

OFFICE OF THE COUNTY ADMINISTRATOR

1 PUBLIC SQUARE, ROOM 210

DARLINGTON, SOUTH CAROLINA 29532

(843) 398-4100

FAX (843) 398-9679



RELEASE OF INFORMATION

I hereby request and authorize my former employers or other agencies to provide any information requested by the County of Darlington concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving employment and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand that if I am applying for employment with certain departments within the County of Darlington that my credit rating and sled report may also be checked. I further understand that if the County of Darlington is unable, through the exercises of reasonable diligent investigative methods, to obtain information concerning my background, credit rating, sled check and character necessary to evaluate my qualifications to be accepted for employment by the County of Darlington, I may be rejected for such employment.

I hereby release the County of Darlington, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause as a result of releasing said information to any member of Darlington County, or any person or entity acting on their behalf. I further understand that in consideration for said release, the County of Darlington will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be effective and valid as the original

Print your name

Social Security Number

Signature

Date

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CDL DRIVER

If you are applying for a job that requires a CDL license, please fill out this form and sign

Section I. To be completed by the new employer, signed by the applicant, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug test;
3. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address _____

Phone # _____ Fax # _____

Designated Employer Representative: _____

I-B

Previous Employer Name: _____

Address: _____

Phone # _____ Fax # _____

Designated Employer Representative (if know): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES _____ NO _____
2. Did the employee have verified positive drug test? YES _____ NO _____
3. Did the employee refuse to be tested? YES _____ NO _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES _____ NO _____
5. Did a previous employer report a drug and alcohol rule violation to you? YES _____ NO _____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? YES _____ NO _____ N/A _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. 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 record).

II-B

Name of person providing information in Section II-A: _____ Title _____

Phone # _____ Date: _____

A copy or fax of this authorization shall be effective and valid as the original

