



American Steamship Company

AMERICAN STEAMSHIP COMPANY
Drug and Alcohol Testing
Confidential Information Consent Form

DOT REGULATION 49 CFR Part 40.25

Full Name: _____ Social Security: _____
Address: _____ Telephone #: _____

I hereby authorize my previous employer(s) listed below to release the following information with regard to my chemical testing records to my prospective employer:

X

Employee Signature

COMPLETE THE FOLLOWING FOR EACH PREVIOUS EMPLOYER WITHIN LAST TWO YEARS.

Check here if you have not worked for a DOT Employer or if you have just graduated from Maritime School.
If just graduated please list what school you attended. _____

Name of Previous Employer _____
Company Contact Person _____ Title _____
Telephone # _____ Fax # _____
Date of Employment _____ Date of Discharge _____

Name of Previous Employer _____
Company Contact Person _____ Title _____
Telephone # _____ Fax # _____
Date of Employment _____ Date of Discharge _____

Name of Previous Employer _____
Company Contact Person: _____ Title _____
Telephone #: _____ Fax # _____
Date of Employment _____ Date of Discharge _____

Name of Previous Employer _____
Company Contact Person _____ Title _____
Telephone # _____ Fax # _____
Date of Employment _____ Date of Discharge _____

Name of Previous Employer _____
Company Contact Person _____ Title _____
Telephone # _____ Fax # _____
Date of Employment _____ Date of Discharge _____

If additional space is required, print another copy of this form.

Make sure you signed this page at the X above before faxing this completed form to:
312-499-7192 Attention: Marine Personnel



AMERICAN STEAMSHIP COMPANY
Drug and Alcohol Testing

EMPLOYEE CERTIFICATION

To ensure that I can continue to sail in my assigned, safety sensitive position, in the event one or more previous employees does not respond as required by regulations within 30 days, I make the following self-certification with regard to results under DOT/USCG drug and alcohol testing regulations. I have had:

Yes No

- Alcohol tests with a result of 0.04 or higher alcohol concentration
- Verified positive drug tests
- Refusals to test including verified adulterated or substituted drug test results
- Any other violations of DOT/USCG drug & alcohol testing regulation

X

Employee Signature

Date:

FOR PREVIOUS EMPLOYER TO ANSWER THE FOLLOWING QUESTIONS:

The applicant/employee listed above has authorized your organization to release the following information. During the past two years (24 months).

- | | | |
|---|--------------------------|--------------------------|
| With respect to the DOT's chemical testing regulations, did the applicant/employee: | <u>Yes</u> | <u>No</u> |
| • Have alcohol tests with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Refuse to test, including verified adulterated or substituted drug test regulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Violate any other DOT/USCG drug & alcohol testing regulation? | <input type="checkbox"/> | <input type="checkbox"/> |

With respect to any violation of a DOT/USCG chemical testing regulation, please provide documentation of the applicant/employee's completion of DOT return-to-duty requirements including follow up tests.

If you answered YES to any of these questions, please provide American Steamship Company with the following information:

Name of Substance Abuse Clinic/Professional: _____

Telephone #: _____ Fax #: _____

PLEASE FAX THIS QUESTIONNAIRE ONLY TO 312-499-7192

Name of Prospective Employer: American Steamship Company Date: _____

Attention: Marine Personnel For questions call: 716-635-0222 Ext. 306