

DRIVER PROGRAM PARTICIPATION VERIFICATION AND RELEASE FORM

APPLICANT NAME _____ SOCIAL SECURITY # _____ - _____ - _____

Motor Carrier _____ Dates of Employment _____

Location _____
(Street) (City) (State) (Zip)

The U.S. Department of Transportation requires that all motor carriers verify information regarding a driver's participation in a drug-testing program of another entity.

I, _____, understand that as a condition for consideration for hire with the
[Insert Applicant's Name]

Metropolitan Government of Nashville and Davidson County, I must give written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including any refusals to be tested) from all the companies for which I worked as a driver during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a position with the **Metropolitan Government of Nashville and Davidson County**.

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information that I furnish is true and complete, and that I have identified all the companies for which I have worked as a driver or duties requiring me to drive during the past two years.

Signature of Applicant Social Security Number Date

The above name has listed your company as a previous employer. Please complete as much information as possible on the verification form below.

Dates of Employment

From _____ To _____ and From _____ To _____

Position _____

Commodities Hauled _____ Geographic Area of Operation _____

Passengers? YES / NO Hazardous Materials? YES / NO

Was the applicant involved in any accidents / incidents while employed? YES / NO

Please describe:

Date	Nature of Incident	Preventable?	Injuries/Fatalities	Amount of Damage

Has the employee tested positive for drugs or alcohol within the past two(2) years? YES / NO

Has the employee had a BAC of 0.04 or greater within the past two (2) years? YES / NO

Has the employee refused a test for drug or alcohol within the past two (2) years? YES / NO

Was the employee's general conduct and performance satisfactory? YES / NO

Comments _____

Employees reason for leaving:

Quit _____ Terminated _____ Lay Off _____ Other _____

Comments _____

Is the employee eligible for rehire? YES / NO

Comments _____

Company representative contacted _____ Position _____

Verified By _____ Date _____