

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER FMCSA.....DRUG AND ALCOHOL TESTING

In accordance with 49CFR 40.25, employers must obtain from an employee's previous employers (where the employee was employed performing safety-sensitive functions), each employee's drug and alcohol testing history (for the previous three years from the date of application) as a condition of employment in a safety-sensitive position. 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 the information. You must also ask the employee, if in the last three years whether (s)he has tested positive, or refused to test, on any pre-employment drug/alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive functions. If the employee admits to testing positive or refusing to test, you must not use the employee to perform safety-sensitive functions until the employee documents show successful completion of the return-to-duty process. This form must be retained for three (3) years from the date the employee first performed safety-sensitive functions.

Section I:

EMPLOYEE'S AUTHORIZATION FOR RELEASE OF INFORMATION

I, (print) _____, hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer listed in Section III to the employer listed in Section II. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the items listed in Section III.

Signature

SS / ID Number

Date

Section II:

NEW EMPLOYER Company Name: _____

Designated Employer Representative _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Section III:

PREVIOUS EMPLOYER Company Name: _____

Designated Employer Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

The above-named employee has advised us that (s)he was employed by you in a safety-sensitive position covered under DOT regulations during the previous two (3) years. 49CFR 40.25 requires us to obtain from you information concerning this employee's drug and alcohol test results (including any refusals to be tested) during that time. In accordance with these regulations, we are providing you with signed authorization requesting you to provide us with the following information.

As the previous employer, 49CFR 40.25(h) requires that you immediately release this information to the employer above. Also, you must maintain a written record of the released information, including the date, the party to whom it was released and a summary of the information provided.

In the three years prior to the date of the employee's signature (Section I), for DOT regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? yes no
2. Did the employee have verified positive drug tests? yes no
3. Did the employee refuse to be tested? yes no
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? yes no
5. Did a previous employer report a drug and alcohol rule violation to you? yes no
6. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process? N/A yes no

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

Name, Title & Phone of person providing information in Section III

Date



THE NEWPORT ALLIANCE

The Borden-Carey Building, Suite G-40, 19 Friendship Street, Newport, Rhode Island 02840, (800) 223-2133 / Fax (401) 848-6047