

## 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.