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 Affiliated Companies: Southern States Brokerage, Inc. • Southern States Assets, Inc. • REC Marine, Inc.

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER PLEASE COMPLETE AND SUBMIT TO:

COMPANY: Southern States Offshore, Inc. – 19101 Oil Center Blvd. Houston, TX 77073 – 281 209 2871 – **FAX to: 281 209 2879**
 ATTENTION: HRM/Crewing Department: *Melissa Goodrum or Amy Larner*

(Name of individual requesting information) (Attn: Applicant - previous employer information must be filled in correctly and completely otherwise it can hold up the hiring process or even stop it.

APPLICANT NAME: _____ SSN: _____ Birthdate: _____

I hereby authorize:

Company: _____ phone _____ fax _____ City & State _____

Company: _____ phone _____ fax _____ City & State _____

Company: _____ phone _____ fax _____ City & State _____

Company: _____ phone _____ fax _____ City & State _____

(Previous employer's name) to release information from my Department of Transportation regulated drug and alcohol testing records to the individual and company listed at the top of this form, pursuant to 49 CFR 40.25. This 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 DOT drug and alcohol rule violation; and (6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

SIGNED: _____ DATE: _____

(Signature of employee applicant)

APPLICANT DO NOT FILL OUT ANYTHING BELOW THIS STATEMENT

Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions: (3 years for FMCSA) –

Company Name: _____

YES NO

1. Alcohol tests with a result of 0.04 or higher alcohol concentration? _____
2. Verified positive drug tests? _____
3. Refusals to be tested (including verified adulterated or substituted drug test results)? _____
4. Other violations of DOT agency drug and alcohol testing regulations? _____
5. Did a previous employer report a drug or alcohol rule violation to you? _____
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? _____

SIGNED: _____ PRINTED: _____ TITLE: _____ DATE: _____ PHONE _____
(Signature of individual supplying information)

If the answer to item #5 is "yes," then you must provide the previous employer's report even though it may be outside the two **(three for FMCSA)** year time period. 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 records, etc.). If you referred the individual to a Substance Abuse Professional please supply the following information.

NAME of SAP: _____ PHONE: _____ FAX _____

ADDRESS: _____ CITY, ST. ZIP: _____

For Office Use Only:

Attempt #1 – fax date: _____ Confirmed _____ Initial _____ Notes: _____

Attempt #2 – fax date: _____ Confirmed _____ Initial _____

Attempt #3 – fax date: _____ Confirmed _____ Initial _____