FREYMILLER

8125 SW 15 Oklahoma City, OK 73128

Request For Information From Previous Employer

Freymiller, Inc
8125 SW 15th Oklahoma City, Oklahoma 73128
Phone: 1-800-909-5664 x 330 Return Fax: 405-491-2814

Please return fax to 405-491-2814

Print Applicant Name: _____ Social Security #:_____

Previous Employer's Name, City and State: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/ or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

Print Applicant's Name	Applicant's Signature	Date

PART I-DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers listed on my application for the sole purpose of transmitting such records to the above listed employer, I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violations; and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

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 name and phone number of any substance abuse profession who evaluated me during the past three years.

Print Applicant's Name	Applicant's Signature	Date

PART II- INVESTIGATIVE CONSUMER REPORT RELEASE

In connection with my application for employment (including contract for services) with the employer named above, I hereby fully release and discharge you and USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to the above named employer from all claims and damages arising out of or relating to any investigation of my background for employment purposes, I have been provided a copy of the summary of rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to the FCRA.

I hereby authorize and give my consent to the above company procurement of consumer reports. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant's Name	Applicant's Signature	Date

Freymiller, Inc. has listed below the requirements that must be met in order to make a final offer of employment. You must complete and pass a pre-employment drug screen, physical and functional capacity test. You will also be required to furnish the following items listed for orientation: an original social security card, valid class A CDL, two forms of identification for I-9 paperwork, and a cancelled or voided check for direct deposit.

Print Applicant's Name	Applicant's Signature	Date

Please return this fax to (405) 491-2814