

**PREVIOUS EMPLOYER
DRUG AND ALCOHOL RELEASE FORM**

NOTE: All employers you list on this application will be contacted for Drug and Alcohol testing history as required by DOT3regulation 49 CFR Part 40, Section 40.25 FMCSR

In accordance with DOT regulation 49 CFR Part 40, Section 40.25, I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years. (1) Alcohol tests with a result of 0.04 or higher alcohol concentration. (2) Verified positive drug tests. (3) Refusals to be tested. (4) Other violations of DOT agency drug and alcohol testing regulations. (5) Documentation, if any, of completion of the return-to-duty process following a rule violation. (6) Information obtained from previous employers of a drug and alcohol rule violation. I hold the previous/present employer named below, non-labile for the information provided.

Applicant Name: _____

Date of Birth: _____ **Social Security Number:** _____

Applicant Signature: _____ **Date:** _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Prior Employer Name: _____

Address: _____

This person has indicated he/she was/is a former/present employee of your company. The applicant named has signed this release authorizing you to furnish information as requested below to Knight Trucking LLC. The fax number provided is a secure fax for privacy purposes: (316) 789-9178

IN THE PAST THREE (3) YEARS, HAS THE PERSON NAMED ABOVE EVER:

- Yes: No: Tested with an alcohol concentration of 0.04 or higher.
- Yes: No: Tested positive or adulterated or substituted a test specimen for controlled substances?
- Yes: No: Refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
- Yes: No: Committed other violations of Subpart B, Part 382 or Part 40 FMCSR?
- Yes: No: If the person named above violated a DOT drug and/or alcohol regulation, did the person complete a SAP-prescribed rehabilitation program, including return-to-duty and follow-up tests?
- Yes: No: If person named above completed a SAP rehabilitation referral, did this person subsequently have an alcohol test result of 0.04 or greater, or a verified positive drug test, or refuse to be tested?
- Yes: No: Have any violations of drug and/or alcohol regulations from employer previous to you?

Date: _____ Your Name: _____ Signature: _____

Title: _____ Your telephone number:(_____) _____ Ext: _____