

**TRANSPORT SERVICE CO.
REQUEST FOR INFORMATION FORM**

RECRUITING DEPT. Area Code: 888-288-3748
Fax: 630-472-0722

2001 SPRING ROAD OAK BROOK, IL 60523
E-mail: kate.boyle@transportserviceco.com

DATE: _____

Former Employer: _____

Applicants Name: _____

S.S. #: _____

STATES HE/SHE WAS EMPLOYED BY YOU

FROM: _____ TO _____

WORKING IN THE CAPACITY OF: _____

The above mentioned employee has authorized the release of any information you may have in regard to his/her past employment record and character. You will greatly assist us in estimating the employee's qualifications for work if you will furnish the information requested below. We solicit your cooperation in completing and returning this questionnaire at your earliest convenience. DOT regulated employers are required to respond to this request within 30 days of receipt.

Section 382.413 of the Federal Motor Carrier Safety Regulations requires Transport Service Co. to obtain and the previous employer to release, with the employee's consent, all results of alcohol and controlled substances testing for the previous 3 years. This information is limited to positive controlled substance results, alcohol test results of .04 or greater and refusal to be tested. Failure to provide this information will leave Transport Service Co. no other alternative but to report this to the Dept. of Transportation, Office of Motor Carrier Safety.

Please Reply to: 630-472-0722

Thomas F. Hosty, Vice President
Safety, Security & Regulatory Compliance

RELEASE: I authorize all prior and present employers to release any information concerning my participation in a controlled substance and alcohol testing program. I authorize Transport Service Co. to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information. I understand I have the right to review information provided by previous employers, challenge and seek correction of same, and attach a letter of rebuttal.

Witness: _____ **Signature** _____ Date _____

1. How long have you known the employee? _____
2. Is the employee related to you? YES () NO () If yes, how? _____
3. Between what dates employed by you? From _____ To _____
4. What was employee's position or job? _____
- 4A. Did employee operate a motor vehicle while in your employ? YES () NO ()
- 4B. If so, what type: () TRACTOR SEMI () TRACTOR TANK () STRAIGHT TRUCK () OTHER _____
- 4C. () DIESEL () GAS () PROPANE 4D. IN THE CITY () ON THE ROAD ()
5. List all states in which employee held a driver's license _____
6. Why did employee leave your service: () Discharged () Resigned () No Comments () Personal Reasons () Layoff
Please explain _____
7. If Company Policy permitted, would you re-hire? YES () NO () If No, please explain _____
8. Did employee have any personal trouble which interfered with work? If yes, please explain in # 14 YES () NO ()
9. Was employee involved in any accident while in your employ? YES () NO () Preventable? YES () NO ()
If preventable, Number and Degree? No. # _____ Minor () Major () Note: _____
10. Was employee injured while in your employ? YES () NO () If yes, please explain in #14.
11. Has employee been disqualified under DOT Controlled Substances and Alcohol Use and Testing (CFR Part 382) in the past 3 years? YES () NO ()
12. NEED SUPERVISION
Seldom..... ()
Occasionally ()
Frequently..... ()
Constantly..... ()
- AVERAGE MONTHLY ABSENCE
Less than 1 day..... ()
2 to 4 days ()
Over 4 days ()
13. Would you recommend that we retain this person for this position? YES () NO ()
14. REMARKS: _____

DATE: _____ SIGNATURE: _____ TITLE: _____

CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. 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 DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request 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 DAC has previously furnished within the three year period proceeding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization 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.

In conformity with sections 382.413, 382.405, and 391.89 of Title 49 of the code of Federal Regulations, I hereby authorize the carriers listed below to furnish to DAC Services (DAC) on behalf of the company listed above (Company) the following information concerning drug and alcohol tests, including pre-employment tests, the carriers conducted during the past three years: (i) the dates on which I tested positive for drugs, and the drug(s) involved; (ii) the dates on which I tested 0.02 or greater for alcohol and the test result levels; (iii) the dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the carriers listed below may have voluntarily conducted under their own authority unless I instruct the carriers in writing not to release information concerning non-DOT test to DAC. If any carrier listed below furnishes DAC with information concerning items (i), (ii), or (iii), I also authorize that carrier to release and furnish: (iv) the dates of my negative drug and/or alcohol tests and/or tests with results below 0.02 during the three-year period; and (v) the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company CDL Driver Positions Only	City	State	Phone Number
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____

(Attach additional form if needed, additional forms require driver's signature.)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information which I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver during the past three years, and every company for which I took a pre-employment drug and/or alcohol test during the past three years.

Print Name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No: _____ - _____ - _____ Date: _____