



BACKGROUND SCREENING REPORT

P.O. Box 458
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SUBJECT NAME: Consumer, Jonathan
SOCIAL SECURITY #: 000-00-0001
LOCATION: Sales Training Demo Account
CLIENT ID: S2006-00-0000
REQUEST DATE: 08/11/2008

Confidential Information Enclosed

Information in this Consumer Report must be held in utmost confidence and there must be strict procedures maintained by the recipient to secure information against unauthorized third party access or use.

Information contained in this report is obtained from sources deemed reliable, though the accuracy of the information is not guaranteed. Human error in compiling this information is possible. Reasonable procedures will be followed to ensure the accuracy of information and reinvestigation will be conducted upon request. The Fair Credit Reporting Act requires specific procedures if adverse action is taken, in whole, or in part based upon the information contained in this report.

Breath Alcohol Testing Results

Test Number: 0001		
Date of Collection: 08/07/2008	Result: Positive	Level: 0.03
Time of Collection: 6:23 PM	Purpose: Confirmation	

Comments:

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Jonathan Consumer
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 000-00-0001

C: Employer Name Sales Training Demo Acct
Street PO Box 458
City, ST ZIP NPR, FL 34656

DER Name and Telephone No. Bon Idziak (800) 358-5383
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Affix
Or
Print
Screening Results
Here

Affix
With
Tamperevident Tape

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Jonathan Consumer 08 07 08
Signature of Employee Date Month Day Year

Affix
Or
Print
Confirmation Results
Here

Affix
With
Tamperevident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space how long the test device is not designed to print.)
0001 18:23 0.03

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

ABC BAT Testing 123 Shady Ln
Alcohol Technician's Company Company Street Address
John Smith NPR FL (727) 555-1234
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Bon Idziak 08 07 08
Signature of Alcohol Technician Date Month Day Year

Affix
Or
Print
Additional Results
Here

Affix
With
Tamperevident Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Jonathan Consumer 08 07 08
Signature of Employee Date Month Day Year