



Release & Authorization Consumer Report and Drug/Alcohol Testing Disclosure

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093/(508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if hired, throughout my employment. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act & The Department of Transportation, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original. CSI's Privacy Policy can be obtained by request to the above address or found at http://www.creativeservices.com/html/privacy_policy.html.

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you? <input type="checkbox"/>			
If currently employed, may we contact your current employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Name:			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
Other Names:			
<i>List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.</i>			
Current Address:			
City & State:		Zip Code:	
<i>Please list all previous addresses from the past seven (7) Years</i>			
(Street)	(City)	(State)	(Zip Code)
(Street)	(City)	(State)	(Zip Code)
(Street)	(City)	(State)	(Zip Code)
(Street)	(City)	(State)	(Zip Code)
Social Security Number:*		Date of Birth:*	
Driver's License Number:*		State of Issue:	
<p>In conforming with 49 C.F.R. Part 40.25(b) and Part 391, I hereby authorize the companies listed below to furnish to Creative Services, Inc. the following information concerning drug and alcohol tests, including but not limited to DOT drug and alcohol testing violations including pre-employment tests during the past three years: (1) alcohol tests with a concentration result of .04 or greater; (2) verified positive drug tests results; (3) refusals to be tested (including verified adulterated or substituted drug test results); (4) other violations of DOT drug and alcohol testing regulations; and (5) successful completion of my return-to-duty requirements, including follow-up tests.</p> <p>I fully understand that the information I authorize Creative Services, Inc. to receive involves tests which were required by the Department of Transportation (DOT). If any company listed below furnishes Creative Services, Inc. with information concerning items (1) through (5) above, I also authorize that company to release and furnish: (6) the dates of my negative drug and/or alcohol tests and/or tests with results below .04 during the past three years; and (7) the name and phone number of any substance abuse professional who evaluated me during the past three years.</p>			
Company	City	State	Telephone
			() -
			() -
			() -
			() -
<p>By signing this document below, I certify that I have read and fully understand this release. I sign this document voluntarily with the knowledge that the information being released could affect my being hired. I further certify that the information I have furnished is true and complete and that I have listed every company for which I have worked as a driver during the past three years.</p>			
Signature:	Date:		

* Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. They will not be considered by the employer in making employment decisions. This form will be filed separately from your employment application.