Applicant Authorization to Release DOT Drug/Alcohol Test Results SECTION 1: TO BE COMPLETED BY APPLICANT

Current Employer: Address:	Applicant/Employee	:			
Phone:	Current Employer:				
Phone:	Address:		_ City:	St:	Zip:
mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle). Check boxes only if applicable I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below. I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below. I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below. Previous Employer: Address: City: St: Zip: Phone: Dates of Employment: (Complete additional form for each previous DOT employer) Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if					
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Circulations of Appellicant	later discovered after my	employment with the Company	y begins.		
Signature of Applicant EMP ID Date	510	inature of Applicant	EMP	לווי	Date
Release of Previous Employer's DOT Drug/Alcohol Testing Results	Rel	ease of Previous Em	ployer's DOT Drug/	Alcohol Testing R	lesults
SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER In accordance with DOT regulations, the Company, named above, is required to obtain and as a Previous Employer, you are required to release DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following: YES NO 1. Any DOT alcohol test results of 0.04 or greater? 2. Any DOT positive drug test results? 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) 4. Other violations of DOT drug and alcohol testing regulations? 5. Did a previous employer report a drug / alcohol rule violation to you? 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* 7. Was the Applicant/Employee employed by you but NOT subject to DOT regulations? *Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).	required to release This information requedrivers), from the date YES NO	DT regulations, the Compan DOT drug and alcohol information of this request. Please correct 1. Any DOT alcohol test received 2. Any DOT positive drug 3. Refusal to submit to a E 4. Other violations of DOT 5. Did a previous employe 6. If "yes" for any of the above 7. Was the Applicant/Empers 5, you must provide the previous and DOT 5. Did a previous employe 6. If "yes" for any of the above 7. Was the Applicant/Empers 5, you must provide the previous	y, named above, is required a mation, listed below, concernication, listed below and alcohol greater? DOT required drug / alcohol to drug and alcohol testing regular report a drug / alcohol rule prove items, did the employee alloyee employed by you but he comployer's report. If you answere the semployer's report.	to obtain and as a Preing the Applicant/Employ ployee by you going bacest? (incl. adulterated or sululations? violation to you? complete the return-to-d	ee, named above. k 2 years (3 years for CMV ostituted results) uty process?* lations?
Name of Person Completing Form Title Phone Date		entation (e.g., SAP report(s), folio	wap testing record).		