

Consent to Release Previous Drug and/or Alcohol Testing

This form must be filled out by all new hires in a safety sensitive position and sent to ALL previous employers of the past 2 (TWO) years.

I, _____,
(Print Name of Covered Applicant)

Driver's License State _____ DL# _____, hereby authorize

_____ to release to: _____
(Company Name)

1. Alcohol tests with a result of 0.04 or higher alcohol concentration.
2. Verified positive drug tests.
3. Refusals to be tested (including verified adulterated or substituted results).
4. Other violations of DOT agency drug & alcohol testing regulations.
5. With respect to any employee who violated a DOT drug & alcohol regulation, documentation of the employee's successful completion of DOT return to duty requirements, including follow up testing.

This authorization is valid until withdrawn by me in writing. Dated this _____ day of _____, 20_____.

I have not held a DOT covered positions within the past 2 (two) years.

(Signature of Applicant)

(Witness)

Please complete the back of this form via email to: _____ or mail to:

If you have any questions or concerns regarding this request please contact _____
(____) _____

**APPLICANT-PLEASE NOTE: RECIEPT OF ADVERSE CORRESPONDENCE FROM FORMER EMPLOYERS
MAY RESULT IN THE RETRACTION OF A PRIOR JOB OFFER**

Response Form Previous Employer Drug and/or Alcohol Testing Results

Company Name: _____

Company Address: _____

Company Fax#: _____

Employed with our company from _____ to _____

Based on a review of our employment records;

- ___yes___ no Alcohol tests with a result of 0.04 or higher alcohol concentration.
- ___yes___ no Verified positive drug tests.
- ___yes___ no Refusals to be tested (including verified adulterated or substituted results).
- ___yes___ no Other violations of DOT agency drug & alcohol testing regulations.
- ___yes___ no With respect to any employee who violated a DOT drug & alcohol regulation, documentation of the employee's successful completion of DOT return to duty requirements, including follow up testing.

I hereby affirm the information provided above is true and correct based on information contained in our company employment records for the individual identified on this release form.

Signature

Date

Printed Name

Title

Date Employee began performing safety sensitive functions: _____	
Mailed on: _____	Mailed by: _____
Followed up on: _____	Followed up by: _____
Response Received: _____	