

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ First, M.I., Last _____ Social Security Number _____
hereby authorize: _____ Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)

To:
Prospective Employer: _____
Attention: _____ Telephone: _____
Street: _____
City, State, Zip: _____

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.

Prospective employer's confidential fax number: _____
Prospective employer's confidential email address: _____

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [], fill in the dates of employment from _____ to _____, complete bottom of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ . YES NO

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) [] Faxed to previous employer [] Mailed [] Emailed [] Other _____ Date

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: [] Fax [] Mail [] Email [] Telephone

Date: _____ [] Other _____