



## Department of Transportation Drug & Alcohol Test History Release Form - PAST EMPLOYER INQUIRY -



*Request for information, in accordance with Title 49 CFR Part 40.25*

Dear Past Employer:

I am applying for a "Safety-Sensitive" position with the above listed Company, which is regulated by the Federal Department of Transportation (D.O.T.). In order for me to be allowed to perform any type of "Safety-Sensitive" duties for them, I must respectfully request that you submit the below listed information to them, as soon as possible, in accordance with federal regulations, as amended. You hereby have my full consent and written authorization to release all of my personal drug & alcohol testing information to the below listed company, including any "Positive", "Negative", "Refusal to Test" Drug or Breath Alcohol Test Result and/or any S.A.P. evaluation and Return to Work documentation. I also consent to any inquiry made through the D.O.T. Drug and Alcohol Database Clearinghouse. Please note, you are permitted to "legally" release this information to them, in accordance with Title 49 CFR Part 40.25, as amended. Thank you in advance for all your help!

CONSENTING DRIVER'S **PRINTED** NAME

CONSENTING DRIVER'S SIGNATURE Date

**DRIVER SOCIAL SECURITY:**

**DRIVER'S DOB:**

**DRIVER'S HOME PHONE:**

**DRIVER'S CELL:**

**Requesting Company:**

**Requestor's FAX:**

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>	<b>YES</b> <small>(What date did this occur?)</small>	<b>NO</b>
<i>Has this past employee ever tested "Positive", or "Refuse" to submit to Drug Testing?</i>		
<i>Has this past employee ever tested at or above .04% on a D.O.T. Breath Alcohol Test?</i>		
<i>Was this Driver evaluated by a certified Substance Abuse Professional (SAP) within the last three years?</i>		
<i>Has this past employee been ACTIVE within your Random Pool and subject to Random testing, within the last 30 days?</i>		
<i>Has this employee violated any DOT Drug or Alcohol Regulation, either with you or past employers?</i>		
<i>Did you notice any violations in the DOT-FMCSA Drug and Alcohol Test Clearinghouse, as an applicant or while employed at your Company?</i>		

### **PREVIOUS EMPLOYER CERTIFICATION**

*In accordance with Title 49 CFR Part 40.25, we have provided the above information, upon the express written consent of our past employee. This information was given in good faith and believed to be 100% accurate based on our employee files.*

**COMPANY:**

**PHONE:**

**PAST Employer's Signature:**

**Respondent's NAME:**

Form provided by:

Form provided to Driver by (D.E.R.):

Date & Time:

1st Attempt

2nd Attempt

Final Attempt



D.E.R. Signature

Completed form received: Date & Time

Form NOT returned

Closed Date: