

**CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
CONSENT FORM**

DOT Regulation 49 CFR Part 40.25

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

Address: _____ Telephone Number: _____

I hereby authorize my previous employer(s) listed below to release the following information with regard to my chemical testing records to my prospective employer:

Applicant's Signature: _____ **Date:** _____

Previous Employers

(List all employers for the past 24 months)

1. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

2. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

3. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

4. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
EMPLOYER QUESTIONNAIRE
DOT Regulation 49 CFR Part 40.25

Previous Employer: _____ Attn: _____

Prospective Employee: _____ SS #: _____

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY

The individual 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:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| • Have alcohol tests with a result of 0.04 or higher concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Refuse to test or have verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Violate any other DOT/USCG drug & alcohol testing regulation? | <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 our company with the following information:

Name of Substance Abuse Clinic/Professional: _____

Telephone Number: _____ Fax Number: _____

Name of person verifying above information:

Please print name here: _____

Signature: _____ **Date:** _____

PLEASE FAX THIS QUESTIONNAIRE TO:

The Interlake Steamship Company
Personnel Department – Attn: Glenn R. Kolke
Fax Number: 330-659-1445

For questions, please call:
Glenn R. Kolke
Marine Personnel Manager
Telephone Number: 330-659-1416