

# REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION

## Previous Employer Information

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize and request that you furnish all information in your possession concerning my participation in an alcohol and controlled substance testing program as requested below.

## Requesting Company Information

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

We are interested in offering the identified applicant a position with our company. Pursuant to 49 CFR Part 391.23 (e)-(f) stated below, we are requesting authorized information regarding Alcohol and Controlled Substance test results for the above applicant.

In addition to the investigations required by 49 CFR 40.25, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of § 40.321(b) for the release of the information listed below. If the driver refuses to provide this written consent, the prospective motor carrier employer will not permit the driver to operate a commercial motor vehicle 0Vj g'lpqto c'kqp'qdvclp'gf 'tqo 'c'r t'gxlqwu'go r nq { gt 'lpewf gu'cp { 'f twi 'qt 'creqj qn'guv' lpqto c'kqp'qdvclp'gf 'tqo 'r t'gxlqwu'go r nq { gt u'wpf gt 'j ku'ge'kqp'qt 'qj gt 'cr r r'ecdr'g F QV'ci gpe { 'tgi w'rc'kpu0

As the previous employer you MUST immediately release this information per Federal regulations 49 CFR 40.25(H) **AND** you must also release any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations per the employee's written authorization above.

**FAILURE to provide this information will be reported to FMCSA per Federal regulation 391.23(c) (3)**

## HUMAN RESOURCE REPRESENTATIVE, PLEASE COMPLETE THE FOLLOWING

- Has this person ever tested positive for a controlled substance in the last 3 years? ☐ YES ☐ NO
- Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater in the last 3 years? ☐ YES ☐ NO
- Has this person ever refused a required drug test or alcohol test in the past 3 years? (including verified adulterated or substituted drug test results) ☐ YES ☐ NO
- Other violations of DOT agency drug and alcohol testing regulations. ☐ YES ☐ NO

***If you answered YES to any of the questions above, please provide any documentation of the employee's successful completion of the return-to-duty and follow-up tests including the Substance Abuse Professional's name, address, and telephone number for further reference.***

Name of SAP: \_\_\_\_\_ Phone: \_\_\_\_\_

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

COMPLETED BY (Signature) \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Completed \_\_\_\_\_

This form was (check one) ☐ Faxed to previous employer. Date(s): \_\_\_\_\_ ☐ Mailed to previous employer. Date(s): \_\_\_\_\_

***Complete below when information is obtained.***

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ E-mail