



**AUTHORIZATION AND REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER(S)**  
**49 CFR Part 40 Drug and Alcohol Testing**

I, \_\_\_\_\_ request and authorize my former employer(s) listed below in **Section A** to answer the questions in **Section B** based on my alcohol and controlled substance testing records and to disclose this information to the person set forth in **Section C**.

**Section A**

List each employer you have had during the past two years.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Use back of this sheet to list the name and address of any additional employers you have had during the past two years.**

I understand that this release is made in accordance with federal law. I affirm that the information provided in response to **Section A** is true and complete to the best of my knowledge. **By signing below, I acknowledge that my employment in a safety sensitive position is conditioned upon CTA's receipt of a satisfactory response to this request and may automatically be terminated upon CTA's receipt of an unsatisfactory response to this request.**

Signature of covered employee/applicant: \_\_\_\_\_

Badge No. (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Section B**

*To be completed by former employer*

Information to be disclosed (**BY PREVIOUS EMPLOYER ONLY**)

- |                                                                                                                                              |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has this person tested positive for a controlled substance?                                                                               | Yes | No |
| 2. Has this person had an alcohol test with a breath alcohol concentration of .04 or greater?                                                | Yes | No |
| 3. Has this person refused a required test for drugs or alcohol (including verified, adulterated or substituted drug test results)?          | Yes | No |
| 4. Has this person violated any other Department of Transportation drug and alcohol testing regulation?<br>If so, please describe in detail. | Yes | No |

5. If the answer to any of the above questions is yes, please provide the name and address of the designated employer representative from whom further information may be obtained.

6. Information provided by (signature): \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C**

*Person to whom the information in Section B may be disclosed:*

Name/Title: Vice President, Human Resources  
Business Address: Chicago Transit Authority  
567 West Lake Street, 3rd Floor  
Chicago, IL 60661-1465  
Fax: (312) 681-2296

**To be completed by Chicago Transit Authority  
Human Resources Department (ONLY)**

This form was (check one):

\_\_\_\_\_ Faxed to previous employer(s) \_\_\_\_\_ Mailed  
Reviewed by Human Resources and it was determined that the applicant  
/employee had not been employed by a DOT-regulated employer (other  
than CTA) in the prior two years.

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Chicago Transit Authority's Manager of  
Human Resources Department (ONLY)**

☐ Approved ☐ Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Forwarded to Medical Review Officer: \_\_\_\_\_