

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS
EMPLOYER(S) ON ALCOHOL & CONTROLLED SUBSTANCES

Release and Forward ALL Information to:

ASAP TOURS

102 DERBY DOWNS, Spartanburg, South Carolina, 29301

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Employers must make a good faith effort to obtain the information required by Title 49, Part 382.413(b).

Interview method:

1. MAIL - DATE MAILED

2019-05-01

(do not send the original copy)

2. PHONE - DATE OF CALL

COMMENTS

SECTION 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

The information requested is required by federal motor carrier safety regulations, Title 49, Part 40.25(J).

PRINT NAME(FIRST, MI, LAST)

MEMO LASTRE

DATE

2019-05-01

I, the above mentioned signed, hereby authorize that my

PP TRUCKING

PREVIOUS EMPLOYER

ERTERTRETRE, ADAMSVILLE, ALABAMA, 12345, #3523523523

ADDRESS, CITY, STATE, ZIP CODE , PHONE #

release the following information

fjrhnd

APPLICANTS SIGNATURE

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements (did not operate a vehicle which required a commercial drivers license) while employed, ☐ Please click here and skip items 1,2,3,4 and 5.

	YES	NO
1.Has this person ever tested positive for a controlled substance in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
2.Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in last two years?	<input type="checkbox"/>	<input type="checkbox"/>
3.Has this person ever refused a required test for drugs or alcohol in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
4.Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5.If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employees successful completion of DOT return-to-duty requirements, including follow-up?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of the above question, please give the SAP s (substance Abuse Professional) name, address and phone number for further reference.

<div>NAME</div>	<div>PHONE #</div>
<div>ADDRESS</div>	<div>CITY, STATE, ZIP CODE</div>
<div>This section was completed by:</div>	<div>TITLE</div>