

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 that:

Previous Employer:

Street:

Telephone:

City, State, Zip.

Fax No.:

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer:

Attention:

Street:

Telephone:

City, State, Zip:

Fax No.:

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

Prospective employer's confidential fax number:

Prospective employer's e-mail address:

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (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 , sign below, and return

Under Department of Transportation testing requirements.

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person had a verified positive drug test?
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.)

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

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

Date:

Complete below when information is obtained

Information received from:

Recorded by:

Method:

Fax

Mail

E-mail

Date: