

RWI TRANSPORTATION LLC Disclosure and Release

I hereby authorize RWI TRANSPORTATION LLC (RWI) or any other third party to do a complete background investigation, which includes contacting all my past employers regarding my service, character and job performance. My past employers are released from any and all liability, which may result in furnishing such information.

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to RWI. I understand that information/documents released pursuant to this is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
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You the applicant have the following rights; (i) The right to review information provided by previous employers: (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand the I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of the authorization are as valid as an original.

In accordance with the Federal Motor Carrier Safety Administration, the applicant herein, by signing below, either electronically or manually, hereby gives RWI consent to obtain and retain both Federal and State commercial driver safety records, and any records related thereto, including the FMCSA's Motor Carrier Management Information Systems.

Print Applicant Name: _____ **Social Security #:** _____

Applicant Signature: _____ **Date:** _____