

Release of Information Form

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

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed in Section I-A to the employer listed in Section I-B. This release is in accordance with DOT 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 items for the past two years:

- 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 DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

Employee Signature: _____ Date: _____

A. Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

B. New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted to the new employer:

A. In the previous two years, for DOT-regulated testing ~

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

[NOTE: Previous employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy / copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.]

B. Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Company	
Add	PHO:
City, ST, ZIP	FAX:

Prior employer Check 49 CFR 382.413/40.25. Good Faith Effort

1. Call the prior employer and record who was contacted. Fax the required release. Go to step 2.
 2. Call the prior employer and record who was contacted. Ask if they received the fax. If they say YES the fax was received, ask for the information that is required.
- If the prior employer refuses to release the information record it below and file with the drivers original release of information.

Prior Employer	
Address	PHO:
City, St, Zip	FAX:

DRIVER NAME:	Social Security Number

Date of contact:	By Telephone/Fax?	Name of contact at prior employer.
1. NOTES		

Date of contact:	By Telephone/Fax?	Name of contact at prior employer.
2. NOTES		

Conducted By:

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(j).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME _____ DATE _____

SOCIAL SECURITY # _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ **NO** _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return –to-duty process required by Part 40 Subpart O.

Date _____ Name (printed) _____

Signature of Applicant/Driver _____

Witness _____

Record keeping requirements: If “Yes” to either question –5 year retention.
If “No” to either question-discard after employment terminates.