CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____ _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

_____

Street Address or
P.O. Box: _____ Telephone:_____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: _____

Prospective Employer: _____

Street Address or
P.O. Box: _____ Telephone:_____

City, State, Zip _____ Fax: _____

_____ _____
Applicant's Signature ***Date***

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;
OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? Y ___ N ___
2. Has this employee had a verified positive drug test result in the last two years? Y ___ N ___
3. Has this employee refused a required drug or alcohol test in the last two years? Y ___ N ___
4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? Y ___ N ___
5. Has a previous employer reported a drug and alcohol rule violation to you? Y ___ N ___
6. If you answered yes to any of the above items, did the employee complete the return to duty process? Y ___ N ___

*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).*

_____ _____
Previous Employer's Signature Date

Please return this form to the prospective employer at the address listed above.