

# Request for Previous Employer DOT Information

In Compliance with 49 CFR Part 40.25 Drug & Alcohol Testing History

## Section 1 To be completed by Applicant

Date \_\_\_\_\_

Prospective Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

I understand that as a condition of hire with the above named Company, I authorize the following previous employer / company to furnish the DOT information requested in Section 2 below. I understand that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT mandated pre-employment drug test, as required by 49 CFR part 40.25.

Print Employee Name (First, MI, Last) \_\_\_\_\_ Employee Signature \_\_\_\_\_ ID # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Section 2 To be Completed by Previous Employer

Please check the correct statement, complete section 2, sign and return to the Prospective Employer:

The employee was not subject to 49 CFR Part 40.25 DOT drug & alcohol testing requirements (sign and return)

The employee was subject to 49 CFR Part 40.25 DOT drug & alcohol testing requirements.

- Did the employee have alcohol tests with a result of 0.04 or higher YES \_\_\_\_\_ NO \_\_\_\_\_
- Did the employee have verified positive drug tests YES \_\_\_\_\_ NO \_\_\_\_\_
- Did the employee refuse to be tested YES \_\_\_\_\_ NO \_\_\_\_\_
- Did the employee have other violations of DOT drug and alcohol testing regulations YES \_\_\_\_\_ NO \_\_\_\_\_
- Did the previous employer report a drug and alcohol rule violation to you YES \_\_\_\_\_ NO \_\_\_\_\_
- If you answered "yes" to any of the above items, did the employee complete the return-to-duty process N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

\*Please include documentation of the information received from other previous employers.

If yes to any of the above questions, please give the Substance Abuse Professional's (SAP) name, address and phone number.

SAP Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## Section 3 To be completed by Prospective Employer

This form was: \_\_\_\_\_ Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ E-mailed Date: \_\_\_\_\_

Section 2 Information received by: \_\_\_\_\_ Title \_\_\_\_\_

Section 2 Information received in form of: \_\_\_\_\_ Mail \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Personal Interview