

Drug and Alcohol Previous Employer Inquiry

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____
FIRST M.I. LAST SOCIAL SECURITY NUMBER

Do hereby authorize my:

Previous Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

Prospective Employer: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

APPLICANT'S SIGNATURE

DATE

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here. Reason not subject: _____

The applicant named above was employed by us from (m/y) _____ to (m/y) _____ and was subject to Department of Transportation drug and alcohol requirements.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
 Yes Date _____ No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
 Yes Date _____ No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, follow-up alcohol or controlled substance test?
 Yes Date _____ No
4. Has this person committed any other violation of Subpart B of Part 382, or Part 40?
 Yes Date _____ No
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
 Yes Date _____ No
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
 Yes Date _____ No
7. In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to application date.

Person providing information:

Print Name: _____ Position: _____
Signature: _____ Date: _____

The person identified above is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provision of the Federal Motor Carrier Safety Regulations of 49 CFR Part 40.25 and Part 382.413. Pursuant to the aforementioned codes, with the driver's written consent, we request the results of related testing of this individual while in your control. The Federal Regulations mandate that we receive your reply within 14 days from request.