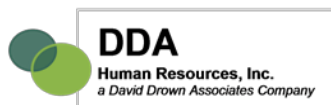


# DOT DRUG & ALCOHOL PROGRAM HISTORY - RECORDS REQUEST PACKET

Document prepared by DDA Human Resources, Inc.



## INSTRUCTIONS TO COMPLETE THE DOT DRUG & ALCOHOL PROGRAM HISTORY RECORDS REQUEST PACKET

### **PART 1:** Prospective/New Employer

- Complete the information required in this section
- Submit to the Applicant/Employee

### **PART 2:** Applicant/Employee

- Complete the information required in this section
- Sign and date
- Return to Prospective/New Employer

### **PART 3:** Previous/Current Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective/New Employer

**Part 1: TO BE COMPLETED BY PROSPECTIVE/NEW EMPLOYER**

**General Instructions:**

Part 1 is to be completed by [the Prospective/New Employer]. Following completion of the Applicant/Employee section in Part 2, the entire packet is to be sent to the Previous/Current Employer indicated in Part 2. The Previous/Current Employer should complete Part 3 and return the entire packet to the Prospective/New Employer.

**Prospective/New Employer Name:** [County Name]

**Address:** [Insert County Address]

**Phone:** [Insert County HR Phone Number]

**Fax:** [Insert County HR Fax Number]

**Designated Employer Representative:** [List County HR Contact Name and Title]

**Designated Employer Representative Email Address:** [List County HR Contact Email Address]

**Name of Applicant or Employee Under Consideration for DOT/FMCSA Safety-Sensitive County Position:**

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[Insert Applicant/Employee Name]

**Part 2: TO BE COMPLETED BY APPLICANT/EMPLOYEE**

**General Instructions to the Applicant/Employee:**

- Complete a separate form for each current and previous employer where the applicant/employee was subject to Department of Transportation (DOT) drug and alcohol testing within the 3-year period prior to date of current application.
- Sign and return the completed form(s) to the County.

**Previous or Current Employer Contact Information**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Applicant/Employee Release**

I \_\_\_\_\_ [Applicant/Employee Printed or Typed Name] hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous or current employer, listed above, to the prospective/new employer listed in Part 1. This release is in accordance with DOT Regulation 49 C.F.R. § 40.25 and 49 C.F.R. § 382.413. I understand that information to be released in Part 3 by my previous or current employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of USDOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant [or Employee] Signature: \_\_\_\_\_

CDL #: \_\_\_\_\_

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

**PART 3: TO BE COMPLETED BY PREVIOUS OR CURRENT EMPLOYER**

General Instructions to the Current or Previous Employer:

Complete Part 3, sign, and return the entire packet to the Prospective/New Employer listed in Part 1.

**Driver Drug and Alcohol History**

Driver Name: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
YES ☐ NO ☐
4. Has this person committed other violations of USDOT agency drug and alcohol testing regulations?  
YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? **If yes or program is currently in-progress, please send documentation back with this form.**  
YES ☐ NO ☐ NO, but SAP Program is currently in-progress ☐
6. For a driver who successfully completed an SAP rehabilitation program and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  
YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior employers in the 3 years prior to the applicant signature date in Part 1.

Name and Title of Company Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

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

Company Representative Email Address: \_\_\_\_\_

Part 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_