

Commercial Works, Inc., and

Background Release Form

Consumer Report Disclosure and Drug Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested by our designated background company. These reports 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 reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records. **I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request with Commercial Works, Inc.'s designated background company upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me that have been furnished within the two year period preceding my request. I hereby consent to your obtaining the above information, and I agree that such information which may be obtained, and my employment history with you if I am hired, will be supplied to other companies.

In conformity with section 49 C.F.R. Part 40, I hereby authorize the carriers listed below to furnish Commercial Works, Inc., or any background company designated by them, with the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests, the carriers conducted during the past two years: (i) the dates on which I tested positive for drugs, and the drug(s) involved; (ii) the dates on which I tested 0.04 or greater for alcohol and the test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (iv) and other violations of DOT drug and alcohol testing regulations; and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers cover by DOT.

I fully understand that the information I authorize Commercial Works, Inc or their designated background company to receive tests which were required by the Department of Transportation (DOT). If any carrier listed below furnished information concerning items (i) through (v) above, I also authorize that carrier to release and furnish: (iv) the dates of my negative drug and/or alcohol tests with results below 0.04 during the two-year period; and (vii) the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information which I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver for the past 2 years, and every company for which I took a pre-employment drug and/or alcohol test during the past 2 years.

X _____
Applicant Signature

X _____
Date (mm/dd/yyyy)

X _____
Print Name

X _____
Date of Birth (mm/dd/yyyy)

X _____
Drivers License Number and State of Issue (If applicable)

X _____
Social Security Number

X _____
State Identification Number and State of Issue (If Applicable)

X _____
Witness Signature

X _____
Witness Print