

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I. Last _____ Social Security Number _____

Hereby authorize that:

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No. _____

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing Records

Rybak Excavating & Contracting Inc

Attention: _____

13915 Lake Drive Telephone: 651.633.2221

Forest Lake, MN 55025 Fax: 651.634.3593

Applicant Signature

Date

This is in compliance with §382.405(f) and (h), which State: (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request. (h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information is permitted only in accordance with the terms of the employee's consent.

§382.413(a)(b)(c)(e)(f) further state (a) An employer may obtain, pursuant to driver's written consent, any of the information concerning the driver, which is maintained under this part by the driver's previous employers. (b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.014 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401 (b)(1) through (III)(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar day after the first time a driver performs safety sensitive functions for an employer. (c) The prospective employer must provide to each of the other driver's employers with the two preceding years the driver's specific written authorization for release for the information in paragraph (b)(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information the ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted:

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

COMPLETE THIS SECTION AS IT PERTAINS TO PART 382. SEE SEC. 382.413(B), ABOVE YES NO

- 1. Has this person ever tested positive for a controlled substance in the last 2 years? _____
- 2. Has this person ever had an alcohol test with a Breath Concentration 0.04 or greater in the last 2 years? _____
- 3. Has this person ever refused a required test for drugs or alcohol in the last two years? _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference

Name: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY RYBAK EXCAVATING AND CONTRACTING INC.

This form (check one): _____ Faxed to previous employer. _____ Mailed Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: _____ Fax _____ Mail _____ Phone

Date: _____ Personal Interview

RETAIN IN DRIVER'S CONFIDENTIAL FILE

INQUIRY TO PAST EMPLOYERS

FROM: Rybak Excavating and Contracting Inc.

TO: Previous Employer: _____

Individual: _____

Individual: _____

13915 Lake Drive

Street: _____

Forest Lake, MN 55025

City: _____ State: _____ Zip: _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer, Kindly reply to this inquiry respecting the applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Name of applicant: _____

Social Security No: _____

Job applied for: _____

- 1. This applicant lists dates of employment with your firm from: _____ to _____ Is that Correct: Yes _____ No _____
- 2. What kind(s) of work did he/she do? Driver _____ (type of vehicle) _____ Dock _____ Office _____ Shop _____
Other _____ (Specify) _____
- 3. If employed as a driver, please indicate type of equipment driven, Tractor Trailer _____ Straight Truck _____ Bus _____
Other _____ (Specify) _____
- 4. Number of reportable accidents _____ Number of accidents in which applicant was ticketed _____ Number of accidents in which applicant was at fault _____ (please explain) _____ Date of each accident _____
- 5. To your knowledge, was he person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain _____

6. (Respond only if checked*) () Was this person bonded while with your company? _____ If so, were there any circumstances that were reported to the bonding company? _____

*Rybak Excavating and Contracting Inc. – check this question only if bonding is required for this position.

- 7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
- 8. Did the applicant pose either repeated and/or sever disciplinary problems? Yes _____ No _____ If so, please explain. _____

9. Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____

10. Would you re-employ this person? Yes _____ No _____ Please explain _____

11. Remarks: _____

By: _____ Date: _____

(Signature & Title)

(Detach here for your files)

Waiver

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employments, including oral assessments of my job performance, ability, a fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicants Signature)

(Witness's Signature)