

DISCLOSURE & RELEASE PREVIOUS PRE-QUALIFICATION ALCOHOL & DRUG TEST STATEMENT

In connection with my application for qualification with you, I understand that consumer reports, which may contain public record information, may be requested. These reports 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 reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies, which maintain such records.

Sec. 40.25(j) As the company, you must also ask contractor or contractors' driver applicant whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the contractor or contractors' driver applicant admits that he/she had a positive test or a refusal to test, you must not use the contractor or contractors' driver applicant to perform safety-sensitive functions for you, until and unless the contractor or contractors' driver applicant documents successful completion of the return-to-duty process. [see Sec. 40.25(b)(5) and (e)]

Prospective Contractor or Contractors'

Driver Name: _____ SS #: _____
(Print)

The Prospective Contractor or Contractors' Driver Applicant is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
Circle One: Yes No

2. If you answered yes, can you provide/obtain proof that you successfully completed the DOT return-toduty requirements?
Circle One: Yes No

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION

382.4 13: Inquiries for alcohol and controlled substances information from previous employers.

- A. 1. (As a motor carrier)**, pursuant to the (lease contract driver's)*** authorization, inquire about the following information on a (lease contract driver) from the (lease contract driver's) previous employers, during the preceding (Ten)* years from the date of application, which are maintained by the (lease contract driver's) previous employers under sec.382.401 through of this subpart.
 - B. Alcohol tests with a result of 0.04 alcohol concentration or greater.
 - C. Verified positive controlled substances test results.
 - D. Refusals to be tested.
2. The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (A) 1 of this section.

* Colonial requires previous employment history for the previous 10 years. **/** Colonial is a Motor Carrier for Independent Lease Operators, not employees.

Prospective Contractor or Contractors'

Driver Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service*

In connection with your Owner/Operator application with Colonial Freight Systems (hereafter C.F.S.) it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). CFS cannot obtain background reports from FMCSA unless you consent in writing. If you agree that CFS may obtain such background reports, please read the following and sign below:

I authorize CFS to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist CFS in making a determination regarding my suitability as an Owner/Operator.

I further understand that neither CFS nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports Provided to me by CFS and I understand that if I sign this consent form, CFS may obtain a report of my crash and inspection history. I hereby authorize CFS and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)