



<b>SECTION 3</b>		
<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>		
DRUG AND ALCOHOL HISTORY		
If driver was not subject to Department of Transportation drug and alcohol testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____.		
Driver was subject to Department of Transportation drug and alcohol testing requirements from _____ to _____.		
	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	_____	_____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	_____	_____
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	_____	_____
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	_____	_____
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ; did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	_____	_____
Include any DOT drug or alcohol testing information from previous employers in the previous 3 years prior to the application date shown on side 1.		
Company Name: _____		
Street: _____		
Section 3 completed by: (Signature) _____ Date _____		

<b>SECTION 4</b>	
<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>	
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other	
By: _____	Date: _____

<b>SECTION 5</b>	
<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>	
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other	
Date: _____	