

**REQUEST/CONSENT FORM FOR INFORMATION
FROM PREVIOUS EMPLOYERS**

DATE: _____

TO: _____ TELEPHONE NUMBER _____
PREVIOUS EMPLOYER _____
ADDRESS _____ FAX NUMBER _____
CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER: _____ - ____ - _____

APPLICANT NAME _____ APPLICANT SIGNATURE _____
I, THE ABOVE SIGNED, HEREBY AUTHORIZE YOU TO RELEASE INFORMATION AS TO MY PREVIOUS EMPLOYMENT WITH YOUR COMPANY. THIS IS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TO:
RMR CONSULTANTS P.O. BOX 270209 FLOWER MOUND, TX 75027

FAX # 972-245-7307

PHONE # 972-245-7300

I, FURTHER AUTHORIZE YOU TO RELEASE ALL INFORMATION ON MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING/TRAINING RECORDS AS REQUIRED BY SECTION 382.403 (f) AND (h) OF THE FMCSR, WHICH STATES,
(f) Records shall be made available to subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the drivers' request.
(H) An employer shall release information regarding drivers' records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.
SECTION 382.413 (b) STATES: An employer shall obtain, pursuant to a drivers' consent, information on the drivers' alcohol tests with a concentration result of .04 or greater, positive controlled substances test results, and refusals to be tested, other violations, within the preceding three years, which are maintained by the drivers' previous employers. In addition information on the return to work process in case of a violation.

TO PREVIOUS EMPLOYER: THE ABOVE NAMED PERSON HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER SUBJECT TO THE RULES AND REGULATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. WE APPRECIATE THE TIME YOU HAVE TAKEN TO COMPLETE THIS WORK VERIFICATION AND ALCOHOL & CONTROLLED SUBSTANCES TESTING/TRAINING CHECK. **TO EXPEDITE AND INSURE COMPLIANCE WITHIN 30 DAYS OF EMPLOYMENT PLEASE RETURN TO THE ABOVE FAX NUMBER.**

1. EMPLOYED FROM _____ TO _____ AS A _____ AT WAGE OR SALARY OF \$ _____. (PLEASE VERIFY INFORMATION IS CORRECT, IF NOT CHANGE)
2. DID APPLICANT DRIVE A MOTOR VEHICLE FOR YOU ? _____, STRAIGHT TRUCK ? _____, TRACTOR _____ BUS ? _____ OTHER (PLEASE SPECIFY) _____
3. WAS APPLICANT A SAFE AND EFFICIENT DRIVER ? _____ ANY DOT RECORDABLE ACCIDENTS WHILE EMPLOYED ? _____ IF SO GIVE DETAILS FATALITY _____ INJURY _____ VEHICLE TOWED _____ OTHER DETAILS AND/OR OTHER ACCIDENTS: _____
4. DID APPLICANT RECEIVE ANY SAFE DRIVING AWARDS ? _____ WAS APPLICANTS CONDUCT SATISFACTORY ? _____
5. REASON FOR LEAVING YOUR EMPLOY (CHECK ONE): DISCHARGED _____ LAID OFF _____ RESIGNED _____
6. HAS THIS PERSON EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST 3 YEARS? YES _____ NO _____
7. HAS THIS PERSON EVER HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF .04 OF GREATER IN THE LAST 3 YEARS ? YES _____ NO _____
8. HAS THIS PERSON REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST 3 YEARS ? YES _____ NO _____
9. ANY OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING REGULATIONS? YES _____ NO _____
10. IF YES TO ANY OF THE ABOVE HAS THIS PERSON COMPLETED A SUBSTANCE ABUSE PROGRAM YES _____ NO _____ **IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE THE SAP'S NAME, ADDRESS AND PHONE NUMBER.**

SIGNATURE AND TITLE OF PERSON RELEASING INFORMATION

DATE