



# OLD REPUBLIC INSURANCE COMPANY OF CANADA

Box 557, 100 King Street West  
Hamilton, Ontario L8N 3K9

*We are with you...mile after mile!™*

## DRIVER QUALIFICATION PACKET

The attached documents are provided to you to illustrate compliance with the USA laws that came into effect October 29, 2004 in the Federal Motor Carrier Safety Regulations (FMCSR). They are distributed to you as a sample, for illustration purposes only.

*This packet is not meant as an all-inclusive list of required items; consult Federal Motor Carrier Safety Regulations (FMCSRs) Parts 40, 382 and 391.*

- **DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST:** (*Revised 6/11*) Form is used to document driver file requirements per FMCSR 391 and renewal dates for these items.
- **APPLICATION FOR QUALIFICATION:** (*Revised 2011/06*) Required by FMCSR 391.21. This application is suitable for independent owner/operators or company employees/drivers. NOW includes *Driver's Rights* under 391.23.
- **REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY:** (*NEW 9/04*) As required by FMCSR 391.21 for past employment investigation.
- **FOURTEEN-DAY PRIOR LOG FORM:** FMCSR 395.3. requirement is for previous 7 days, however, best practice in Canada is for previous 14 days
- **DRIVER PERFORMANCE EVALUATION {Road Test}** (*Revised 9/04*) Should be used to summarize the evaluator's thoughts on driver performance, including skills performed particularly well, those needing improvement and why. Includes:
- **CERTIFICATION OF ROAD TEST** As required per FMCSR Subpart D 391.31.
- **VIOLATION AND ANNUAL REVIEW RECORD:** Allows review of driver's record as required by FMCSR 391.25 and 391.27.
- **DRIVER "INVESTIGATION HISTORY" FILE CHECKLIST** (*NEW 9/04*) FMCSR requires this form to be filed in a secure location, with limited access.

*The following documents should be placed in Personnel and/or Confidential File.*

- **DRIVER APPLICANT AND ALCOHOL PRE-EMPLOYMENT STATEMENT:** (*NEW*) Form used to document an applicant applying for a safety sensitive function, as required per CFR 40.25(j).
- **CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/ CONSENT FORM:** (*NEW 9/04*) As required by FMCSR 382.301. [*Page 1, drug & alcohol information, needs to be kept in Confidential File.*]

## DRIVER HIRING & QUALIFICATION RECORDS CHECKLIST

**DRIVER'S NAME:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

<b>1. Application for Qualification should be fully completed and signed by applicant – No gaps in employment history.</b> a. Driver's Rights (to be given to the applicant prior to driver application) b. Driver Applicant Drug and Alcohol Pre-employment Statement c. Controlled Substance and Alcohol Testing Information Acknowledgement/Consent form d. Request for Driver's Safety Performance History	✓
<b>2. Motor Vehicle Record (MVR)</b> Province: _____ Date obtained: _____ (All licenses held by the driver in the last 3 years must be investigated.)	
<b>3. Driver Performance Evaluation [Road Test] (Fully completed &amp; signed by Examiner.)</b>	
<b>4. Receipt For Issuance of FMCSR Book</b>	
<b>5. Receipt for Driver's Manual/Policies</b>	
<b>6. Certificate for Completion of Orientation (if applicable)</b>	
<b>7. Fourteen-Day Prior Hours Statement or Copies of Log Sheets (To be placed with log files.)</b>	
<b>8. Copy Of Driver's License</b> a) Expiration date: _____ b) Class: _____ c) Endorsements: _____	
<b>9. Annual Driver's Certification of Violations &amp; Annual Review of Driving Record (MVR)</b> (Must be completed at least once every 12 months from the date of hire.)	
<b>10. Other documents:</b>	
<b>11. Notify your Old Republic Insurance Broker prior to making the hiring decision</b> (for all clients less than 10)	



## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period, which began before January 1, 1971.

- a) (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and (2) An investigation of the driver's employment record during the preceding three years.
- b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency, as required. This must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This is effective as of October 30, 2004.
- d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for any accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document.*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name (Printed): \_\_\_\_\_



# APPLICATION FOR QUALIFICATION

Company Name: HEMO LOGISTICS INC  
 Address: 2045 NORTH TALBOT ROAD  
 City: WINDSOR Province: ON Postal Code: N9A6J3

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

<b>Instructions:</b>			
1. Please print clearly.			
2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None."			
<b>SECTION A - APPLICANT INFORMATION</b>			
Name (First, Middle, Last)		Date of birth (DD/MM/YYYY)	Telephone number ( )
Position applying for (check one)		Alternative Telephone number ( )	
<input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Driver <input type="checkbox"/> Other		(please specify)	
<b>Residence history for the past three years, beginning with your current address.</b>			
Current Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal code	To (DD/MM/YYYY)
Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal code	To (DD/MM/YYYY)
Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal code	To (DD/MM/YYYY)
Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal code	To (DD/MM/YYYY)
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? From _____ To _____			
Reason for leaving?			
Please circle the highest grade level completed			
Grade school: 1 2 3 4 5 6 7 8 9 10 11 12      College/University: 1 2 3 4      Post-graduate: 1 2 3 4			
<b>SECTION B - EMPLOYMENT HISTORY</b>			
Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment. Please also provide all commercial driving experience for the past ten years.			
Company name		Position held	Telephone number ( )
Address (no., street)			From (DD/MM/YYYY)
City	Province	Postal code	To (DD/MM/YYYY)
Reason for leaving?			
Were you subject to the FMCSRs* while employed here?		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Company name		Position held		Telephone number ( )	
Address (no., street)				From (DD/MM/YYYY):	
City		Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?					
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company name		Position held		Telephone number ( )	
Address (no., street)				From (DD/MM/YYYY):	
City		Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?					
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company name		Position held		Telephone number ( )	
Address (no., street)				From (DD/MM/YYYY):	
City		Province	Postal code	To (DD/MM/YYYY):	
Reason for leaving?					
Were you subject to the FMCSRs* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more; (2) is designed or used to transport nine or more passengers; or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.</b></p>					
<b>SECTION C – DRIVING HISTORY/EXPERIENCE</b>					
Driving Experience	Dates		Approximate Miles		
	From	To			
Straight Truck					
Tractor-trailer					
LCV's					
Other: _____ (specify)					
List provinces and states operated in for the last five years					
List special courses/training completed (PTD/DDC, Dangerous Goods, etc)					
List any Safe Driving Awards you hold and from whom					



Collision record for the past three years (attach an additional sheet, if required)				
Date of collision (DD/MM/YYYY)	Nature of Collision	Location	Number of fatalities	Number of injured people
Traffic convictions and forfeitures for the past three years (other than parking violations)				
Date (DD/MM/YYYY)	Location	Offence	Penalty	
Driver's License (List each driver's license held in the past three years.)				
Province	License number	Type	Endorsements	Expiration date
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Personal references – List three persons for references, other than family members, who have knowledge of your safety habits.				
Name	Address		Telephone number	
<b>To Be Read and Signed by Applicant</b>				
<p><i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i></p> <p><i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file.</i></p> <p><i>It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.</i></p> <p><i>It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.</i></p> <p><i>I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers. The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA). The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i></p> <p><i>I agree to supply the following information as part of this application</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's MVR Abstract (current to the past 30 days)</li> <li><input type="checkbox"/> Driver's CVOR Abstract (Ontario only, current to the past 30 days)</li> <li><input type="checkbox"/> Criminal Record Search (current to the past 90 days)</li> </ul>				
Signature of applicant			Date	
Remarks (For office use only)				



## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive function, until and unless, the potential employee provides documentation of successful completion of the return-to-duty process.  
(See Section 40.25(b)(5) and (e).*

(Please Print)

Applicant Name \_\_\_\_\_ ID Number: NIA

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes     No

- 2) If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes     No

**My signature below certifies that the information provided is true and correct.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with HEMO LOGISTICS INC. (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

**Post-Accident – Section 382.303, Random– Section 382.305, Reasonable Suspicion – Section 382.307, Return to Duty – Section 382.309, Follow-up – Section 382.311**

A driver, who tests positive to a controlled substance and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a Driver from returning to a safety-sensitive position for any motor carrier until and unless the Driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name	Address	Phone #

**All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.**

I \_\_\_\_\_ have read the above controlled substances and alcohol  
(Print Name)  
 testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Employer Representative)

**Original to be retained on file - Copy to Driver Applicant**





## DRIVER "INVESTIGATION HISTORY" FILE CHECKLIST

*The Federal Motor Carrier Safety Regulations require motor carriers to maintain the Driver Investigation History File in a secure location with access to the files limited to those individuals with a need to know basis.*

Driver's Name: \_\_\_\_\_

FORM OR PROCESS	COMPLETED		Initials of Person verifying
	YES	NO	
1. Written notification of driver's due process rights signed by the driver.			
2. Written consent form signed by the driver to obtain previous employment verifications, safety information, and alcohol & controlled substance history.			
3. Past employment verifications. (At least the previous three-year period. Additional verifications are recommended.)			
4. Documentation of good-faith efforts to obtain required information.			
5. Verification from previous employers of violations of alcohol and/or controlled substance prohibitions within the previous three-year period.			
6. Signed PSP Consent Form			
7. Verification of the driver's failure to complete rehabilitation program, if required.			
8. Verification follow-up testing was completed after rehabilitation, if required.			
9. Verification of alcohol tests .04 or higher.			
10. Verification of positive drug tests, if required.			
11. Verification of refusals to be tested.			
12. Records of requests and responses to prospective employers.			
13. Reports to the Federal Motor Carrier Safety Administration pertaining to previous employers failure to respond to requests for information.			
14. Copies of responses to drivers about requests to correct information.			



## **MANDATORY USE FOR ALL ACCOUNT HOLDERS**

### **IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

1. In connection with your application for employment with **HEMO LOGISTICS INC.** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:



2. I authorize HEMO LOGISTICS (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**



**FOURTEEN-DAY PRIOR LOG FORM**  
 (Data sheet for new, casual, or temporary drivers)

**NAME:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_ **Province:** \_\_\_\_\_

*Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days. For Canadian drivers please enter each of the last fourteen days.*

<i>Day</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>Total</i>
<i>Date</i>								
<i>On Duty Hours</i>								
	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>Total</i>
<i>Date</i>								
<i>On Duty Hours</i>								

*I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:* \_\_\_\_\_ **on** \_\_\_\_\_

**Time** **Day** **Month** **Year**

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Company Representative





**Previous Employment Reference Authorization Release Form**

HIRING COMPANY INFORMATION	
HEMO LOGISTICS INC 2045 North Talbot Road Windsor ON, N9A 6J3	<b>Contact Person:</b> Safety Department <b>Phone:</b> (519) 737-1111 Ext. 6 <b>Email:</b> safety@hemologistics.ca

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from dates shown on my employment application. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_ (**print name**), hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol and drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) 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, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date