

APPLICANT DRUG TEST RELEASE

TO: ROSEDALE TRANSPORT, INC.
(Company)

FROM: _____
(Applicant)

- A. I voluntarily consent to submit to urine tests if requested by you in conformance with Department of Transportation (DOT) regulations (49 C.F.R. Parts 391 and 40). I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such samples for the purpose of conducting drug use tests to determine if I have engaged in the use of controlled substances as defined in DOT regulations (49 C.F.R. Parts 391 and 40).

I give permission for you, your Medical Review Officer or your designated agent to release to DAC Services, 4110 S. 100th E. Ave., Suite 200, Tulsa, Oklahoma 74146, (918) 664-9991, the information obtained from such tests or the fact that I refused to take such test. I hereby authorize you, your Medical Review Officer or DAC Services to release and disclose this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express, written permission.

- B. I hereby give my voluntary consent for DAC Services, any previous employer, or Medical Review Officer or any of their respective agents and employees to release and disclose the following information concerning any of my past controlled substance tests. I also authorize you to obtain the following information from past controlled substance tests:

- 1) The types of controlled substances testing for which I submitted a urine specimen.
- 2) The date of such collection.
- 3) The location of such collection.
- 4) The identity of person or entity:
 - (i) Performing the collection.
 - (ii) Analyzing the specimens, and
 - (iii) Serving as the Medical Review Officer.
- 5) Whether the test finding was "positive" or "negative" and, if "positive," the controlled substances identified in any positive test.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understand and agree to all of the provisions of this form.

Applicant Signature

Print Name

Date

Social Security Number

Company Witness

ROSEDALE TRANSPORT, INC.

Company Name

Date

DAC Customer Number

8660

"APPLICANT"

"COMPANY"



DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report 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 report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

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; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding 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.

Print Name

Social Security No.

Applicant's Signature

Date

ROSEDALE TRANSPORTATION, INC.

**AUTHORIZATION TO OBTAIN INFORMATION FROM MY PREVIOUS EMPLOYERS,
MY MOTOR VEHICLE RECORD AND D.O.T. PSP REPORT**

I authorize Rosedale Transportation, Inc. and/or their third party pre-employment background provider to make such investigation and inquiries of my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers, third party pre-employment background providers and other persons, from all liability in responding to inquiries and releasing information in connection with my application for employment with Rosedale Transport, Inc.

I authorized Rosedale Transport, Inc. and/or their third-party background investigation provider to obtain safety related information from my previous employers as required by CFR 391.23(d) and (e). I understand that the purpose of their investigation is to obtain my safety performance history to assist them in arriving at an employment decision.

I understand and agree that this release may/will be attached to background information request form/s in lieu of my signature on the form. I agree and understand that these inquiries will be made in several forms and are not limited to, telephone, fax, mail, email, etc...

Signed by me _____
Print Name Signature

On this _____ day of _____, 20__