



**ALL OF THE FOLLOWING MUST BE SUBMITTED IN ORDER  
FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE:**

- THE FULL APPLICATION PACKET  
(includes application and all attached forms)
- A GEORGIA CERTIFIED 7-YEAR MVR
- YOU MUST BE REGISTERED IN THE FEDERAL MOTOR  
CARRIER SAFETY ADMINISTRATION DRUG AND  
ALCOHOL CLEARINGHOUSE  
(registration instructions are included in this packet)

**Please contact Leo Rogers at (912) 739-3733 ext. 1017  
or (912) 334-8187 with any questions.**



**General Consent for Limited Queries  
of the Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

I \_\_\_\_\_, hereby provide consent to Evans Concrete, LLC to conduct a limited query of the FMCSA Commercial Drivers License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Each driver is eligible for multiple limited queries for the duration of employment.

I understand that if the limited query conducted by Evans Concrete, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Evans Concrete without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Evans Concrete, LLC to conduct a limited query of the Clearinghouse, Evans Concrete, LLC must prohibit me from performing safety-sensitive functions, including but not limited to, driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Federal Motor Carrier Safety Administration

## DRUG & ALCOHOL

# CLEARINGHOUSE



## REGISTRATION: CDL DRIVERS

You must complete the registration process before you can respond to employer consent requests or access your driver record in the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse. The instructions below are for a driver who holds either a commercial driver's license (CDL) or commercial learner's permit (CLP).

### Create a Login.gov Account

Accessing the Clearinghouse requires the creation of an account with login.gov, a shared service that offers secure online access to participating government systems, including the Clearinghouse. If you do not have a login.gov account, or would like to create a new one, you will need to follow the steps below.

During the login.gov registration process, after 15 minutes of inactivity, the current page will clear whatever information is entered into data fields.

1

Visit <https://clearinghouse.fmcsa.dot.gov/register> and click **Go to login.gov**.

The screenshot shows the top of the FMCSA website. The header includes the FMCSA logo and navigation links for Register and Login. Below the header is the 'DRUG & ALCOHOL CLEARINGHOUSE' section. The main heading reads 'Register for the Clearinghouse now and be ready for implementation'. A red box highlights a blue button labeled 'Go to login.gov'. Below this, there is a section titled 'Why register now?' with three columns: DRIVERS, EMPLOYERS, and SAPS & MRQS. The DRIVERS column says 'Enter your CDL information and confirm all information is accurate in our database.' The EMPLOYERS column says 'Does a C/TPA manage your drug and alcohol testing program? Designate them today. Have an FMCSA Portal account? Link it with your Clearinghouse account.' The SAPS & MRQS column says 'Invite Assistants from your company and get set up so you can record information as soon as the Clearinghouse is operational.'



2

On the login.gov sign in screen, click **Create an account**.

Or, if you already have a login.gov account, enter your email address and password on this screen, click **Sign In** and go to step 10.

3

Enter your email address and click **Submit**. This is the email address the Clearinghouse will use to send you notifications about your Clearinghouse account. This email address will also be used to identify you in the Clearinghouse, and cannot be modified.

4

Check your email and open the email from **no-reply@login.gov**, with the subject line **Confirm your email**.

Click **Confirm email address**, or copy and paste the link into a web browser.



5

**Create a password.** This password must be at least 12 characters long. If the password you enter is not strong enough, you will not be able to continue. Enter a strong password and click **Continue**.

The screenshot shows the 'STEP 2 OF 4' screen titled 'Create a strong password'. It includes a confirmation message 'You have confirmed your email address' at the top. Below, it states 'It must be at least 12 characters long and not be a commonly used password. That's it!'. There is a 'Password' input field with a 'Show password' checkbox. A password strength indicator shows 'Great!'. A blue 'Continue' button is at the bottom. There is also a 'Password safety tips' link and a 'Cancel account creation' link.

6

Select an option to secure your account and click **Continue**.

Login.gov requires the completion of a user verification process to ensure the proper person is using those credentials. Follow the instructions for the method you select.

The screenshot shows the 'STEP 3 OF 4' screen titled 'First authentication method setup (1 of 2)'. It includes the instruction 'Add a second layer of security so only you can sign in to your account.' and a note: 'You'll only use one authentication method to sign in, but we ask you to set up two. This makes sure you can still sign in if you lose access to one.' Below, it says 'Select an option to secure your account:' and lists five options: 'Phone', 'Authentication application', 'Security key', 'Government employees', and 'I don't have any of the above'. Each option has a brief description. A blue 'Continue' button is at the bottom. There is also a 'Cancel account creation' link.



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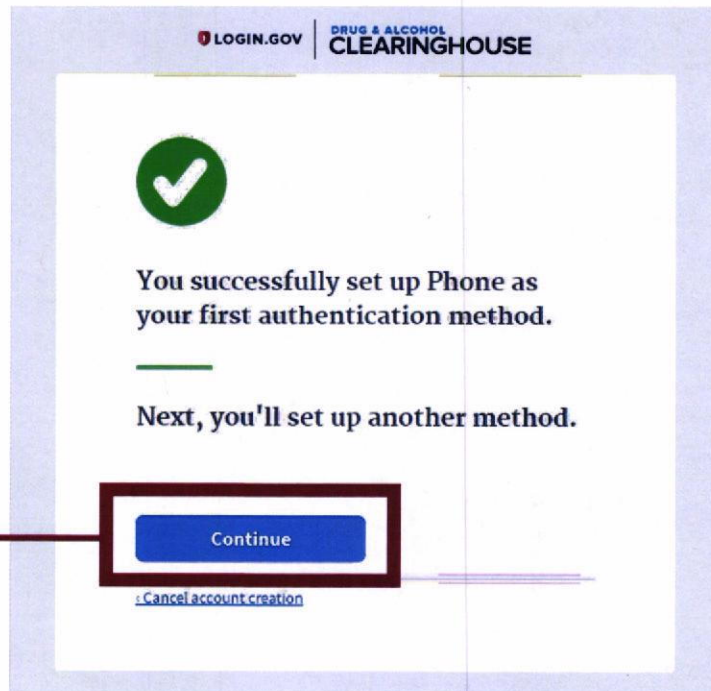
Enter your security code and click **Submit**. This code will be provided via the method you selected. The screenshot below illustrates the SMS phone method.

The screenshot shows the 'STEP 3 OF 4' registration process. At the top, it displays the 'LOGIN.GOV' logo and the 'DRUG & ALCOHOL CLEARINGHOUSE' title. The main heading is 'Enter your security code'. Below this, a message states: 'We sent a security code to +1 123-456-7890 This code will expire in 10 minutes.' A red box highlights the 'One-time security code' input field and the 'Submit' button. Below the input field, there is a 'Get another code' button with a refresh icon and a 'Remember this browser' checkbox. At the bottom, there are two links: 'Entered the wrong phone number? [Use another phone number](#)' and '< [Choose another option](#)'.



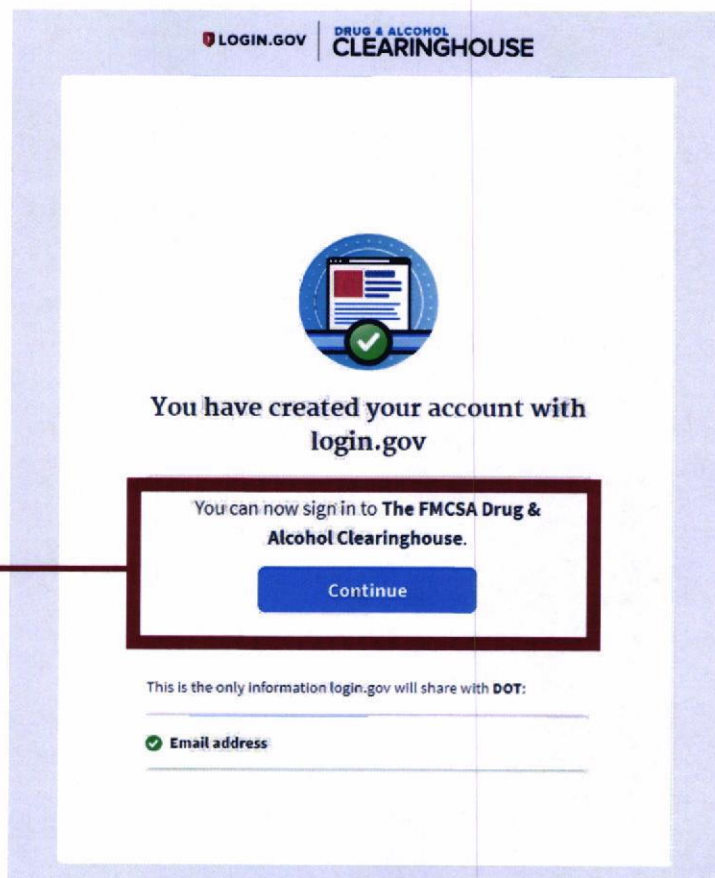
8

Once you have completed setting up your first authentication method, you will be prompted to set up a second authentication method. You'll only use one authentication method to sign in, but you will need to set up two methods in case you lose access to one. **Repeat steps 6 and 7 to set up your second method.**



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You have created your login.gov account. Click **Continue** to return to the Clearinghouse website and complete your Clearinghouse registration.





### Register for the Clearinghouse

Once you have a login.gov account, you can complete your registration in the Clearinghouse. Follow the steps below.

10

Select your role (**driver**), and click **Next**.

If you are a self-employed CDL driver, do not register as a driver. You will need to register as an employer and, when prompted, identify yourself as an owner-operator (that is, an employer who employs himself or herself as a CDL driver, typically a single-driver operation). [View the registration instructions for employers](#)

If you are unsure if you are covered by the Clearinghouse rule, see the box labeled "Are you covered by DOT Drug and Alcohol Testing Regulations?" and click **Find out**.

U.S. Department of Transportation  
FMCSA  
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE

Register Login

FAQ About Contact

Thank you! You are now logged into your login.gov account.  
Follow the steps below to complete your Clearinghouse registration.

Do you need help? Download step-by-step instructions for driver registration.  
¿Necesita ayuda? Descargue las instrucciones para el registro de conductores.

1 LOGIN.GOV 2 ROLE SELECTION 3 CONTACT INFORMATION 4 CDL 5 TERMS & CONDITIONS

### 2. Select Your Role

Use the menu below to select the type of user account you will need in the Clearinghouse.

Employer Driver Consortium/Third Party Administrator (CTPA) Medical Review Officer (MRO) Substance Abuse Professional (SAP)

To complete your Clearinghouse registration you will need:  
 Your commercial driver's license (CDL) information

**Are you a self-employed driver?**  
If you employ yourself as a CDL driver, you should register in the Clearinghouse as an employer. When asked, you should indicate in your registration that you are an owner-operator (that is, an employer that employs himself or herself as a CDL driver, typically a single-driver operation). Once you register as an employer, you will have the option to add your CDL information.

**Are you covered by DOT Drug and Alcohol Testing Regulations?**  
Find out

Next Cancel





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Enter your contact information and click **Next**. All fields are required unless otherwise noted. Your email address will be pre-filled with your login.gov username and cannot be modified.

United States Department of Transportation
Home | DOT | Our Activities | Areas of Focus

**FMCSA**  
Federal Motor Carrier Safety Administration

Register

Login

**DRUG & ALCOHOL CLEARINGHOUSE**

FAQ

About

Contact

**Do you need help?** Download step-by-step instructions for driver registration.  
**¿Necesita ayuda?** Descargue las instrucciones para el registro de conductores.

✓

LOGIN.GOV

✓

ROLE SELECTION

3

CONTACT INFORMATION

4

CDL

5

TERMS & CONDITIONS

### 3. Contact Information

Enter your contact information below. All fields are required unless otherwise noted.

**Name/Phone/Email**

First Name

Middle Name (Optional)

Last Name

Phone Number  Type

Alternate Phone Number (Optional)  Type

Email Address (Login.gov Username)  
user@company.com

**Address (Physical)**

Street  City

Country  State  ZIP Code

**Address (Mailing)**  Same as Physical Address

**Preferred Contact Method**

**Email**  
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.

**U.S. Mail**  
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

Previous

Next

Cancel



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Choose your preferred contact method:

**Preferred Contact Method**

**Email**  
Receive instant notifications when your information is updated in the Clearinghouse. Selecting this option will help you avoid unnecessary delays in responding to time-sensitive requests.

**U.S. Mail**  
Letters will be sent via the United States Postal Service 3-4 business days after your information has been updated. Please allow two weeks for delivery.

If you select U.S. Mail, you will see a message asking you to confirm this selection. Keep in mind that notifications will include time-sensitive requests for actions you need to take in the Clearinghouse. Selecting U.S. Mail may result in delays in these notifications, which may impact your eligibility to perform safety-sensitive functions. Select either **Change to Email** or **Keep as U.S. Mail**.

**DRUG & ALCOHOL  
CLEARINGHOUSE** ✕

**Confirm Your Preferred Contact Method**

Notifications will include time-sensitive requests for actions you need to take in the Clearinghouse. Selecting U.S. Mail may result in delays in receiving these notifications, which may impact your eligibility to perform safety-sensitive functions.



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Enter your **current** commercial driver's license (CDL) or commercial learner's permit (CLP) information. Click **Verify**. The Clearinghouse will verify this information against information in the Commercial Driver's License Information System (CDLIS).

The screenshot shows the registration process for CDL drivers. At the top, there is a navigation bar with the FMCSA logo and 'Register' and 'Login' buttons. Below this is a progress indicator with five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL (highlighted in blue), and TERMS & CONDITIONS. A help message is displayed above the progress bar. The main content area is titled '4. Commercial Driver's License Information' and contains a form with the following fields:

- First Name:** Text input field containing 'Sam'.
- Last Name:** Text input field containing 'Jones'.
- Country:** Dropdown menu with 'United States' selected.
- State:** Dropdown menu with 'Alabama' selected.
- CDL Number:** Text input field containing '1234567'.
- Date of Birth:** Three input fields: a dropdown menu with 'January (01)' selected, a text field with '1', and a text field with '1955'.

At the bottom of the form are three buttons: 'Previous', 'Verify', and 'Cancel'.



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Once your CDL information is verified, you will not be able to edit it. Click **Next**.

United States Department of Transportation

FMCSA  
Federal Motor Carrier Safety Administration

Register Login

DRUG & ALCOHOL  
CLEARINGHOUSE

FAQ About Contact

Do you need help? Download step-by-step instructions for driver registration.  
¿Necesita ayuda? Descargue las instrucciones para el registro de conductores.

1 2 3 4 5

LOGIN.GOV ROLE SELECTION CONTACT INFORMATION CDL TERMS & CONDITIONS

**Success!**  
We have verified your CDL information.

#### 4. Commercial Driver's License Information

Enter your **current** commercial driver's license (CDL) information below. This information will be verified against your information in the Commercial Driver's License Information System (CDLIS).

First Name: Sam  
Last Name: Jones  
Country: United States  
State: AAMVA Test System - Z6  
CDL Number: 1234567  
Date of Birth: August 08, 1977

Previous **Next** Cancel

If the Clearinghouse cannot not verify your CDL information, you will be asked to check that you entered it correctly. Make any necessary corrections and click **Verify** again. You will have two chances to enter this information.

If your CDL information cannot be verified, you will need to contact your State Driver Licensing Agency to resolve any potential issues. You may continue with your Clearinghouse registration, but you will not be able to review your driver record or respond to employer consent requests until your CDL information has been verified. You can update this information under "My Profile" in your Dashboard, once your Clearinghouse registration is complete.

To continue and complete your registration, click **Next**.



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Review the Clearinghouse terms and conditions.

The screenshot shows the FMCSA website interface. At the top, it says "United States Department of Transportation" and "FMCSA Federal Motor Carrier Safety Administration". There are "Register" and "Login" buttons. Below that, it says "DRUG & ALCOHOL CLEARINGHOUSE" and has "FAQ", "About", and "Contact" links. A progress bar shows five steps: LOGIN.GOV, ROLE SELECTION, CONTACT INFORMATION, CDL, and TERMS & CONDITIONS (the current step, highlighted with a blue circle and the number 5). Below the progress bar, there is a section titled "5. Terms and Conditions" with the sub-heading "FMCSA IT Rules of Behavior". The text reads: "As a user of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse, I understand that I am personally responsible for the use and any misuse of my system account and password. I also understand that by accessing a U.S. Government information system, I must comply with the following requirements:"

Check the box to confirm that you agree to the terms and conditions and click **I Agree**.

The screenshot shows a form with two checkboxes. The first checkbox is checked and is followed by the text "I accept the FMCSA Privacy Policy (see <https://www.transportation.gov/dot-website-privacy-policy>).". The second checkbox is unchecked and is followed by the text "I affirm that all the information provided is true and accept all of the terms above.". Below the checkboxes are three buttons: "Previous", "I Agree", and "Cancel".

## Your Clearinghouse registration is complete.

You will be directed to your Dashboard, a logged-in home page for your Clearinghouse activity. This is where you will come to respond to employer consent requests, review your Clearinghouse record, and make changes to your Clearinghouse account.



**COMMERCIAL DRIVER APPLICATION**

**APPLICANT INFORMATION**

DATE \_\_\_\_\_ Position applying for:    CDL Driver    Non-CDL Driver    Loader Operator

NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigation and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in regarding 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 interview(s) 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 employer(s) 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 employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
This date is considered the date of application.

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

	FROM	TO
	FROM	TO
	FROM	TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**EDUCATION HISTORY:**

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Present or Last Employer  
Name \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr  
To \_\_\_\_\_ From \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Attach additional sheets for 10-year history, if needed.)*

1. Present or Last Employer  
Name \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr  
To \_\_\_\_\_ From \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Present or Last Employer  
Name \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr  
To \_\_\_\_\_ From \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Present or Last Employer  
Name \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr  
To \_\_\_\_\_ From \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Present or Last Employer  
Name \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr  
To \_\_\_\_\_ From \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Must include employment history for three (3) years. Attach additional sheets, if necessary)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate # of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Tractor & Triple Trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special course/training completed (PTD/DDC, HAZMAT, ETC.) \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the last three (3) years):**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_



## Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### To Be Read and Signed by Applicant:

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named here in from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, the company will provide up to 90 days training period during which time I may be disqualified without recourse. It is also understood that the employer/employee relationship is "At will" in Georgia.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Printed**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Applicant**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Witness**

Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE**

**PROCESS RECORD**

Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth \_\_\_\_\_ (month/day/year)

Date Employed \_\_\_\_\_

Point Employed \_\_\_\_\_

Department \_\_\_\_\_

Classification \_\_\_\_\_

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**THIS SECTION TO BE FILED IN BY OFFICE OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written record on file
1.Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.Physical Exam *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.Policy & Traffic Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* driver application only

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**Termination of Employment**

Date of terminated \_\_\_\_\_ Department Released Form \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_



**Previous Pre-Employment Employee Alcohol and Drug Test Statement**

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: \_\_\_\_\_

Prospective Employee SS or ID Number: \_\_\_\_\_

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record retention guidelines:

If "yes" to question 1, retain this form and documentation provided for 5 years.

If "no" to question 1, discard after employment terminates but not less than 2 years from date of statement.

**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: Evans Concrete, LLC

Address: **P.O. Box 128**

**Claxton, GA 30417**

Phone #: **912-739-3733** Fax #: **912-739-2218**

Designated Employer Representative: **Leo Rogers**

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_ **NO** \_\_\_
2. Did the employee have verified positive drug tests? **YES** \_\_\_ **NO** \_\_\_
3. Did the employee refuse to be tested? **YES** \_\_\_ **NO** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_ **NO** \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** \_\_\_ **NO** \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** \_\_\_ **YES** \_\_\_ **NO** \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: Evans Concrete, LLC

Address: **P.O. Box 128**

**Claxton, GA 30417**

Phone #: **912-739-3733** Fax #: **912-739-2218**

Designated Employer Representative: **Leo Rogers**

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

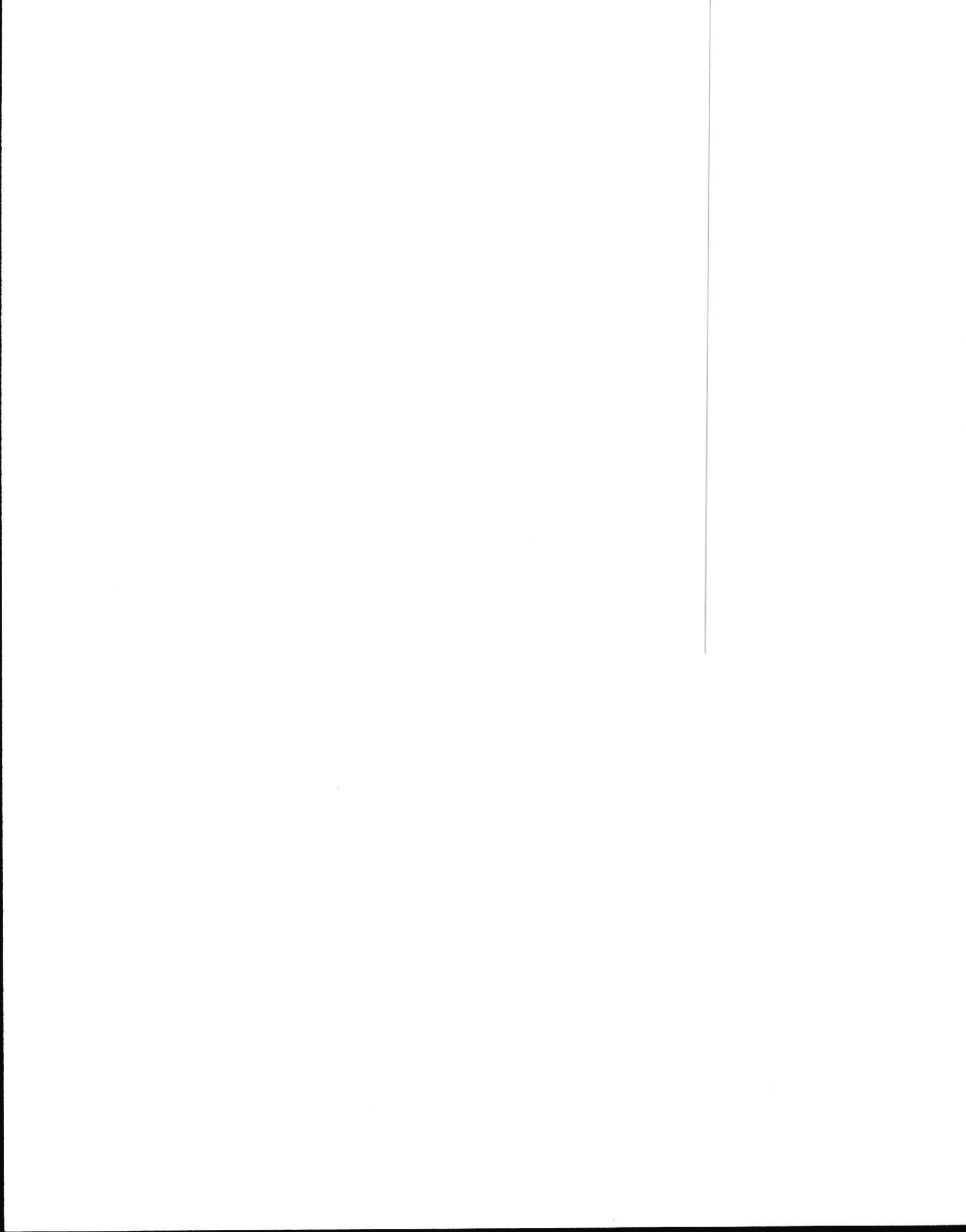
**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_



**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: Evans Concrete, LLC

Address: **P.O. Box 128**

**Claxton, GA 30417**

Phone #: **912-739-3733** Fax #: **912-739-2218**

Designated Employer Representative: **Leo Rogers**

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_ **NO** \_\_\_
2. Did the employee have verified positive drug tests? **YES** \_\_\_ **NO** \_\_\_
3. Did the employee refuse to be tested? **YES** \_\_\_ **NO** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_ **NO** \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** \_\_\_ **NO** \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** \_\_\_ **YES** \_\_\_ **NO** \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
MONTHLY ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online*  
Service**

In connection with your application for employment with **Evans Concrete, LLC** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Evans Concrete, LLC** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my



PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

(Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*



I hereby consent to submit to urinalysis and/or breath alcohol tests as shall be determined by Evans Concrete, LLC, hereafter known as the Company, in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that a representative of the Company may collect these specimens for these tests and may forward them to a testing laboratory designated by the Company for analysis. I further agree to and hereby authorize the release of the results of said test to the Company.

I understand that it is the use of illegal drugs that will prohibit me from being employed at the Company.

I further agree to hold harmless the Company and its agents from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said tests in connection with the Company's consideration of my application of employment.

I agree that a reproduced copy of the Pre-Employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant  
Print Name \_\_\_\_\_ SSN \_\_\_\_\_

Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_



# Georgia Department of Driver Services

Customer Service, Licensing and Records Division

P.O. Box 80447

Conyers, Georgia 30013

## REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

**PLEASE PRINT LEGIBLY**

### SECTION 1 – DRIVER INFORMATION (must exactly match driving record)

<b>Full Name (First, Middle, Last)</b>			
<b>Driver Date of Birth (MM/DD/YY)</b>		<b>Driver's License Number</b>	

### SECTION 2 – THIRD PARTY REQUESTOR INFORMATION

<b>Full Name (First, Middle, Last)</b>	Leo Rogers		
<b>Firm Name (if applicable)</b>	Evans Concrete, LLC		
<b>Address</b>	P.O. Box 128, Claxton GA 30417		
<b>FOR DEPARTMENTAL USE ONLY</b>			

### SECTION 3 – TERM OF REQUEST

**Please choose one of the following options:**

- Three (3) year Georgia MVR (\$6.00 fee)
- Seven (7) year Georgia MVR (\$8.00 fee)
- Lifetime Georgia MVR (\$8.00 fee)

If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

### SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER

Under penalty of law, I hereby  request release of my driving record; OR  
(Please check one)  consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.

<b>Signature of Driver</b>		<b>Date (MM-DD-YY)</b>	
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*Merchants Credit Bureau  
18 Park of Commerce Blvd.  
Savannah, GA 31405  
(912) 447-7900*

**CONSENT FORM**

*I hereby authorize Evans Concrete, LLC to receive from any Police Department's criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in any state I have resided in.*

I hereby agree that the providing Police Department, the Crime Information Center, the employees of either agency, or the employees of any other agency of the State shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence, or any other claim in connection with any dissemination of information pursuant to this record check.

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Sex                      Race                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Signature/Date