

REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION FROM PREVIOUS EMPLOYERS

SECTION 1: To be completed by prospective employee

I, (Print Name) _____, hereby authorized that:
First, M.I., Last *Social Security Number*

Previous Employer: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax: _____

May release and forward all information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Combined Transport Inc. Attn: Recruiting
Address: 5656 Crater Lake Avenue P.O. Box 3667 Telephone: 541-734-7418
City, State, Zip: Central Point, OR 97502 Fax: 800-867-3459

Applicant Signature: _____ Date: _____

This request is in compliance with 49 CFR Part 40.25, which states: *Records shall be made available to a subsequent employer upon receipt of a written request from an employee.*

SECTION 2: To be completed by previous employer

If the employee was not subject to 49 CFR Part 40 testing requirements while employed by you, please check here _____, sign below and return.

Under 49 CFR Part 391.23e:	YES	NO	N/A
1. Has this person within the previous three years violated the alcohol and controlled substances prohibitions under subpart B of part 381, or 49 CFR Part 40?	_____	_____	_____
2. If this person violated the alcohol and controlled substances prohibitions did they fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional?	_____	_____	_____
3. If this person violated the alcohol and controlled substances prohibitions did they successfully complete a rehabilitation program?	_____	_____	_____
4. If this person completed a substance abuse program and remained in your employ, did they have any of the following testing violations:			
a. Alcohol tests with a result of 0.04 or higher alcohol concentration?	_____	_____	_____
b. Verified positive drug tests?	_____	_____	_____
c. Refusals to be tested (including verified adulterated or substituted drug test results)?	_____	_____	_____

PLEASE INCLUDE INFORMATION RECEIVED FROM PREVIOUS EMPLOYERS

If **YES** to any of the above questions, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: _____
Street: _____
City, State, Zip: _____ Telephone: _____

Completed by (Signature): _____ Date: _____