

**Applicant Authorization to Release DOT Drug/Alcohol Test Results****SECTION 1: TO BE COMPLETED BY APPLICANT**

Applicant/Employee: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that as a condition of hire with the above named "Company", 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 pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes  
only if applicable

- ☐ I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- ☐ I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

*(Complete additional form for each previous DOT employer)*

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

\_\_\_\_\_  
**Signature of Applicant**\_\_\_\_\_  
**SSN**\_\_\_\_\_  
**Date****Release of Previous Employer's DOT Drug/Alcohol Testing Results****SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES   | NO                       |  |
|-------|--------------------------|--|
| _____ | _____                    | 1. Any DOT alcohol test results of 0.04 or greater?  |
| _____ | _____                    | 2. Any DOT positive drug test results?   |
| _____ | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| _____ | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?                                       |
| _____ | _____                    | 5. Did a previous employer report a drug / alcohol rule violation to you?                              |
| _____ | _____                    | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?*         |
|       | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations?               |

\*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

\_\_\_\_\_  
**Name of Person Completing Form**\_\_\_\_\_  
**Title**\_\_\_\_\_  
**Phone**\_\_\_\_\_  
**Date**