

CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
DOT REGULATION 49 CFR Part 40.25

EMPLOYEE CONSENT FORM

Applicant's Full Name: _____ Social Security #: _____

Address: _____ Telephone #: _____

I hereby authorize:

a) my previous employer(s) (listed below – **please list all your DOT/USCG employers for the previous 24 months¹**), and Greystone Health Sciences, Inc., to release the following information with regard to my chemical testing records to Pretium/Hirecheck and/or my prospective employer Dann Ocean Towing, Inc.

AND

b) Pretium/Hirecheck to release the following information with regard to my chemical testing records to my prospective employer listed above:

- a) alcohol tests with a result of 0.04 or higher alcohol concentration,
- b) verified positive drug tests,
- c) refusals to test including verified adulterated or substituted drug test results,
- d) any other violations of DOT/USCG drug and alcohol testing regulations, and
- e) with respect to any violation of a DOT/USCG chemical testing regulation, documentation of my completion of DOT return-to-duty requirements including follow up tests.

Signature: _____ Date: _____

1. Name of Previous Employer: _____

Address of Previous Employer: _____

Company Contact Person: _____

Telephone #: _____ Fax # _____

Date of employment: _____ Date of Discharge: _____

2. Name of Previous Employer: _____

Address of Previous Employer: _____

Company Contact person: _____

Telephone #: _____ Fax # _____

Date of employment: _____ Date of discharge: _____

3. Name of Previous Employer: _____

Address of Previous Employer: _____

Company Contact Person: _____

Telephone #: _____ Fax # _____

Date of employment: _____ Date of Discharge: _____

¹ list additional DOT/USCG employers you worked for during the previous 24 months on a separate sheet of paper

EMPLOYEE CERTIFICATION

Pursuant to US Department of Transportation Regulation ("DOT"), 49 CFR part 40.25, paragraph "J," you must respond truthfully to the following questions. During the past two years (24 months), with respect to DOT/USCG **pre-employment** drug or alcohol testing have you:

- Had alcohol tests with a result of 0.04 or higher concentration?
- Had verified positive drug tests?
- Refused to test or had verified adulterated or substituted drug test results?
- Violated any other DOT/USCG drug & alcohol testing regulation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

With respect to any violation of a DOT/USCG chemical testing regulation, please provide documentation of your completion of DOT return-to-duty requirements including follow up tests (**Please enclose documentation**)

If you answered YES to any of these questions, please provide Dann Ocean Towing, Inc. with the following information:

Name of Substance Abuse Clinic/Professional: _____

Telephone #: _____ Fax #: _____

I certify that the above statements are true under penalty of loss of the position applied for.

Employee Name: _____ Social Security #: _____

Signature: _____ Date: _____

FOR PREVIOUS EMPLOYER(S) USE ONLY

The applicant listed above has authorized your organization to release the following information. During the past two years (24 months), with respect to the DOT's chemical testing regulations, did the applicant/employee:

- Have alcohol tests with a result of 0.04 or higher concentration?
- Have verified positive drug tests?
- Refuse to test or have verified adulterated or substituted drug test results?
- Violate any other DOT/USCG drug & alcohol testing regulation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

With respect to any violation of a DOT/USCG chemical testing regulation, please provide documentation of the applicant's completion of DOT return-to-duty requirements including follow up tests.

If you answered YES to any of these questions, please provide Dann Ocean Towing, Inc. with the following information:

Name of Substance Abuse Clinic/Professional: _____

Telephone #: _____ Fax #: _____

.....
Name of Previous Employer: _____ Tel # _____

Company Representative: _____ Date: _____

Signature: _____

PLEASE FAX THIS FORM TO:

Dann Ocean Towing, Inc.

Attn: Lou Waller

FAX NUMBER: (813) 251-3900