

Prior Testing History Release of Information Form

(Note: FMCSA for CMV Drivers – records for 3 years; FAA for Pilots – records of 5 years; USCG – records for 2 years)

{INSERT YOUR COMPANY NAME}

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

AUTHORIZATION

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

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals 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.

I hereby certify that the information set form in this form is true. I understand that falsified statements and/or omissions from this form shall be considered sufficient reasons for the rejection of my application for employment. If already employed, such action shall be considered sufficient cause for dismissal.

Employee/Applicant Signature: _____ Date: _____

Section I. To be completed by current employer and employee (Separate form must be used for each prior employer):

(A) New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

(B) Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Dates of Employment _____ Position(s) _____

Designated Employer Representative (If Known): _____

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

In the two years prior to the date of the employee's signature (in Section I), 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 and 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).

Name of person providing information in *Section II*: _____

Title: _____ Date: _____

Phone #: _____ Email: _____

Section III. To be completed by employee (Supplemental Information)

Have you ever tested positive or refused to take a DOT Drug or Alcohol test for any previous employer? **YES** ___ **NO** ___

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency? **YES** ___ **NO** ___

Employee/Applicant Signature: _____ Date: _____