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|--|--|---|-------------|-----------|
| PART 1: | | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE | | |
| I, (Print Name) | | First Name | Middle Name | Last Name |
| Social Security Number: | | xxx | xx | xxxx |
| Date Of Birth: | | dd-mm-yyyy | | |
| Hereby Authorize: | | | | |
| Previous Employer: | | Name of Previous Employer | | |
| Email: | | previousEmployer@abc.com | | |
| Street: | | Street Address of Previous Employer | | |
| Telephone: | | 001024440023 | | |
| City, State, Zip: | | City, State, Zip of Previous Employer | | |
| Fax No: | | 11100022553 | | |
| To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous | | | | |
| 3 years from: dd-mm-yyyy (employment application date) | | | | |