

## Part I: Release of Information Form – 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Applicant Name) (Applicant Signature Required)

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

Carrier/Company Requesting Information:

Sullivan Transportation, Inc. Phone: (219) 714 - 4100  
 7311 Independence St Fax: (219) 979-5132  
 Merrillville, In 46410

## Part II: Consumer Report Disclosure and Release

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Sullivan Transportation Inc. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY SULLIVAN TRANSPORTATION, INC. OR DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request from Sullivan Transportation, Inc. upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Sullivan Transportation, Inc. has previously furnished within the three year period preceding my request. I hereby consent to obtaining the above information from Sullivan Transportation, Inc., and I agree that such information which Sullivan Transportation, Inc. has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by Sullivan Transportation, Inc. to other companies which request it.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Applicant's Name (printed) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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