

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization



Send to Fax # (800) 267-4093 (Manual Service)
 Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(____) _____ - _____
USIS Customer #:	_____ Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



The following questions apply to safety sensitive function positions.

In the last 3 years have you tested positive for a controlled substance?

Yes

No

In the last 3 years have you had an alcohol test with a result of 0.04 or greater?

Yes

No

In the last 3 years have you refused to submit to a Federally mandated drug or alcohol test?

Yes

No

In the last 3 years have you violated other DOT agency drug & alcohol regulations?

Yes

No

In the last 3 years have you tested positive on a pre-employment controlled substance test and/or have you had a pre-employment alcohol test with a result of 0.04 or greater?

Yes

No

Driver Signature

Date

Inquiry to Past Employer

Date 1st Request: _____

2nd Request: _____

3rd Request: _____

4th Request: _____

Pursuant to a request for Previous Employee Safety Performance History this response is being provided to the Prospective Employer noted below in compliance with the Dept of Transportation regulations, FMCSRs 391.23(g)(1) and FMCSRs 40.321(b).

The person named below has applied to or been placed in a driving position with RBX, Inc. Your firm was listed by the applicant/driver as a past employer. Please reply to this inquiry with respect to this applicant's work history for the PROCEEDING (3) YEARS as required by FMCSR 391.23 and alcohol/drug testing for the PROCEEDING (3) YEARS as required by FMCSR 382.413, mandating that each employer shall obtain driver information on 1) driver's alcohol test with a concentration result of .04 or greater; 2) positive controlled substance test results and 3) refusal to be tested. This information must be obtained either prior to employment or within 14 calendar days after the 1st time a driver performs a safety-sensitive function for an employer. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and it's agents) for information submitted in response to this inquiry. Your response in a timely manner is greatly appreciated.

Respectfully,

Al Mobley, RBX Recruiting Manager

I, (X) _____, hereby authorize you to release all information concerning my employment, including oral assessments of my job performance and ability, along with information concerning my alcohol and controlled substance testing during the preceding 3 years to RBX, Inc. Springfield, Mo. I hereby release you from any and all liabilities of any type as a result of providing the above mentioned information.

(X) _____ (X) _____ (X) _____
Driver/Applicant Signature Date Social Security #

Current/Previous Employer _____ Contact: _____

City, State _____ Fax _____

Dates of Employment ____/____/____ to ____/____/____ as _____ YES NO, Corrected dates _____

Dates of Employment ____/____/____ to ____/____/____ as _____

OTR ___ Regional ___ Local ___ Tractor/Trlr ___ Flatbed ___ Double/Triples ___ Tanker ___ Straight Trk ___ Other _____

Trailers: 40ft _____ 45ft _____ 48ft _____ 53ft _____ Other _____

Reason for leaving: Discharged ___ Resigned ___ Laid Off ___ Eligible for Rehire: YES ___ NO ___ UPON REVIEW ___

If **NO** please explain:

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b) that involved the applicant in the 3 years prior to the application date shown above. If NONE please check following option. >>>>>>>>> NONE _____

DATE	LOCATION	INJURIES	DESCRIPTION
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

To be completed by Previous Employer concerning Alcohol & Drug testing info. In the last (3) years per (TEA-2) effective 4/29/04 under DOT Testing requirements: If driver was NOT subject to USDOT testing requirements please initial here _____.

- | | |
|--|--------|
| | Circle |
| 1) Has this person had an alcohol test with a result of 0.04 or higher? | YES NO |
| 2) Has this person had a verified positive drug test? | YES NO |
| 3) Has this person refused to be tested?(random, post-accident, reasonable suspicion or follow-up testing) | YES NO |
| 4) Has this person committed other violations of DOT agency D&A? | YES NO |

If the answer is YES to any question 1 thru 4 above, please provide, along with this form, documentation of employees' successful completion of USDOT return-to-duty requirements, including return to duty tests, follow-up tests, and drug/alcohol testing information obtained from a previous employer under S40.25(g) or other applicable USDOT agency regulations.

Signature of person providing information _____ Title _____

FAX TOLL FREE TO 1-866-871-2252 OR LOCAL 417-831-2423



P.O. Box 2118, Springfield, Mo 65801-2118

A-3