

'GOOD FAITH EFFORT' DOCUMENTATION

Release of Information from Previous Employer on DOT Drug and Alcohol Testing

1. _____ 's first attempt at acquiring information from previous
Agency Name
employer on DOT drug and alcohol testing, for _____,
Employee's Full Name

was performed on _____ . _____ sent an
Date *Agency Name*

'authorization for release' form, through certified mail, to the following DOT Employer:

Previous Employer's Address (add additional sheets for additional employers)

2. _____ 's second attempt at acquiring information from previous employer
Agency Name
on DOT drug and alcohol testing, for the aforementioned employee, was performed on _____.
Date

_____ attempted to call the previous employer at the following
Agency Name

telephone numbers:

Employer's Name and Telephone Number (add additional sheets for additional employers)

Left Voice-Mail Message Successfully Reached Company Representative
(Check appropriate box)

3. _____ 's third attempt at acquiring information from previous employer
Agency Name
on DOT drug and alcohol testing, for the aforementioned employee, was performed on _____.
Date

_____ attempted to call the previous employer at the following
Agency Name

telephone numbers:

Employer's Name and Telephone Number (add additional sheets for additional employers)

Left Voice-Mail Message Successfully reached Company Representative
(Check appropriate box)