: End Date: |
| Address | Position |
| City State Zip | Salary |
| Contact Person Phone | Reason for Leaving |

Were you subject to the FMCSRs while employed with this company? Yes\_\_\_\_\_ No\_\_\_\_\_ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |
| --- | --- |
| Business Name | Employment Dates  Start Date: End Date: |
| Address | Position |
| City State Zip | Salary |
| Contact Person Phone | Reason for Leaving |

Were you subject to the FMCSRs while employed with this company? Yes\_\_\_\_\_ No\_\_\_\_\_ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |
| --- | --- |
| Business Name | Employment Dates  Start Date: End Date: |
| Address | Position |
| City State Zip | Salary |
| Contact Person Phone | Reason for Leaving |

Were you subject to the FMCSRs while employed with this company? Yes\_\_\_\_\_ No\_\_\_\_\_ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |
| --- | --- |
| Business Name | Employment Dates  Start Date: End Date: |
| Address | Position |
| City State Zip | Salary |
| Contact Person Phone | Reason for Leaving |

Were you subject to the FMCSRs while employed with this company? Yes\_\_\_\_\_ No\_\_\_\_\_ Was your job designated as a safety sensitive function in any DOT regulation mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Driving Experience

Do you have experience with the following:

Straight Truck: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From To # of Miles (Total)

#### Tractor Trailer: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From To # of Miles (Total)

#### Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From To # of Miles (Total)

**Drug and Alcohol Screening**

Have you tested positive, or refused to test, on any pre-employment, random or post-accident drug or alcohol test administered by an employer or perspective employer during the past three years? Yes 🞏No 🞏

If yes, list dates and details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, did you complete the return-to-duty process, as defined in CFR Part 40, Subpart O? Yes 🞏No 🞏

**Driver Licenses**

|  |  |  |  |
| --- | --- | --- | --- |
| (List all Driver's Licenses Held in the Past Five Years) | | | |
| **State** | **License No.** | **Type** | **Expiration Date** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Violations**

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three consecutive years preceding the date of this application. If answer is “none”, state “none”. Three or more moving violations in the past three years may disqualify you from driving for the company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Violation\*** | **Location** | **Penalty** | **Has Ticket Been Paid** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| \*If the violation was speeding, please note the actual speed and the speed limit, i.e. 65/55 | | | | |

Have you ever been convicted of Driving While Intoxicated, Driving Under the Influence, or any Alcohol or Drug related offense? Yes 🞏No 🞏

If yes, Date of Offense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been denied a license, permit or privileges to operate a motor vehicle?

Yes 🞏 No 🞏…explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

Yes 🞏 No 🞏…explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

Yes 🞏 No 🞏…explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accidents**

List below all motor vehicle accidents or incidents preventable and non-preventable, in which you were involved in during the past three years. If more space is needed, attach an extra sheet. If answer is “none”, state “none”.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Location** | **Class of Vehicle** | **Property Damage** | **Personal Injuries** | **Fatalities** | **Name of Employers** | **Preventable or Non-Preventable** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

Details of Accidents listed above (if more space is needed, attach an extra sheet).

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

I hereby authorize anyone to furnish RWI any information as may be required on drug and alcohol testing, my personal record and/or character without recourse. I understand that if employed, any misrepresentation or false statement on this application revealed at a later date shall be considered sufficient cause for disqualification. I also understand this application in no way assures the applicant a position with RWI.

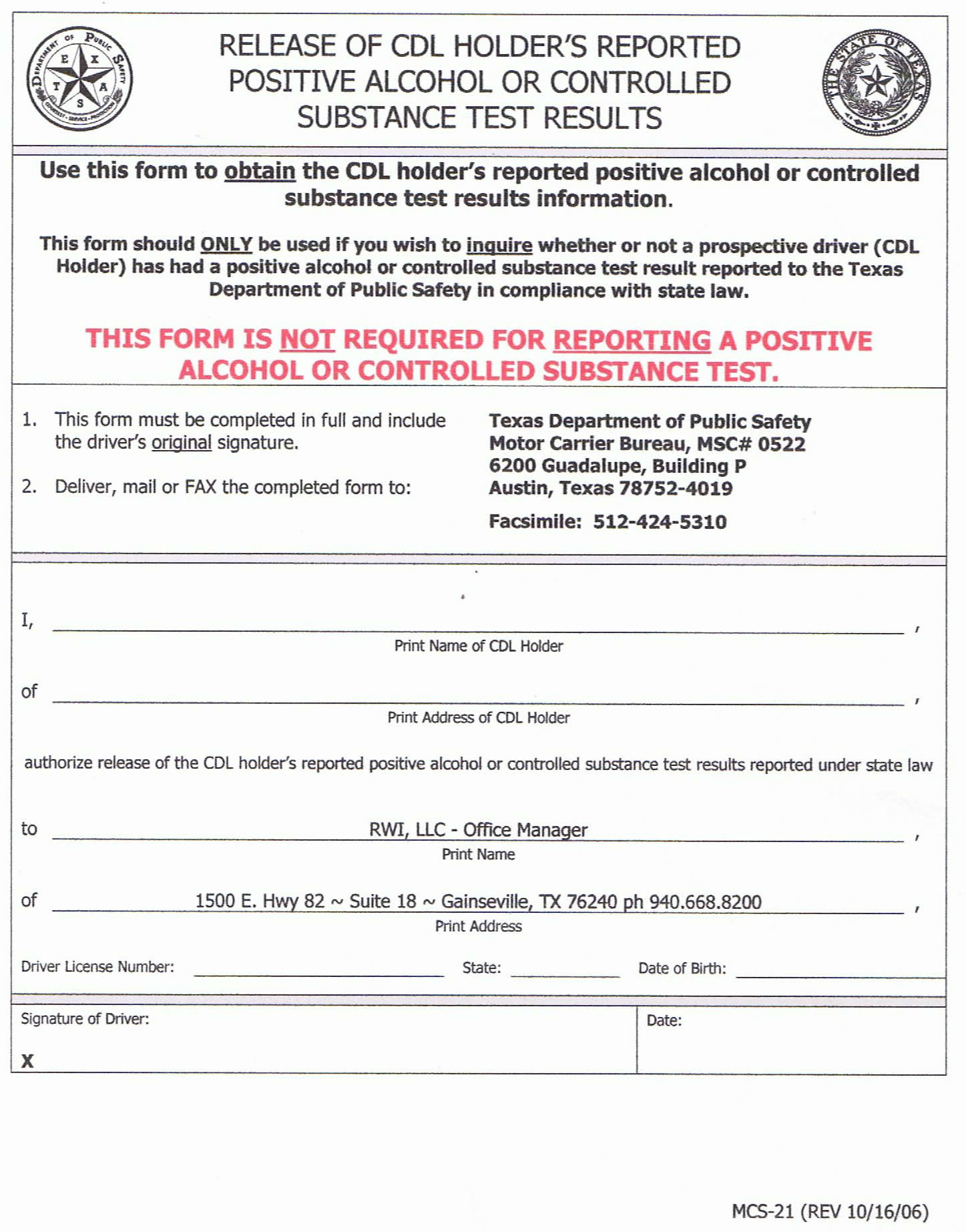
I also understand that a consumer report, which may contain public record information, is being requested from HireRight services. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, driving record, worker compensation claims, credit bankruptcy proceedings, criminal records from federal, state and other agencies which maintain such records, driving records requests from such state agencies, state provided driving records, claims involving me in the files of insurance. I further authorize RWI to supply the information listed above to include items of information as described in the federal motor carrier safety regulations to HireRight services and to other companies which subscribe to HireRight services or companies that request my work history listed above.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his or her file. It is agreed and understood that if hired, the employee may be placed on a trial basis during which time he or she may be discharged without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant’s Signature

****

202 South Dixon Ste 203 Gainesville, TX 76240

RWI

**DRIVER STATEMENT OF ON-DUTY HOURS**

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print):

Driver License Number and State:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | 1  Yesterday | 2 | 3 | 4 | 5 | 6 | 7 |
| Date |  |  |  |  |  |  |  |
| Hours Worked |  |  |  |  |  |  |  | Total Hours |

I hereby certify that the information given above is correct to the best of my knowledge.

Driver’s Signature:

DRIVERS CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time working for other employers. The definition of on-duty time found in Section of 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing and compensated work for any non-motor carrier entity.

(Check One)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer

While still employed by this Company? Yes No

Driver’s Signature Date:

Witness Signature Date:

**Request for Information from Previous Employer**

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

Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security# \_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_**

**Dates on application: From \_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_ & From \_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_**

Dates verified: From \_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_ & From \_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_

Reason for leaving: 🞏 Quit 🞏 Fired 🞏 Other Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for rehire? 🞏 Yes 🞏 No 🞏 Upon Review

Commodities hauled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of equipment operated? 🞏 T/T 🞏 Bobtail 🞏 Straight 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of trailer used? 🞏 Van 🞏 Flat 🞏 Tank 🞏 Reefer 🞏 Dump 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accidents/Incidents/Cargo Claims

**Authorization for Release of Information**

**I hereby authorize you to release any and all information concerning my employment records as required by FMCSR Section 391.23 and all information concerning Alcohol and Controlled Substance test results as required by FMCSR 382.405 and 382.413. I am also aware that I maintain the right to review any information provided by your company and to rebuttal any erroneous information.**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Date** | 🞏**Preventable** 🞏**Non-Preventable** | **Details** |
| **Date** | 🞏**Preventable** 🞏**Non-Preventable** | **Details** |
| **Date** | 🞏**Preventable** 🞏**Non-Preventable** | **Details** |
| **Date** | 🞏**Preventable** 🞏**Non-Preventable** | **Details** |

Per

FMCSA regulations part 40.25, the following information is required: Yes No

1. Has this person tested positive for a controlled substance in the last 3 years? \_\_\_\_\_ \_\_\_\_\_
2. Has this person had an alcohol test with BAC of 0.04 or greater in the last 3 years? \_\_\_\_\_ \_\_\_\_\_
3. Has this person refused a test for drugs or alcohol including verified adulterated

or substituted drug test in the last 3 years? \_\_\_\_\_ \_\_\_\_\_

1. Has this person violated any other DOT drug or alcohol testing regulations? \_\_\_\_\_ \_\_\_\_\_
2. If yes is marked for any of the above please provide documents of his/her return to duty requirements

including any subsequent test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any customer complaints, or attitude/behavioral problems? 🞏 Yes 🞏 No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Provided By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOT/ICC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_