

**CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
CONSENT FORM
DOT REGULATION 49 CFR Part 40.25**

Full Name: _____ Social Security #: _____

Address: _____ Telephone #: _____

I hereby authorize my previous employer(s) (listed below-list all employers for the previous 24 months) to release the following information with regard to my chemical testing records to my prospective employer:

_____.

Employee signature: **X** _____

(Complete a separate form for each previous employer within last two years)

1. Name of Previous Employer _____

Company Contact Person: _____

Telephone #: _____ Fax #: _____

Date of employment: _____ Date of Discharge: _____

2. Name of Previous Employer _____

Company Contact Person: _____

Telephone #: _____ Fax #: _____

Date of employment: _____ Date of Discharge: _____

3. Name of Previous Employer _____

Company Contact Person: _____

Telephone #: _____ Fax #: _____

Date of employment: _____ Date of Discharge: _____

4. Name of Previous Employer _____

Company Contact Person: _____

Telephone #: _____ Fax #: _____

Date of employment: _____ Date of Discharge: _____

EMPLOYEE CERTIFICATION

In order to ensure I can continue to sail in my assigned, safety sensitive position in the event one or more previous employees does not respond as required by regulations within 30 days, I make the following self-certification with regard to results under DOT/USCG drug and alcohol testing regulations. I have had:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| ➤ Alcohol tests with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Refusals to test including verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Any other violations of DOT/USCG drug & alcohol testing regulation? | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Signature: X _____ Date: _____

FOR PREVIOUS EMPLOYER

PLEASE ANSWER THE FOLLOWING QUESTIONS:

The applicant/employee listed above has authorized your organization to release the following information. During the past two years (**24 months**), with respect to the DOT's chemical testing regulations, did the applicant/employee:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| ➤ Have alcohol tests with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Have verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Refuse to test including verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Violate any other DOT/USCG drug & alcohol testing regulation? | <input type="checkbox"/> | <input type="checkbox"/> |

With respect to any violation of a DOT/USCG chemical testing regulation, please provide documentation of the applicant/employee's completion of DOT return-to-duty requirements including follow up tests.

If you answered YES to any of these questions, please provide our company with the following information:

Name of Substance Abuse Clinic/Professional: _____

Telephone #: _____ Fax #: _____

Completed by _____ Date _____

Company _____ Position _____

PLEASE FAX THIS QUESTIONNAIRE ONLY TO:

American Steamship Company

March 1, 2016

Name of Prospective Employer: _____ Date: _____

Maureen Johnson or Christal McDowell

716-635-0222 ext. 1349

Company Contact Person: _____ For questions call: _____

(716) 635-1357

Fax #: _____