

# PREVIOUS EMPLOYER DRUG & ALCOHOL TEST INFORMATION

This information is being requested in compliance with 49 CFR 40.25(f) and (h).

## This Section To Be Filled Out By Prospective Employee

I, (Print Name) \_\_\_\_\_ do hereby authorize the release of my drug and alcohol test information from my past employment and authorize it to be forwarded to:

**Prospective employer:** \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

By my signature below, I am authorizing my previous employer listed here, to release the information detailed above:

**Previous employer:** \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax No: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

## This Section To Be Completed by Previous Employer

If the individual above **was not subject** to Department of Transportation drug & alcohol testing requirements per 49 CFR Part 40 while employed by the previous employer, please check the box here , sign below, and return.

If the person **was subject** to testing, please answer the following questions:

### ***Under Department of Transportation testing requirements:***

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested, including verified adulterated or substituted drug test results?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employees successful completion of DOT return-to-duty requirements, including follow-up tests?<br>(please send any such documentation along with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

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: (\_\_\_\_) \_\_\_\_\_

Questions 1 – 5 above answered by (signature): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ***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 Received: \_\_\_\_/\_\_\_\_/\_\_\_\_