



4876 Woodlane Circle • Tallahassee, Florida 32303 • Telephone: (850) 514-1793 • FAX: (850) 514-0044

When returning the driver's application for Astro Travel, please complete the application in full.

**Incomplete applications will not be processed.**

You must list any employment for the previous 3 years and the previous 10 years for any commercial driving. Please complete the addresses & contact information completely. **If this information is not**

**completely filled out -application will not be processed.**

In addition to the application please include the following items:

1. MVR
2. Copy of current driver's license
3. Copy of current D.O.T. medical card
4. Copy of Jessica Lunsford ID badge if you currently have one.

You must be at least 25 years of age, have a clean driving record and have at least 3 years' experience driving passenger motorcoaches/buses.

You will also need to be registered in the FMCSA Drug and Alcohol clearinghouse.

<https://clearinghouse.fmcsa.dot.gov/register>

Thank you so much for your interest in becoming a motorcoach operator for the best team in the business!!

Telephone: (850) 514-1793

FAX: (850) 514-0044

info@astrotravel.com

**Astro Travel & Tours, Inc.**

**4876 Woodlane Circle**

**Tallahassee, FL 32303**

## COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

List your addresses of residency for the past 3 years.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

Current Address:

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

How Long? \_\_\_\_\_

Previous Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?

Yes  No

Date of Birth: \_\_\_\_\_

Can you produce proof of age?: \_\_\_\_\_  
(Required for commercial motor vehicle drivers.)

Email: \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_

Where? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Were you referred? \_\_\_\_\_ By whom? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_

If yes, explain if you wish.

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### EXPERIENCE AND QUALIFICATIONS - OTHER

List any motorcoach, transportation or other experience that may help in your work for this company.

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Any special equipment or technical materials you can work with (other than those already shown)

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL : 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

LIST ANY SPECIAL COURSES, CLASSES OR PROGRAMS THAT WILL HELP YOU AS A DRIVER :

### EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  Yes  No

B. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  Yes  No

C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  Yes  No

IF THE ANSWER TO A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE

IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, BUS, TRANSIST, SEMI)	DATES		APROX. NO. OF MILES (TOTAL)
		From	To	
TRANSIT BUS				
TRACTOR AND SEMI				
MOTORCOACH				
PASSENGER VEHICLE				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

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## EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE\* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

### EMPLOYER

### DATE

NAME			From Mo.	YR.	TO Mo.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT	PHONE NUMBER		REASON FOR LEAVING			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

### EMPLOYER

### DATE

NAME			From Mo.	YR.	TO Mo.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT	PHONE NUMBER		REASON FOR LEAVING			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

### EMPLOYER

### DATE

NAME			From Mo.	YR.	TO Mo.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT	PHONE NUMBER		REASON FOR LEAVING			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

\* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE ROOM IS NEEDED) IF NONE, WRITE NONE.

NATURE OF ACCIDENT

DATES

FATALITI ES

(HEAD-ON, REAR-END, UPSET, ETC.)

INJURIES

LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS)  
IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history and are made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**TO BE COMPLETED BY PERSONNEL DEPARTMENT**

Applicant Hired Yes No (circle one) If yes, date of hire

Terminal location: Classification:

Supervisor:

**IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE**

**TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE**

SUPERIOR GOOD FAIR BELOW AVERAGE POOR WRITTEN RECORD ON FILE

APPLICATION						
INTERVIEW						
LAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL RECORD AND TRAFFIC CONVICTIONS						
PHYSICAL EXAM (DRIVER APPLICANTS)						

SIGNATURE OF INTERVIEWING REPRESENTATIVE: \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_

DEPARTMENT RELEASED FROM: \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_

OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

Telephone: (850) 514-1793

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**4876 Woodlane Circle**

**Tallahassee, FL 32303**

## REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DRIVER'S CDL STATE \_\_\_\_\_ CDL # \_\_\_\_\_

MAIL TO FORMER EMPLOYER: \_\_\_\_\_

REQUESTED BY PROSPECTIVE EMPLOYER:

**Astro Travel and Tours, Inc.**

**info@astrotravel.com**

### Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER \_\_\_\_\_ OTHER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING PLEASE EMAIL, INFO@ASTROTRAVEL.COM OR FAX 850-514-0044.

NAME OF CARRIER OFFICIAL: \_\_\_\_\_

SIGNATURE OF CARRIER OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Is the employment record with your company correct as stated? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? \_\_\_\_\_ Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_  
Bus \_\_\_\_\_ Tractor-Semi-trailer \_\_\_\_\_ Other(specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving employment: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicants general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

### Alcohol & Drug History

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the above named driver verified positive for a controlled substances test result?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the above named driver refused a required test for alcohol or drugs during the past 24 months?     | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_  
Name Telephone \_\_\_\_\_ or  check here if it is unknown if the driver received treatment.

### Authorization to Release

I, \_\_\_\_\_, do hereby authorize to contact my previous employer(s) in accordance with current US DOT rules and regulations as setforth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

\_\_\_\_\_  
Driver's signature Date

\_\_\_\_\_  
Witness's Signature Date

**Astro Travel & Tours, Inc.**

**4876 Woodlane Circle**

**Tallahassee, FL 32303**

**RELEASE AND AUTHORIZATION TO  
CONTACT PREVIOUS EMPLOYER**

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CARRIER NAME: \_\_\_\_\_

CARRIER ADDRESS: \_\_\_\_\_

CARRIER CITY/STATE: \_\_\_\_\_

CARRIER PHONE: \_\_\_\_\_

**THIS FORM SHOULD BE KEPT IN AN APPLICANT'S FILE TO DOCUMENT COMPLIANCE WITH  
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER  
AS REQUIRED BY 49 CFR 391.23

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION AS  
REQUIRED BY 49 CFR 391.23 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS.

INFORMATION MAY INCLUDE ALL EMPLOYMENT INFORMATION CONCERNING MY EMPLOYMENT, INCLUDING  
WRITTEN AND ORAL ASSESSMENTS OF MY WORK PERFORMANCE, FITNESS AND ABILITY.

YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION FOR THE PURPOSE OF INVESTIGATION.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Zip

\_\_\_\_\_  
SSN

\_\_\_\_\_  
CDL Number

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_



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**DRUG AND ALCOHOL TESTING  
RESULTS REQUEST - RELEASE FORM**

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**DRUG AND ALCOHOL TESTING RESULTS REQUEST**

MAIL TO FORMER EMPLOYER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize

to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413 in order to obtain the following information for the preceding two years:

1. Alcohol test with a result of 0.04 alcohol concentration or greater;
2. verified positive controlled substances test results; and
3. refusals to be tested.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

**Astro Travel & Tours, Inc.**  
**4876 Woodlane Circle**  
**Tallahassee, FL 32303**

## **DRUG AND ALCOHOL POLICY STATEMENT**

Astro Travel & Tours, Inc.  
Drug & Alcohol Testing  
Florida Drug-Free Workplace Policy

Astro Travel & Tours is a drug free work place. Any employee that is the holder of a commercial drivers license (CDL) will be subject to a pre-employment drug/alcohol test and be subject to future random testing to be done as required by the D.O.T. through ArcPoint.

The driver will be also be subjected to testing upon "reasonable suspicion" of use and some post-accident testing.

The testing is conducted under the DOT guidelines in section 382.601 and is completely confidential.

Please contact Company D.E.R. - Melanie Evans 850-514-1793 if you have any questions about the drug and alcohol testing policy or the procedures used.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date

I have read this Drug and Alcohol Policy and I fully understand the terms and conditions used in this policy statement. Any questions that I had concerning this statement have been answered and explained to my satisfaction. I will abide by this Drug and Alcohol Policy.

I hereby acknowledge that I have received the Drug and Alcohol Policy as set forth above.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

\_\_\_\_\_  
Driver signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Astro Travel and Tours, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov> . If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Astro Travel and Tours, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*

## **General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse.**

I \_\_\_\_\_, hereby provide consent to - Astro Travel and Tours, Inc. - to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The driver is consenting to a pre-employment query and annual queries that will be conducted once every year for the duration of employment with Astro Travel and Tours, Inc.

I understand that if the limited query conducted by Astro Travel and Tours, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse. FMCSA will not disclose that information to Astro Travel and Tours, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Astro Travel and Tours, Inc. to conduct a limited query of the Clearinghouse, Astro Travel and Tours, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Name /Signature

\_\_\_\_\_  
Date