

RELEASE REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Section 1 : To be completed by the new employer, signed by the employee and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number : _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in section 1B, to the employer listed in section 1A. This release is in accordance with DOT Regulations 49CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT- regulated testing items:

1. Alcohol tests with a result of 0.04 or greater.
2. Verified positive drug tests.
3. Refused to be tested.
4. Other violations of DOT agency drug and alcohol testing regulations.
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone # : _____ Fax#: _____

Designated Employer Representative : _____

1-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known) : _____

Section II : To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A

In the two years prior to the date of the employee's signature (in section 1) , for DOT – regulated testing:-

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you.? YES ___ NO ___
6. If you answered "yes" to any of the above items did the Employee complete the return-to-duty process.? N/A ___ Yes ___ NO ___

NOTE: If you answered "yes" to item 5 you must provide the previous employer's report. 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 record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone # _____

Date: _____