

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ hereby authorize: \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: \_\_\_\_\_  
Prospective Employer: \_\_\_\_\_  
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

In compliance with §40.25, release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. **Under §40.25(h), you must immediately release the requested information to the employer making the inquiry after reviewing the employee's specific, written consent. (See back of form for regulations.)**

Prospective employer's confidential fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION 2: TO BE COMPLETED BY PREVIOUS / CURRENT EMPLOYER

If applicant was **not** subject to Department of Transportation testing requirements while employed by you, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 2, sign, and return.

Applicant was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

Under which agency was the employee tested under Part 40? ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or, including:<br>• An alcohol test with a result of 0.04 or higher alcohol concentration.<br>• A controlled substances test result of positive, adulterated, or substituted.<br>• A refusal to submit to a DOT-required controlled substances or alcohol test.<br>• Violation of an agency-specific prohibition (please describe, e.g., refusal to test, actual knowledge): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> |

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other \_\_\_\_\_  
Complete below when information is obtained. \_\_\_\_\_  
Date \_\_\_\_\_

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

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone  
\_\_\_\_\_ ☐ Other \_\_\_\_\_

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

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|---|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or, including:<br>• An alcohol test with a result of 0.04 or higher alcohol concentration.<br>• A controlled substances test result of positive, adulterated, or substituted.<br>• A refusal to submit to a DOT-required controlled substances or alcohol test.<br>• Violation of an agency-specific prohibition (please describe, e.g., refusal to test, actual knowledge): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> |

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Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Complete below when information is obtained. \_\_\_\_\_  
Date \_\_\_\_\_

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\_\_\_\_\_ ☐ Other \_\_\_\_\_

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

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Prospective employer's confidential fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature Date

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In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1:

|  | YES                      | NO                       |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or, including:  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <ul style="list-style-type: none"> <li>An alcohol test with a result of 0.04 or higher alcohol concentration.</li> <li>A controlled substances test result of positive, adulterated, or substituted.</li> <li>A refusal to submit to a DOT-required controlled substances or alcohol test.</li> <li>Violation of an agency-specific prohibition (please describe, e.g., refusal to test, actual knowledge): _____</li> </ul> |                          |                          |                                     |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <b>N/A</b> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone  
☐ Other \_\_\_\_\_

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

—

**§40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (*i.e.*, a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (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 drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (*e.g.*, an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (*e.g.*, fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).