

RELEASE OF INFORMATION

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I have given as a reference, or by whom I have been previously employed, to furnish my employer any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there may be entities that the company does business with which may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customers' premises and to handle its products and other security concerns of the customer, I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information.

I hereby authorize any law enforcement agency or court of record to furnish my employer information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted. Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous and/or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I as employed or to whom I applied for employment in the three year period preceding the date of this application to release the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test to the Director of Driver Personnel or the Employment Placement Specialist assigned to process my application. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Name

Social Security Number

Signature

Date

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit bankruptcy proceedings, etc. From federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

Name

Social Security Number

Signature

Date

REQUEST FOR BACKGROUND INFORMATION

DRIVER NAME: _____ **SSN:** _____

I hereby authorize my previous and/or current employers to furnish Delta Express, Inc. the information requested below including information relating to any accidents in which I was involved and all information concerning my Alcohol and Controlled Substances Testing records, including pre-employment testing. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

Date: _____ **Applicant's Signature:** _____

NOTICE TO FORMER EMPLOYER: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW IN ACCORDANCE WITH 49 CFR PART 391.23. YOU ARE REQUIRED TO PROVIDE INFORMATION REGARDING ACCIDENTS INVOLVING THE DRIVER LISTED ABOVE. ALL INFORMATION WILL BE HELD IN CONFIDENCE. RETURN TO: Delta Express, Inc., PO Box 68, Cape Girardeau, MO 63702-0068

RECRUITER: _____ **PHONE:** (800) 325-6040, EXT. # _____ **RETURN FAX: (573) 334-5998**

NAME OF COMPANY: _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PHONE: (____) _____ **FAX:** (____) _____
SUPERVISOR/CONTACT NAME: _____ **POSITION:** _____
PERIODS OF EMPLOYMENT: FROM: _____ **TO:** _____
POSITION(S) HELD: _____ **REASON FOR LEAVING:** _____

ACCIDENT/INCIDENT RECORD LIST ALL REGARDLESS OF FAULT IF NONE WRITE NONE

DATE	VEHICLE	TYPE OF ACCIDENT	PREV/NON PREV	# FATALITIES	# INJURIES	HAZMAAT RELEASE? (OTHER THAN FUEL)	CITY	STATE	COST OF DAMAGES

Type of tractors driven? _____ Type of trailers pulled? _____

If company policy allowed, would you rehire? Yes No Explain: _____

Number of states driven in? _____ Which state(s): _____

COMMENTS: _____

IN ACCORDANCE WITH 49 CFR PART 40, please answer the following:

1. Has this person ever tested positive for a controlled substance in the last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has this person ever had an alcohol test with a result of 0.04 or higher alcohol concentration in the last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has this person ever refused a required test for drugs or alcohol in the last three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has this person ever violated any other DOT drug or alcohol regulations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you received information from any previous employer that this person violated DOT drug or alcohol regs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMMENTS: _____

COMPLETED BY SIGNATURE: _____ **PRINT NAME:** _____

DATE: _____