
REQUEST FOR DRUG/ALCOHOL RESULTS

Applicant: _____ Social Security Number: _____

	<u>Yes</u>	<u>No</u>
Has this driver had and alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver had a controlled substance test with a positive result in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver refused (includes verified adulterate or substituted results) a controlled substance test and/or alcohol test within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver violated other DOT drug/alcohol regulations in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this driver failed to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information from a previous employer that the individual violated DOT drug and alcohol regulations in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments: _____

Print name of authorized signer: _____ Date: _____

Authorized Signature: _____ Title: _____

Company: _____ Phone: _____



CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for employment (including contract for services) with **Johnson Petroleum, Inc.**

I understand that consumer reports which may contain public record information may be requested from Compliance Advantage, LLC. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, safety performance, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY COMPLIANCE ADVANTAGE TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make request to Compliance Advantage LLC, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement included if necessary. I also understand that Compliance Advantage LLC forwards all information obtained on me to the carrier listed below and does not retain information in their files for future reference. I hereby consent to your obtaining the above information from Compliance Advantage LLC.

In conformity with 49 C.F.R. Part 40, I hereby authorize the carriers (company/school) listed on my application to furnish to Compliance Advantage LLC on behalf of the Company listed below the following information concerning drug and alcohol tests, DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of DOT drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by DOT.

I fully understand that the information I authorize Compliance Advantage LLC to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes Compliance Advantage LLC with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
Johnson Petroleum, Inc.	Huntington	IN	260.356.3418

By signing below, I certify that I have read and fully understand the release.

Print name: _____

Signed: _____
(Applicant signature required)

Social Security No: _____

Date: _____

