

APPLICANT CONSENT TO DRUG TESTING

As a prerequisite to operating under the authority of Prospective Carrier, I understand that FMCSA regulations, 49 C.F.R. 391.103, and Prospective Carrier policy require all prospective operators to submit to a controlled substance test. The results will not be shared with any additional parties without my consent.

I hereby agree to allow Prospective Carrier to collect urine samples from me to determine the presence of drugs in my body.

I hereby authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services, credit agencies, and former employers to release information they may have about their agents and me to Prospective Carrier and release them from any liability or responsibility for doing so. Further, I give my consent to the release of my test results to Prospective Carrier for the appropriate review and authorize Prospective Carrier to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug test of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Furthermore, I understand that if contracted by Prospective Carrier, I must abide by the terms of Prospective Carrier's Drug-Free Workplace Policy and will be required to submit to testing for the presence of alcohol and/or other drugs.

I understand that submission to testing for the presence of alcohol and/or other drugs is a condition of contracting with Prospective Carrier and that if the test(s) establish a violation of Prospective Carrier policies concerning alcohol and/or other drug use, disciplinary action, up to and including discharge or termination, may result.

In addition, I understand that if I am injured in the course and scope of my contract and test positive for drugs and/or alcohol, I may forfeit my eligibility for medical and indemnity benefits.

I agree that a photocopy or electronic copy of this release shall be as valid as the original. This authorization shall be valid for one year from the date of signing hereof. 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 40.25 of Title 49 of the Code of Federal Regulations, as prescribed by the US DOT, I hereby authorize my past or present employer(s) or their drug consortium to furnish to your agent on behalf of the Prospective Carrier listed above the following information concerning drug and alcohol tests, including pre-employment tests the carriers conducted during the past two years:

1. The dates on which I tested positive for drugs and the drug(s) involved.
2. The dates on which I tested 0.02 or greater for alcohol and the test levels.
3. The dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize released pertains to tests required by the Department of Transportation (DOT) and may also include information concerning tests that DOT did not require but which my past or present employer(s) may have voluntarily conducted under their own authority, unless I instruct the carriers in writing not to release information concerning non-DOT tests.

If any past or present employer(s) furnishes information concerning items (1), (2), and (3), I also authorize that employer to release and furnish:

4. The results of my negative drug and/or alcohol tests with results below 0.02 during the two-year period.
5. The name and phone number of any substance abuse professional who evaluated me during the past two years.

I hereby consent to the administration of the drug test and to the terms and conditions of this consent agreement.