

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I. Last _____ Social Security Number _____

Hereby authorize that:

Previous Employer: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing records to:

Jefferson Lines
Attn: Wes Pemble
2100 E. 26th Street
Minneapolis, MN 55404
Telephone Number: 612-359-3412 Fax Number: 612-359-3437

In compliance with §40.25(g), release of this information must be made in written form that ensures confidentiality, such as fax, or letter.

Prospective employer's confidential fax number: ____612-359-3437____

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

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

Under Department of Transportation testing requirements:		Yes	No
1.	Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5.	If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

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. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail

Date: _____

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.