AVIATION PERSONNEL

4756 Hwy 377 South
Ft. Worth, TX 76116
Phone 817-244-2125

REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYER

APPLICANT NAME: _____ **SSN:** XXX – XX – _____

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.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Employee Should Not Complete Anything Below This Solid Line

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

		YES	NO
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: _____ **Phone # :**_____

Name of person providing information:_____**Title:**_____

Signature: _____ **Date:** _____

PLEASE EMAIL TO: COMPLIANCE@AVIATIONPERSONNEL.NET