

SOMERVELL COUNTY

Authorization for Employment History / CDL

(You Must Fill Out This Form For Each CDL Employer in the Last Three Years)

I, (Print Name)

First M.I. Last

Date of Birth Social Security Number

Hereby Authorize:

Previous Employer: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

To release and forward alcohol and Controlled Substances Testing records within the previous 3 years.

Information is to be released to:

Somervell County
Personnel Dept.
P.O. Box 330
Glen Rose, TX 76043
Phone: 254-897-3750
Fax: 254-897-7314
Email: hr@co.somervell.tx.us

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Applicant's Signature

Date