

Authorization/Liability Release for AIM- Supervisors, Mechanics, Washer/Fuelers

I hereby authorize the above stated company to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information to the company requesting this information. This information is being requested in compliance with §40.25 and §391.23

Applicant Signature: _____ Date: _____

Applicant Please Sign & Date Only

Previous Employer: _____ Contact: _____
Street: _____ Phone: _____
City, State, Zip: _____ Fax No: _____

Prospective Employee Name: _____

Social Security Number: _____ **Date of Birth:** _____

This person has submitted an application to our company for a position as a truck driver. He/she states that he/she was employed by your company as a _____ from _____ to _____.
Are the above dates correct? Yes No If no, please explain: _____.

Safety Performance History

Did he/she drive motor vehicles for you? Yes No if NO what Position: _____
If yes, what type: Straight Truck Tractor/Trailer Other (specify): _____ Brake Certified: Yes No
 Cargo Tank Flatbed Doubles/Tples Bus Other _____ Was it: Over the Road Local
Was Driver: Discharged Laid off Resigned
Eligible for Rehire? Yes No Upon Review If no, please explain: _____

Accident History

Please give the following information for any accidents included on your accident register [§390.15(b)]that involved the applicant (regardless of fault) which occurred in the previous three (3) years.

Or, check here if there is no accident register data for this applicant

Date	City, State	Description	Preventable(Y/N)	# Injuries	#Fatalities	Hazmat Spill
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Drug & Alcohol History: As your are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

Pursuant to §382.409 of the Federal Motor Carriers Safety Regulations, please provide information from your records concerning the following questions: Within the past three (3) years has this applicant ever: If applicant was not subject to Department of Transportation (DOT) testing requirements while employed by you, please check here .

- Had an alcohol test with a concentration level result of 0.04 or greater? Yes No
- Tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
- Refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
 Yes No- If yes, date: _____
- Violated other DOT drug or alcohol regulations of Subpart B of Part 382, or 49 CFR Part 40? Yes No
- If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? Yes No
(If yes, please send documentation of the SAP name, address and phone number when you return this form)
- For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result o 0.04 or greater, a verified positive drug test, or refused to be tested?
 Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

Completed By:

Signature: _____ Title: _____

Name: _____ Date: _____

Recorded By: _____ **Date:** _____