

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____

hereby authorize that:

Previous Employer: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: **G.F. Lacaeyse Transport, Inc.**
 Street: **4192 Hwy 146 / PO Box 630** Telephone: **800-645-3748**
 City, State, Zip: **Grinnell, IA 50112** Fax No.: **641-236-1047**

 Applicant Signature

 Date

This is in compliance with §382.405(f) and (h), which state:
 (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
 (h) An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.
 §382.413(a)(b)(d)(e)(f)(h) further state:
§382.413 Inquires for alcohol and controlled substances information from previous employers.
 (a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1) through (iii) of this subpart:
 (i) Alcohol tests with a result of 0.04 alcohol concentration or greater;
 (ii) Verified positive controlled substances test results; and
 (iii) Refusals to be tested.
 (2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.
 (d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.
 (e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.
 (f) The information in paragraphs (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.
 (h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in §382.115 of this part.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here , sign below, and return. Under Part 382 testing requirements:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last two years?* | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?* | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years?* | <input type="checkbox"/> | <input type="checkbox"/> |

* Please include information received from other previous employers.
 If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date: _____

Complete below when information is obtained.
 Information received from _____

Recorded by: _____ Method: Fax Mail Phone

Date: _____ Personal Interview

PREVIOUS EMPLOYER – COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER