

PREVIOUS EMPLOYER DISCLOSURE/ALCOHOL & DRUG TESTING INFORMATION

Please return to: Recruiting Fax No.: 800-398-7132 - Phone: 888-522-5046

SECTION 1: DRIVERS - ONLY COMPLETE AREAS MARKED WITH X'S



Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Consumer Reports: I hereby authorize Arnold Transportation Services to obtain one or more consumer reports containing information regarding my employment history, driving record and arrest/conviction record in connection with this application and, if I am hired or qualified to: 1) obtain additional consumer reports in connection with this application and 2) obtain additional consumer reports in connection with the continuation of my employment or qualification.

Employment References: I hereby authorize my prior employers to provide Arnold Transportation Services with all information regarding my performance, safety performance, character, and conduct while in their employ and I hereby release my prior employers from any liability for providing such information.

Alcohol and Drug Testing: I hereby authorize Arnold Transportation Services, to obtain from my prior employers during the three (3) year period preceding the date of this application, information about me regarding alcohol tests with a concentration of result of 0.04 or greater, positive drug test results, refusals to be tested (including verified adulterated or substituted drug test results), other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations and, if applicable, completion of return-to-duty requirements following violation of a DOT drug or alcohol regulation. I hereby authorize and consent to the release of such information by my prior employers to Arnold Transportation Services, in person, telephone, in writing or by any other method of transmission ensuring confidentiality. I hereby authorize Arnold Transportation Services to release such information to any employee of Arnold Transportation Services whose duties require them to assess this application or to make any recommendations or decisions with respect to it. This information is being requested in compliance with sub section 40.25 and sub section 382.05 (f) and (h).

X Applicant's Name (Print) \_\_\_\_\_ X SS# \_\_\_\_\_

X Date \_\_\_\_\_ X Applicant Signature \_\_\_\_\_

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If this person was not subject to Department of testing requirements while employed by the employer, please check here. Sign below, and return.

Under Department of Transportation testing requirements:

- 1. Has this person had an alcohol test with a result of 0.04 or higher concentration? YES NO
2. Has this person had a verified positive drug test? YES NO
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? YES NO
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? YES NO
5. If this person has violated a DOT drug and alcohol regulation, do you have the documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) YES NO

In answering these questions, include any drug and alcohol testing information obtained from previous employers under sub section 40.25 or other Applicable DOT agency regulations.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

SECTION 2 COMPLETED BY (SIGNATURE)

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

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date: \_\_\_\_\_

Complete when information is obtained. Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: Fax Mail E-mail Date: \_\_\_\_\_