|  |  |
| --- | --- |
| Your Entity Name |  |
| Mailing Address |  |
| Telephone & Fax #s |  |
| Contact Person |  |
| Email Address |  |
| Driver Applicant Name |  | Social Security # |  |

I hereby authorize and request [Enter Name of Prior Employer, Address & Telephone #]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to release any and all information pertaining to my employment records to the above requesting prospective employer as required by 49 CFR Section 391.23 and Section 40.25(b). You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulations require that this information be released as part of the Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information to the above requesting employer.

**Guidance to Prior Employers**

Per 391.23(f) the driver's written consent is provided to the previous employer to ensure the proper release of information required by FMCSA regulations. (g) Employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30

days after the request is received (Drug and Alcohol Testing Information must be immediately released). If there

is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

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

Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

If the individual listed was not a CDL driver or in a safety sensitive position that required him/her to be in a DOT Drug & Alcohol Testing program, check here: [ ]

The above applicant states that he/she was employed by you between the following dates:

From: \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_

Please indicate the following:

1. Commercial Motor Vehicle Type Above Applicant Operated?

[ ]  Straight Truck [ ]  Tractor/Semi trailer

[ ]  Van [ ]  Bus

[ ]  Flatbed [ ]  Cargo/Tanker

[ ]  Dump Truck/Logging Truck

[ ]  Other (please indicate vehicle type(s) below)

1. Was the applicant involved in any motor vehicle accidents while in your employ?

[ ]  Yes [ ]  No

If yes, please outline:

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | LOCATION | DESCRIPTION | # INJURIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Reason for leaving your employ: [ ]  Discharged [ ]  Laid off [ ]  Resigned

[ ]  Military or Civil Service [ ]  Other (please describe):

**Controlled Substance and Alcohol Testing Information–sections 382.413 and 40.259(b)**

1. Was the above-named individual in a random DOT compliant drug & alcohol testing program during his/her employment with your company? [ ]  Yes [ ]  No
2. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ? [ ]  Yes [ ]  No
3. Has the above named individual had a controlled substance test with a positive result while in your employ? [ ]  Yes [ ]  No
4. Has the above individual refused a controlled substance test or alcohol test while in your employ? [ ]  Yes [ ]  No
5. Other violations of DOT Agency Drug and Alcohol testing regulations? [ ]  Yes [ ]  No Addition Info Attached [ ]  Yes [ ]  No
6. Do you have documentation of the employee’s successful completion of the 49 CFR Subpart O return to duty requirements? [ ]  Yes [ ]  No [ ]  Not Applicable

With Reference to **question number 5**, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address |  |
| Phone # |  |

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Employer Official Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: You are required to release this information immediately per 49 CFR 382.405(f) &

40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Reply Mailed On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by Phone: [ ]  Yes [ ]  No

Person Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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