

ATS Trans

2220 S. Tacoma Way Suite B Tacoma, WA 98409 253-476-8726 fax:253-475-9364
**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON
ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

APPLICANT:

· Have you ever tested positive or refused a test, on any pre-employment drug test administered by a DOT regulated employer for which you applied but did not obtain the safety-sensitive transportation position during the two years preceeding the date of this application? _____ **YES** _____ **NO**

· Is the previous employer listed below a DOT regulated employer? _____ **YES** _____ **NO**

I, (Print Name): _____

First, M.I., Last

Social Security Number

hereby authorize that:

Previous Employer: _____

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

**may release and forward information requested by section 2 of this document concerning my
Alcohol and Controlled Substances Testing records:**

Prospective Employer: ATS Trans
Attention: Human Resources
Address: 2220 S Tacoma Way Suite B
 Tacoma, WA 98409
Telephone: 253-476-8726

Applicant Signature_____
Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

This is in compliance with 49 CFR Part 40.25 which states: (a) As an employer, you must obtain an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties. (b) Employers must request the information listed in this section from DOT regulated employers who have employed the employee during any period during the two years before the date of the employee's application: (1) Alcohol tests with a result of 0.04 or higher alcohol concentration, (2) Verified positive drug tests, (3) Refusals to be tested (including verified adulterated or substituted drug test results, (4) Other violations of DOT agency drug and alcohol testing regulations, (5) Documentation on the employee's successful completion of DOT return-to-duty requirements (including follow-up tests) with respect to any employee who violated a DOT drug and alcohol regulation.

COMPLETE THIS SECTION AS IT PERTAINS TO 49 CFR PART 40.25 (SEE ABOVE): **Yes** **No**

1. Has this person ever tested positive for a controlled substance in the last two years?
2. Has this person ever had an alcohol test result of 0.04 or higher alcohol concentration in the last two years?
3. Has this person ever refused a required test for drugs or alcohol (including adulterated or substituted drug test results) in the last two years?
4. Has this person has any other violations of DOT agency drug and alcohol testing regulations in the last two years?

If YES to any of the above questions, please send documentation of the employee's successful completion of DOT return-to-duty and follow-up testing requirements.

Completed by: _____ **Signature** _____ **Date** _____
(Printed Name)

FOR PROSPECTIVE EMPLOYER USE ONLY:

This form was (check one):

Faxed to previous employer Mailed to previous employer Date sent: _____ Date information received: _____