

EMPLOYEE AUTHORIZATION

(To Be Completed By Employee)

I, _____, authorize the release of the following information to
(Employee Name)

Tremmel-Anderson Trucking LLC, for the investigation required by 49 CFR SS 391.23 and/or SS391.25
and release the same from any liability resulting from providing such information.

(Employee's Signature)

(Date)

INFORMATION REQUEST

(To Be Completed Be Employer)

The individual listed below has applied for the position of Trucking with our Company. In accordance with 49 CFR SS391.23, please release to the undersigned the individual's driving record for the past three years.

The individual listed below has applied for the position of Trucking with our Company. In accordance with 49 CFR SS391.25, please release to the undersigned the individual's driving record for the past year.

Name of employee _____

Address: _____
(Street) (City) (State) (Zip Code)

Former Address: _____
(Street) (City) (State) (Zip Code)

Former Address: _____
(Street) (City) (State) (Zip Code)

SSN # _____ License No. _____ Birth Date: ____/____/____

REQUESTED BY

(To Be Completed by Employer)

Company Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention: _____

Attempt #1 Inquiry was Faxed Mailed emailed phoned On _____ For _____
(Date) (State)

Attempt #2 Inquiry was Faxed Mailed emailed phoned On _____ For _____
(Date) (State)

Attempt #3 Inquiry was Faxed Mailed emailed phoned On _____ For _____
(Date) (State)

Attempt #4 Inquiry was Faxed Mailed emailed phoned On _____ For _____
(Date) (State)

No records exist for driver Employee was hired on _____
(Date)

NOTE: Driving record(s) must be placed in employee's driver investigation history within 30 days of the date employment begins.

Signature: _____ Date _____

PROSPECTIVE EMPLOYEE AUTHORIZATION

(To be completed by Prospective Employee)

I, _____, _____ authorize
(Print First & Last Name) (Social Security Number)

Previous Employer's Name _____

Street Address, City, State and Zip Code _____

() _____ () _____
(Telephone Number) (Fax Number)

To release my records relating to alcohol and controlled substance testing to:

Tremmel-Anderson Trucking LLC / Attention: Theresa Tremmel-Anderson / W276 N6746 Moraine Drive, Sussex, WI 53089

262-538-4922 Phone / 262-538-1573 Fax / Email: Theresa@Tremmel-AndersonTrucking.com

I understand the release of this information will be in writing in the form of a fax, letter or e mail and will remain confidential in accordance with 49 CFR 10.25 (g). I also understand 49 CFR 40.25, 283.405 (f) and (h), and SS391.23 requires this information be collected.

(Applicants Signature) (Date)

PREVIOUS EMPLOYER INQUIRY

(To be completed by Previous Employer and **Returned within 30 days of receipt**)

Yes No

Was the individual listed above subject to Department of Transportation alcohol and controlled substance testing requirements while employed with you? (If not, please sign and return this form)

Has the individual listed above ever had an alcohol test with an alcohol concentration result of 0.04 or higher during the last three years?

Has the individual listed above ever had a verified positive test results for a controlled substance during the last three years

Has the individual listed above ever refused a controlled substance or alcohol test during the last three years.

Has the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to SS382.605 or 49 CFR part 40, subpart 0, during the last three years.

If the individual listed above violated a DOT alcohol or controlled substance testing regulation, do you have documentation that the individual successfully completed DOT return-to-duty requirements (including follow up tests)? (If yes, please forward the documentation with this form)

Please include any other alcohol or controlled substance testing documentation from previous employers or other applicable DOT agency regulations.

Company Name _____

Contact Name _____

Street Address, City, State, Zip _____

Telephone Number () _____

(Signature of Person Completing Form) (Date)

PROSPECTIVE EMPLOYER REVIEW

Attempt #1: Authorization/Inquiry was Faxed Mailed Emailed to previous employer on _____(Date)

Attempt #2: Authorization/Inquiry was Faxed Mailed Emailed to previous employer on _____(Date)

Information was received from previous employer by: Faxed Mailed Email on _____(Date)

Employee was hired on _____(date) Previous employer failed to respond or could not be contacted

(Reviewed by) (Date)