

YAZOO RIVER TOWING

PRE EMPLOYMENT BACKGROUND/REQUEST FOR INFORMATION

Date: _____ Fax #: _____

To: _____ Attn: _____

From: Yazoo River Towing, Inc. (601) 636-2454

Reference: Former Employee: _____ SSN: _____

Dates person was in your employ during the previous 24 months:

Date Started: _____ Date Ended: _____

Position: _____ Rate of Pay: _____

Is eligible for re-hire: Yes _____ No _____

In accordance with the requirements of Title 46 CFR Part 16, and 49 CFR Part 40, which are the DOT Drug and Alcohol testing regulations, please provide the following information concerning the person listed above who has identified you or your company as a former marine employer.

To the best of your knowledge and company records, has the former employee:

1. Been covered by a DOT random drug testing program required by 46CFR16.23 for at least 60 days of the last 185 days? Yes _____ No _____
2. Refused to take a required chemical test for dangerous drugs? (Including verified adulterated or substituted drug results) Yes _____ No _____
3. Ever tested positive for the presence of a dangerous drug in any test required by 46 CFR Part 16? Yes _____ No _____
4. Had any alcohol tests with a result of a 0.04 or higher alcohol concentration? Yes _____ No _____
5. Had other violations of DOT agency drug and alcohol testing regulations? Yes _____ No _____

The information from you as an employer must include any drug or alcohol test information obtained from previous employers under 49 CFR Part 40 or other applicable DOT agency regulations.

Your Name: _____ Title: _____

Date Completed: _____ Contact Number: _____

I authorize you to provide the information requested above.

Individual Concerned: _____ Date : _____

Please return this form by fax within five (5) business days.

August 26, 2020