

TANK SERVICES

www.tankservices.com

Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

SECTION I: To be completed by applicant/employee

Applicant Authorization to Release DOT Drug/Alcohol Test Results

Applicant/Employee Printed Name: _____ **SSN:** _____ - _____ - _____

I understand that as a condition of hire with Tank Services, that I must consent to the release of the results of all DOT mandated drug and alcohol information from all companies for which I have worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test during the previous two (2) years as required by DOT Part 40, Section 40.25. I authorize my prior employer(s) to release the information requested below in Section II to Tank Services.

Check appropriate box, only if applicable:

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past two (2) years. Sign and date below only.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two (2) years. Identify this company for which this occurred below.

Previous Employer Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Employer Contact Name: _____ **Dates Employed:** _____ to _____

(Complete additional form for each prior DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information to Tank Services. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins. I further understand that I am responsible for any costs associated with any pending Substance Abuse Professional Assessment, recommendations, education, and/or treatment including return-to-duty testing and/or follow-up testing.

Applicant/Employee Signature: _____ **Date:** _____

SECTION II: To be completed by applicant/employee's previous employer

Applicant Authorization to Release DOT Drug/Alcohol Test Results

In accordance with DOT regulations, Tank Services is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years from the date of this request. Please complete the following:

- | YES | NO | |
|-------|--------------------------|---------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1. Any DOT Alcohol Test Results of 0.04 or greater |
| _____ | _____ | 2. Any DOT Positive Drug Test Results |
| _____ | _____ | 3. Refusal to submit to a DOT Required Drug/Alcohol Test? (Incl. adulterated or substituted specimens). |
| _____ | _____ | 4. Other violations of DOT Drug and Alcohol Testing Regulations? |
| _____ | _____ | 5. Did a previous employer report a Drug/Alcohol Rule Violation to you |
| _____ | _____ | 6. If "YES", for any of the above items, did the employee complete the return-to-duty process? |
| | <input type="checkbox"/> | 7. Check box if employee was NOT subject to DOT regulations |

NOTE: If "YES" for item 5, you must provide the previous employer's report. If "YES" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP Report(s), follow-up testing record).

Company Name

Name of Person Completing Form

Date

SEND COMPLETED FORM TO: info@tankservices.com or via fax (330) 479-9271, Attention: Human Resources

A reproduction of this form shall be deemed as effective and valid as original