

# AWB Transport Inc., Employment Application

## Employment Application



**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

**Employee Printed or Typed Name:**

123123

**Employee SSN or ID Number:**

123123123213

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

**Employee Signature**

**Date**

3/16/2021



A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

**I-A.**

**New Employer Name:**

AWB TRANSPORT INC.

**Address**

5751 La Venta Way

213

Sacramento

California



95835-2222

**Phone**

(222) 222-2222 x222222

**Fax**

(222) 222-2222 x222222

**Designated Employer Representative:**

USMAN KHALID

**I-B.****Previous Employer Name:**

sdad

**Address**

adasd

asdasd

lasdfkljsdf

Florida



21232-1321

**Phone**

(222) 222-2222 x22222222

**Fax**

(222) 222-2222 x22222

**Designated Employer Representative (if known):**

asdasdasdasd

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

**1. Did the employee have alcohol tests with a result of 0.04 or higher?**☐ YES ☒ NO**2. Did the employee have verified positive drug tests?**☒ YES ☐ NO**3. Did the employee refuse to be tested?**☐ YES ☒ NO**4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?**☐ YES ☒ NO**5. Did a previous employer report a drug and alcohol rule violation to you?**☒ YES ☐ NO**6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?**☒ YES ☐ NO

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B. Name of person providing information in Section II-

A:

dqwd

Title:

qwdqwd

Phone #:

qwdqd

Date:

qwdqd

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Submit