

## DOT Safety Sensitive Employee Prior Testing History Release of Information Form

Note: FMCSA, FTA, USCG, records for 3 years; FAA, records for 5 years.

**Sec I. To be completed by the new employer, signed by the employee, and transmitted to  
DNA & Drug Screening Services, Inc.:**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize **DNA & Drug Screening Services, Inc** to receive and release information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that the information to be released in Section II-A by my previous 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 DOT 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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A. Hiring Company Name:**

\_\_\_\_\_

**Designated Employer Representative:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**I-B Previous Employer:**

\_\_\_\_\_

**Previous Job Title:** \_\_\_\_\_ **Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Designated Employer Representative (if known):**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to  
 DNA & Drug Screening Services, Inc:**

NOTE: If the above employee was not subject to Department of Transportation testing requirements while employed by your company, please check here

<b>II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:</b>	<b>Yes*</b>	<b>No</b>
1. Did the employee have alcohol tests with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the employee have verified positive drug tests?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the employee refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did a previous employer report a drug and alcohol rule violation to you?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	<input type="checkbox"/>	<input type="checkbox"/>

\*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).

**II-B. Name of person providing information in Section II-A:**

\_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**DNA & Drug Screening Services, Inc -**

Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_

First Request:
Second Request:
Third Request: