

DRIVER APPLICANTS - PLEASE SIGN BELOW ONLY

HAMMELL TRANSPORT SERVICE, INC.
P O BOX 189, HERMISTON, OR 97838
(541)567-0910 (541)567-7607 Fax

REQUEST FOR DRUG/ALCOHOL VERIFICATION FROM PREVIOUS EMPLOYERS

I hereby authorize you to release the following information to HAMMELL TRANSPORT SERV., INC for purposes of investigation as required by Section 391.23 and Section 382 of the Federal Motor Carriers Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's signature _____ **SS#** _____ - ____ - ____ **Date** _____

TO BE COMPLETED BY PREVIOUS EMPLOYER-_____ **:**

Based upon a review of your company's drug & alcohol test records:

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater? Y/N/NA date _____

Has this individual had a controlled substance test with a positive result? Y/N/NA date _____

Has this individual refused a controlled substance test and/or alcohol test? Y/N/NA date _____

Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? Y/N/NA

Has this individual been tested in the last 6 months or enrolled in a drug/alcohol program for the previous 12 mos. Y/N

Name & address or drug/alcohol screening program.

If drug/alcohol screening has not been done or is not required in your industry--please indicate here. [] Date, sign and return to Hammell Transport Service, Inc..

Signature of person supplying information: Title _____ Date _____

Note: Failure to furnish information as required by 49CFR 382.405 and 382.413 is a violation of Dot (Department of Transportation) regulations and may result in a fine and/or civil liability.