

**DRIVER'S EMPLOYMENT APPLICATION
TRANS-CONTINENTAL SYSTEMS, INC.**

10801 EVENDALE DRIVE
EVENDALE, OH 45241
PH: 800-788-8726
Fax: 800-939-8726 OR 513-769-0239
(answer all questions-please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Applicant Signature: X _____ **Date** ____/____/____

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER ____ - ____ - ____		

ADDRESS FOR PAST THREE YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

Who referred you? _____

TRANS CONTINENTAL SYSTEMS, INC
800-788-8726 PHONE
513-769-0239 OR 513-769-0239FAX

REQUEST FOR MVR

FIRST NAME: _____

LAST NAME: _____ **MIDDLE:** _____

D.O.B: _____ **SS#** _____ - _____ - _____

CDL A # _____ **STATE** _____

OWNERS NAME _____

REQUESTED BY THE SAFETY DEPARTMENT

PLEASE RETURN TO FAX # 513-769-0239 OR 513-769-3215 ATTN: SAFETY

THANK YOU

I, _____, release to Trans-Continental Systems permission to obtain all information available on my driving record. The purpose of the request is to be used solely for the purpose of determining suitability for working with them.

If all pages are not received, please call (513) 769-4774 so we can retransmit.

WORK EXPERIENCE

In accordance with §391.21 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM ____/____/____ TO ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40? YES NO *was this job subject to FMCSA Regulations? YES NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason _____	

SECOND LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM ____/____/____ TO ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40? YES NO *was this job subject to FMCSA Regulations? YES NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason _____	

THIRD LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM ____/____/____ TO ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40? YES NO *was this job subject to FMCSA Regulations? YES NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason _____	

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____
Social Security Number: _____

FORTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING? _____
JOB DESCRIPTION _____ FROM ____/____/____ TO ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40? YES NO *was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason** _____

FIFTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING? _____
JOB DESCRIPTION _____ FROM ____/____/____ TO ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40? YES NO *was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason** _____

SIXTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____ REASON FOR LEAVING? _____
JOB DESCRIPTION _____ FROM ____/____/____ TO ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40? YES NO *was this job subject to FMCSA Regulations? YES NO

****ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason** _____

*The Federal motor Carrier Safety Regulation apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

WORK EXPERIENCE (ADDENDUM PAGE 2)

All driver applicants to drive in interstate must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO. YR.	TO: MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8	HIGH SCHOOL: 1 2 3 4	COLLEGE: 1 2 3 4
OTHER TRAINING: _____		
HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____		
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO		

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO		
IF SO, WHEN? _____/_____/_____		WHERE? _____
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO		
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI, OR OUI? YES		NO IF YES WHEN? _____
HAVE YOU EVER BEEN CONVICTED FOR A FELONY? YES		NO IF YES WHEN? _____
IN CASE OF EMERGENCY, CONTACT: _____ (____) _____		
Name	Telephone number	Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for TRANS-CONTINENTAL SYSTEMS, INC., that I will be on a probationary period during which time I may be discharged without recourse.

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.

X _____
APPLICANT SIGNATURE

_____/_____/_____
DATE

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST
DRUG/ALCOHOL TESTING HISTORY**

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____ / _____ / _____
First Middle Last Social Security # Date of Birth

Hereby authorize my previous employer _____ to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records within the previous (3) Three years from the date of my Employment application, which is ____/____/____. The information should be sent to my prospective employer **TRANS-CONTINENTAL SYSTEMS, INC** to the address, confidential fax or confidential e-mail shown below.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): ___ Faxed ___ Mailed ___ E-mailed

By: Robin Wright Date: _____
To Previous Employer: _____ Phone No.: (____) _____
Street Address: _____ Fax No.: (____) _____
City, State, Zip: _____ E-mail _____
Contact Name: _____ Title: _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier safety Administration using the complaint process specified at § 386.12.

PLEASE SEND RESPONSES TO:

Company: **TRANS-CONTINENTAL SYSTEMS, INC.** Confidential Fax No.: **(513) 769-0239**
Street Address: **10801 EVENDALE DRIVE** Confidential E-mail **rwright@tcsohio.com**
City, State, Zip: **EVENDALE, OH 45241** Attention: **ROBIN**

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to Department of Transportation (DOT) testing requirements while employed by _____, please check here _____, Fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM ____/____/____ TO ____/____/____

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM ____/____/____ TO ____/____/____

- | | | |
|-----|----|---|
| YES | NO | Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? |
| YES | NO | Has this person tested positive for controlled substances? |
| YES | NO | Has this person refused to submit a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen? |
| YES | NO | Has this person committed other violations of Subpart B of Part 382, or 49 CFR part 40? |
| YES | NO | If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? |
| YES | NO | For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? |

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. **INCLUDE A SUPPLEMENTAL SHEET, IF NECESSARY.**

PART 3 COMPLETED BY (signature): _____ Title: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): ___ Faxed ___ Mailed ___ E-mailed

SAFETY PERFORMANCE HISTORY RECORDS REQUEST-ACCIDENT HISTORY

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): ___ Faxed ___ Mailed ___ E-mailed ___ Completed by Phone ___ Other _____

By: _____ Date: _____
To Previous Employer: _____ Phone No.: (____) _____
Street Address: _____ Fax No.: (____) _____
City, State, Zip: _____ E-mail _____
Contact Name: _____ Title: _____

The applicant named below has applied to our company for a position as a DRIVER, and states that he/she previously worked for your company from ____/____/____ to ____/____/____.

APPLICANT NAME: _____
Social Security Number: _____ **Date of Birth:** _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier safety Administration using the complaint process specified at § 386.12.

PLEASE SEND RESPONSES TO:

Company: **TRANS-CONTINENTAL SYSTEMS, INC.**
Street Address: **10801 EVENDALE DRIVE**
City, State, Zip: **EVENDALE, OH 45241**

Confidential Fax No.: **(513) 769-0239**
Confidential E-mail **rwright@tcsohio.com**
Attention: **ROBIN**

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? YES NO
If yes, please state the actual dates of employment: FROM: ____/____/____ TO: ____/____/____
Did he/she drive a motor vehicle for your company? YES NO
If yes Please check the type(s) of vehicles operated: STRAIGHT TRUCK TRACTOR/SEMI-TRAILER
CARGO TANK FLATBED DOUBLES/TRIPLES BUS RAIL CONTAINERS OTHER (Please specify) _____
Reason for leaving your company: DISCHARGE RESIGNATION LAYOFF MILITARY DUTY
Would this applicant be considered for employment with your company again? YES NO
If there is no safety performance history to report, check here , sign below and return.

ACCIDENT HISTORY: Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.

Or, check here if there is no accident register data for this applicant.

Date	City, State	Description	# of injuries	# of fatalities	HazMat Spill
_____	_____	_____	_____	_____	YES NO
_____	_____	_____	_____	_____	YES NO
_____	_____	_____	_____	_____	YES NO

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks: _____

PART 2 COMPLETED BY (signature): _____ Title: _____
PLEASE PRINT NAME: _____ DATE: _____

PART 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): Fax Mail E-mail Telephone Other _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Employee Name: _____

In accordance with the provisions of the Privacy Act of 1974, 5 U.S.C. 552a, and The Department of the Treasury Regulations promulgated to implement the Act, 31 CFR Part 1; I hereby authorize the U.S. Customs Service ("the Agency") to disclose any records or information pertaining to me contained in the Agency's files, including such records which may be contained in a system of records, as that term is defined under 5 U.S.C. 552a(a)(5), by any means or communication to _____

(employer or other designated person)

provided that the Agency deems such disclosure relevant to the enforcement of any federal law and/or regulation or the grant, denial suspension or revocation of any bonded status or license or authority to operate. The authority to disclose information, as provide herein, shall constitute a release by me of the United States of America, the Department of Treasury, the Agency, and/or any employee thereof from any liability for damages alleged to have been caused, directly or indirectly, as a result of the Agency's acquisition, maintenance and/or disclosure of such information, or any subsequent disclosure thereof by any individual or entity.

I understand that my execution of this authorization for disclosure of information is not required by law or regulation, and I declare that such execution is my voluntary act. A copy of this executed document shall be considered to be of equal force and effect as the original document.

Date

Employee's Signature

OWNER INFORMATION

HIRE DATE: _____ BASE RATE: _____
UNIT #: _____ CODE: _____
NAME: _____
ADDRESS: _____

CITY STATE ZIP
PHONE #: _____ CELL OR PAGER#: _____
SS OR FED ID #: _____
OWNER SIGNATURE _____ TODAY'S DATE _____

TRACTOR INFORMATION

YEAR: _____ MAKE: _____
SERIAL #: _____
LICENSE PLATE #: _____ STATE: _____ EXPIRES: _____
LAST INSPECTION DATE: _____
BOBTAIL INSURANCE EXPIRES: _____
YES NO
TCS IFTA: _____ STICKER #: _____)
TCS BOBTAIL INS: _____ DATE STARTED: _____
TCS OCC/ACC INS: _____ DATE STARTED: _____
TCS NEXTEL: _____ NEXTEL#: _____
TCS PLATE PROGRAM: _____ PLATE #: _____
CHECKS SENT: ___ MAIL ___ EXPRESS ___ PRIORITY ___ DISPATCH ___ GLENWOOD ___ **DIRECT DEPOSIT**

DRIVER INFORMATION

HIRE DATE: _____
UNIT #: _____ CODE: _____
NAME: _____
ADDRESS: _____

CITY STATE ZIP
PHONE #: _____ CELL OR PAGER#: _____
SS OR FED ID #: _____
LICENSE #: _____ STATE: _____ EXPIRES: _____
PHYSICAL EXPIRATION DATE: _____
DATE OF DRUG SCREEN: _____
DATE OF BIRTH: _____
COMDATA CARD #: _____
EFS CARD #: _____
REFERRED BY? _____
DRIVER SIGNATURE _____ TODAY'S DATE _____



Trans-Continental Systems, Inc.

A Transportation Company

Local (513) 769-4774
Fax (513) 769-0239
Watts (800) 488-8726
(TRANS)

Service to our customers is paramount to retaining their business.

Some customers require us to remove the bolt or seal from the trailer doors, and/or remove blocking and bracing. This may be done once the seal intact line has been signed for. All require us to remove dunnage from the trailer floor so it may be reloaded.

Minor repairs to the truck or trailer may be necessary to be able to make it DOT worthy. Having the means for minor repairs and emergencies will get you moving faster.

As a condition of hire, Owner operators are required to have the following tools in their vehicle while transporting freight for Trans-Continental Systems:

Toolbox with heavy hammer 50' glad-hand air hose for airing tires
Crowbar Bolt cutters Electric wire and tape spare Tractor light
bulbs Pliers or vice grips Flat and Phillips screw drivers Flashlight
flares or triangles spare inner tube (issued by company) fire extinguisher

Additionally, all Ford locations require the driver to wear eye protection while on premises. You must provide for your own eye protection.

This Certifies that these items will be present in his/her truck while transporting Trans-Continental freight.

Truck### _____

Driver _____

Date _____

EMPLOYMENT AND QUALIFICATIONS-OTHERS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, criminal, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date _____ Applicants Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)
 Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	<u>Transcontinental Systems</u>
Company Contact Name:	<u>Robin Wright</u>
Fax #:	<u>(513) 769 - 0239</u>
USIS Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
 Applicant Signature: _____ Date: _____