

DOT INFORMATION REQUEST PREVIOUS EMPLOYER VIOLATIONS

**COMPANY REQUESTING
EMPLOYEE INFORMATION:** _____

PREVIOUS COMPANY: _____

EMPLOYEE NAME: _____ **SSN:** _____

**EMPLOYEE SIGNATURE
AUTHORIZING RELEASE
OF PAST INFORMATION:** _____ **DATE:** _____

THE ABOVE NAMED EMPLOYEE HAS APPLIED FOR A POSITION AT THIS COMPANY, AND CLAIMS TO HAVE BEEN PREVIOUSLY EMPLOYED BY YOUR COMPANY. PLEASE COMPLETE THE FIELDS BELOW TO PROVIDE CONFIDENTIAL INFORMATION ABOUT THE EMPLOYEE'S TERM OF EMPLOYMENT IN YOUR WORKPLACE. UPON COMPLETION, PLEASE FAX OR EMAIL THE FORM BACK.

FAX: _____

EMAIL: _____

THANK YOU IN ADVANCE

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
2. Did the employee have verified positive drug tests? YES NO
3. Did the employee refuse to be tested? YES NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
5. Did a previous employer report a drug and alcohol rule violation to you? YES NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A YES NO

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).

**SIGNATURE OF PERSON
COMPLETING FORM:** _____ **PHONE:** _____

NAME, TITLE: _____ **DATE:** _____