

COWTOWN BUS CHARTERS, INC.

Human Resources
 5504 Forest Hill Dr.
 Fort Worth, TX 76119
 817 - 531-3287
 817 - 534-9287 - FAX

APPLICANT NAME: _____ SSN: _____
 Please furnish the following information pursuant to 49 CFR Section 382.405 (f). I hereby authorize & request:

(Company Name)
 To release alcohol and controlled substance information listed below to the above named company, COWTOWN BUS CHARTERS.

Signed: _____
 Date: _____
 Witness: _____

Information from Section 382.401 (b), (1), (i), (ii), (iii).	YES	NO
1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past two years?	___	___
2. Has the above named individual had a controlled substance test with a positive result in the past two years?	___	___
3. Has the above named individual refused a controlled substance test or alcohol test within the past two years?	___	___

Signed: _____ Date: _____

Please indicate your opinion by placing a check in the appropriate column:

<i>CHARACTERISTICS</i>	<i>EXCELLENT</i>	<i>GOOD</i>	<i>FAIR</i>	<i>POOR</i>
Disposition, Tact, Ability to get along with others				
Initiative Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

COMMENTS: _____
