

Driver/Applicant Authorization to Release Drug and Alcohol Test Information

In conformity with sections 382.405(f), 382.413, and 382.401(b) of Title 49 of the Code of Federal Regulations, I hereby authorize the companies listed below to furnish Selection.com the following information concerning drug and alcohol tests, including pre-employment tests: all company tests conducted during the past 2 years: (i) the dates on which I had a confirmed positive test for drugs, and the drug(s) involved; (ii) the dates on which I had a confirmed alcohol test result of 0.04 or greater, and the blood alcohol content (BAC) recorded; (iii) the dates on which I refused to be tested for drugs and/or alcohol.

I understand that I am authorizing each company listed below to furnish the results from all tests each company was required to conduct by DOT and, except as I may otherwise direct a company in writing, to furnish results from all (non-DOT tests) which the company conducted under its own authority. Additionally, in the event any company listed below furnishes Selection.com with information concerning the above referenced items (i), (ii) or (iii), I also authorize that company to release and furnish: (iv) the dates of my negative drug and/or alcohol tests during the past two years; and (v) the name and phone number of any substance abuse professional (SAP) who evaluated me during the past two years, in accordance with section 382.413(g).

I fully understand that my authorization to release such information does not guarantee or commit the company to which I have applied to obtain from Selection.com all, or any, of the information that I have authorize to be released.

Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____

(Attach additional forms if needed)

By signing below, I certify that I have read and fully understand this release form. I further certify that all of the information I have furnished on this form is true and complete. I also certify I have listed every company I worked for as a driver during the past two years, every company I took a pre-employment drug test for during the past two years, and every company I took a pre-employment alcohol test for during the past two years.

Print Name _____	Applicant Signature _____
Social Security Number _____	Today's Date _____

For Employer Use Only

Administrator _____	Company Name _____
Address _____	City/State/Zip _____
Phone Number _____	Fax Number _____



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