CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A separate form must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I,		authorize that:
I, Print First Name, Middle Initial, Last Name	Last 4 digits of Social Security Number	
Contact Person:		_
Previous Employer:		_
Street Address or P.O. Box:	Telenhone	_
P.O. Box:	Telephone:	
City, State, Zip	Fax:	
may release the information requested below concernin	ng my US DOT drug and alcohol testing reco	ords to:
Prospective Employer:		
Street Address or P.O. Box:	Telephone:	
City, State, Zip	Fax:	
Applicant's Signature	Date	
This information will be used solely for the purpose of	ascertaining whether I am eligible to perform	m safety-sensitive
functions for the	. This authoriz	ation for release
of information is valid for one year from the date of sig	gnature.	

COMPLETED BY PREVIOUS EMPLOYER

Check here \Box if this employee did <u>not</u> participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

1.	Has this employee tested positive (0.04 or greater) for alcohol in the last two years?	Y	Ν
2.	Has this employee had a verified positive drug test result in the last two years?	Y	Ν
3.	Has this employee refused a required drug or alcohol test in the last two years?	Y	N
4.	Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years?	Y	Ν
5.	Has a previous employer reported a drug and alcohol rule violation to you?	Y	N
6.	If you answered yes to any of the above items, did the employee complete the return to duty process?	Y	N

Note: If you answered "yes" to item 5, you must provide the previous employer's report. 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).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.