



DRIVER SAFETY PERFORMANCE HISTORY: ALCOHOL AND DRUG RELEASE CONSENT FORM

Use this form to obtain the driver's alcohol and drug test results and history as required by Federal Motor Carrier Safety Regulations 49 CFR 391.23(e).

I, _____ understand that as a condition of employment with
(Applicant's Name)

W.H. Breshears, Inc., I must provide the Company with written authorization to obtain the results of all U.S. Department of Transportation required alcohol and drug tests, refusals to test, rehabilitation and follow-up testing when I was employed as a driver or other safety sensitive employee positions I held for the preceding three years. I also understand that signing this authorization does not constitute an offer of employment or any guarantee of future employment with the Company.

I hereby authorize the Company to obtain from my previous employers listed below, and hereby authorized the below named previous employers, to release to the Company the following information from my personnel and alcohol and drug files for the preceding three years.

Applicant's Signature

Date