

**Non-CDL Driver/Candidate Consent for Release of Alcohol and Drug Testing Information
and
Previous Employer Safety and Accident History Record Request**

Request and Release Authorization

Information requested in this form is required to comply with requirements listed by the Department of Transportation (D.O.T.) in the Code of Federal Regulations (CFR) Section 49, Parts 380, 390 and 391. It is needed to qualify the below referenced Driver/Candidate for a D.O.T. regulated driving position. The Driver/Candidate's signature in Section I of this form authorizes former employers to release the information requested in Section II

Section I - To Be Completed By Driver/Candidate

Consent for Release of Alcohol and Drug Testing Information and Accident History

I, _____ do hereby authorize
Print your First, Middle, and Last Name

all former employers to release and forward the information requested in Section II of this form regarding my Drug and Alcohol Testing History and Accident History to any investigator representing LexisNexis or other duly accredited representative of **United Parcel Service (UPS)**.

I-A.

Previous Employer Name: _____

Address: _____

Phone#: _____ **Fax#:** _____

Designated Employer Representative (if known): _____

Previous Employer Name: _____

Address: _____

Phone#: _____ **Fax#:** _____

Designated Employer Representative (if known): _____

Previous Employer Name: _____

Address: _____

Phone#: _____ **Fax#:** _____

Designated Employer Representative (if known): _____

Driver/Candidate Must Answer the Following Questions

- 1) Have you previously been employed in a position subject to the Federal Motor Carrier Safety Regulations (FMC SR)?

Yes _____ No _____

- 2) Have you previously been employed in a position designated as a Safety-Specific function, subject to D.O.T. regulated alcohol and controlled substance testing?

Yes _____ No _____

Section I - To Be Completed By Driver/Candidate (Cont.)

Driver/Candidate Must Select at Least One of the Following:

_____ I **have not** tested positive or refused to be tested on any D.O.T. drug or alcohol test for a safety-sensitive transportation position within the past three (3) years.

_____ I **have** tested positive or refused to be tested on any D.O.T. drug or alcohol test for a safety-sensitive transportation position within the past three (3) years.

Driver/Candidate Must Select at Least One of the Following:

_____ I **have not** been involved in any D.O.T. reportable accidents in the past three (3) years.

_____ I **have** been involved in a D.O.T. reportable accident (s) in the past three (3) years.

_____ I **have not** worked with a previous employer in a CDL capacity during the past three (3) years.

By signing this document I certify that I have been advised of the following rights under applicable DOT regulations: (i) the right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to United Parcel Service (UPS); (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I hereby acknowledge that I must notify United Parcel Service (UPS) in writing within thirty (30) days of the date shown below if I chooses to exercise any of these rights.

Driver/Candidate Signature

Phone Number

_____/_____/_____
Date