Drug and Alcohol Background Check

**Release of Prior Employer Information**

**49 CFR Part 40.25**

**Section I.** To be completed by the new employer, signed by the applicant, and transmitted to the previous employer:

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Applicant SS or ID Number:** |  |

I hereby authorize release of information from my U.S. Department of Transportation (USDOT) regulated drug and alcohol testing records by my previous employer, listed in ***Section I-B***, to the employer listed in ***Section I-A***. This release is in accordance with USDOT Regulation 49 CFR Part 40, Section 40.25.

I understand that information to be released in ***Section II-A***by my previous employer, is limited to the following USDOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of USDOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

|  |  |
| --- | --- |
| **Applicant Signature:** |  |
| **Date:** |  |

**Section I-A.**

|  |  |
| --- | --- |
| **New Employer Name:** |  |
| **Contact Name:**  (Designated Employer Representative) |  |
| **Address:** |  |
| **Phone:** |  |
| **Email Address:** |  |

**Section I-B.**

|  |  |
| --- | --- |
| **Previous Employer Company Name:** |  |
| **Contact Name,** if known:  (Designated Employer Representative) |  |
| **Address:** |  |
| **Phone:** |  |
| **Email Address:** |  |

**Release of Prior Employer Information Form** (continued)

**Section II.** To be completed by the **Previous Employer** and transmitted by mail or fax to the New Employer in I-A:

**Section II-A.**

|  |  |
| --- | --- |
| In the **two** (2) years prior to the date of the employee’s signature (in Section I), for USDOT-regulated testing, did the employee perform DOT defined safety-sensitive work for your organization? | |
|  | **Yes** |
|  | **No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If **yes**, did the following situations ever occur during the time the employee worked for your organization? | | | | |
| 1. Did the employee have alcohol test(s) with a result of 0.04 or higher? | **Yes** |  | **No** |  |
| 1. Did the employee have verified positive drug test(s)? | **Yes** |  | **No** |  |
| 1. Did the employee refuse to be tested? | **Yes** |  | **No** |  |
| 1. Did the employee have other violations of USDOT agency drug and alcohol testing regulations? | **Yes** |  | **No** |  |
| 1. Did a previous employer report a drug and alcohol rule violation to you? | **Yes** |  | **No** |  |
| 1. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? **Or, indicate N/A** | **Yes** |  | **No** |  |

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| **Note:** If you answered “**yes**” to item 5, you must provide the previous employer’s report to the new employer. 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) to the new employer. |

**Section II-B.**

Provide the name of the person at the **Previous Employer** providing information in Section II-A.

|  |  |
| --- | --- |
| **Previous Employer Company Name** |  |
| **Name** |  |
| **Title:** |  |
| **Phone:** |  |
| **Email Address:** |  |
|  |  |
| **Date:** |  |