



SHERMAN BROS. TRUCKING

PO Box 706 ~ 32921 Diamond Hill Drive ~Harrisburg, Oregon 97446

FAX (541) 998-7267 / Phone (541) 995-7751

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER
DOT DRUG AND ALCOHOL TESTING INFORMATION**

Name of Applicant: _____

Applicant's SSN: _____

Previous Employer: _____

DAC Services Customer Number: 5832

I hereby authorize you to release the following information to **Sherman Brothers Trucking and its ASSIGNEES** for the purpose of investigations as required by Part 391.23, 382.413, 40.25 and Title 49 CFR 40.25, 49 CFR 382.413 and 382.405(f) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

× _____

Applicant's Signature

Date

**FOR APPLICANTS WHO HAVE BEEN EMPLOYED AS A DRIVER SUBJECT TO
PART 382 DRUG & ALCOHOL TESTING IN THE PAST 3 YEARS:**

Part 382.413, 382.405(f) and 40.25 requires employers to make inquiry for alcohol and controlled substances information from previous employers, and previous employers to provide such information upon receipt of a written request from the driver.

If employee was not subject to Department of Transportation testing requirements while employed with your company, please check here, sign below and return:

Did the person named above:

- Has this individual had an alcohol test with the confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? No Yes
- Has this individual had a controlled substance test with a positive result in the past 3 years? No Yes
- Has this individual refused a controlled substance test and /or alcohol test within the past 3 years (includes verified adulterated or substituted results)? No Yes
- Has the individual violated other D.O.T drug and/or alcohol regulations? No Yes
- If the answer to any of the above four questions is "Yes", can you provide documentation of the applicant's successful completion of return-to-duty process? No Yes
- Have you received information from a previous employer that this individual violated D.O.T drug and alcohol regulations? No Yes

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

Name: _____

Address: _____

Phone: _____

Information provided by:

Signature

Title

Date

Supplied by: FAX PHONE MAIL Unable to obtain response after successive attempts.