

PREVIOUS EMPLOYER DRUG & ALCOHOL INFORMATION

HALVOR LINES INC. 217 Grand Ave Superior, WI 54880

Phone: 800-233-2914 **Return FAX: 715 392-1969 ATTN: Recruiting**

Email: recruiting@halvorlines.com

I hereby authorize you to release the following information to: **Halvor Lines, Inc.** for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____ Applicant's (Printed) Name _____

Signature _____ Social Security Number _____

DRIVER DO NOT WRITE BELOW THIS LINE

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Company: _____

Street Address: _____

City, State, Zip Code: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Dates of employment from _____ to _____ . Thank you.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentrations?
 Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to post accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 392, of Part 40?
 Yes No
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form Yes No
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information from previous employers in the previous three (3) years prior to the application date shown.

Completed by:
(Signature): _____ Title _____ Date: _____