



DOT Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: AURORA TOWNSHIP

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to Aurora Township and/or its agent, Aurico Reports, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and FMCSA Part 391.23 investigation and inquiries. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-B.

Previous DOT Employer	Address	City, State, Zip	
Position Held	Dates of Employment	Phone Number	Fax Number

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence. Please transmit back by fax to: 847 847-577-9605

- List employment dates: _____
- Qualified in what equipment? _____
- Driver's license ever revoked or suspended? _____

Accident History:				
Complete the following for any accidents included on your accident register (390.15 (b)) that involved the employee.				
Date of Accident	Location	No of Injuries	No of Fatalities	Hazmat Spill



Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

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 ___

NOTE: 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).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____