

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

APPLICANT NAME: _____ **SSN:** _____

Pursuant to Federal Regulation 49 CFR part 40.25, please furnish the requested information.

I hereby authorize _____
(Previous employer's name)

to release the alcohol and controlled substances testing information listed below to the above named company.

SIGNED: _____ **DATE:** _____
(Signature of employee)

Previous employer must supply the following information regarding the above named individual **while employed** to perform DOT covered safety sensitive functions:

	<u>YES</u>	<u>NO</u>
1. Alcohol tests with a result of 0.04 or higher alcohol concentration?	()	()
2. Verified positive drug tests?	()	()
3. Refusals to be tested (including verified adulterated or substituted drug test results)?	()	()
4. Other violations of DOT agency drug and alcohol testing regulations?	()	()
5. Did a previous employer report a drug or alcohol rule violation to you?	()	()
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?	N/A ()	()

If the answer to item #5 is "yes", then you must provide the previous employer's report even though it may be outside the two year time period. If you answered "yes" to item #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records, etc.).

** **DATES WORKED:** From _____ to _____.

COMPANY NAME: _____

NAME: _____ **TITLE:** _____
(Print Name of individual supplying information)

SIGNATURE: _____ **DATE:** _____