



1026 Palm St. -- Suite #211
 San Luis Obispo, CA 93401
 Phone: (805) 620-7233
 Fax: (805) 715-1509
SLOSafeRide@gmail.com
www.SLOSafeRide.com

CONSENT FOR THE RELEASE OF CONFIDENTIAL DRUG/ALCOHOL TESTING INFORMATION

A. APPLICANT: Please sign and return with application. SLO Safe Ride will make copies and send to all applicable previous employers:

I, hereby authorize SLO Safe Ride to obtain two years of drug testing information from my previous employers as. I agree to release SLO Safe Ride, my previous employers, and/or agents of either from any and all liability which may result from furnishing such information.

Name: _____ Signature: _____ Date: _____

B. PREVIOUS EMPLOYER: Please complete this form and fax to **(805) 715-1509**, or email **SLOSafeRide@gmail.com**. Thank you for your cooperation.

Company Name: _____

Telephone No.: _____ Fax: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has the applicant ever REFUSED a drug or alcohol test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant ever tested positive (.04 BAC or higher) on a breath alcohol test? (If YES, please complete #6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant ever tested positive on a drug test? (If YES, please complete #6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If YES on 2 or 3, is the applicant in compliance with Part 382.605 of the Federal Regulations? (If YES, please complete #6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the applicant qualified to operate a commercial vehicle in accordance with the FHWA Federal Drug Testing guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |

6. If YES answered to Questions 2, 3, or 4 please complete the following:

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

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Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

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Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

Comments:

TEST INFORMATION VERIFIED BY: NAME: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

COMPANY NAME: _____

The Applicant named above currently participates does NOT participate in drug and alcohol testing program that conforms to the Federal Highway Administration testing regulations.

Dates of participation: FROM: _____ TO: _____