

DOT Regulated Employee Release of Information Form – 49 CFR Part 40 Drug & Alcohol Testing
As required under 49 CFR 14 CFR, 30 CFR and 36 CFR Parts 40.25 and or any other regulated position(s)
Section I: To be completed by the new employees, signed by the employee, and transmitted to:



Southern States Offshore/Employers Resources, LLC
P.O. Box 61987
Lafayette, LA 70596
Via Fax 337-981-9305 or
1-866-848-0620 or respond@employersresources.net



Employee Printed or Type Name: _____

Employee SS or ID Number: _____

I hereby authorize the release of information from my Department of Transportation (DOT) regulated drug & alcohol testing records by my previous employer(s), listed in below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 14 CFR; 30 CFR; 36 CFR 49 CFR Part 40, Section 40.25 for which I took a DOT pre-employment drug test during the previous ten years. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following DOT regulated information:

1. Verified positive drug test results.
2. Alcohol test results that reflect a result of 0.04 or higher alcohol concentration.
3. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and/or verified adulterated or substituted drug test results.
4. Records of any determinations that I engaged in alcohol misuse in violation of DOT regulations.
5. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation, including follow-up testing, undertaken by me following a violation of DOT regulations.
6. Other violations of DOT drug and/or alcohol testing regulations.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Employers Resources, LLC. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous **ten** years on my application. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

Employee Signature: _____ Date: _____

EMPLOYEE / APPLICANT DO NOT WRITE BELOW THIS LINE

Previous Employers (use more than one form if an employee has had more than one DOT regulated employers in the past ten years)

Previous Employer Name: _____

Designated Representative: _____

Phone Number: _____ Fax Number: _____

Dates of Employment: From: _____ To: _____

Section II: To be completed by the previous employer(s) and transmitted via fax to the new employer or its agent listed above in BOLD

In the ten years prior to the date of the employee's signature for DOT regulated testing;

- | | | |
|---|--------------------|----------|
| 1. Did the employee have alcohol test results with a result of 0.04 or higher? | YES _____ | NO _____ |
| 2. Did the employee have a verified positive drug tests? | YES _____ | NO _____ |
| 3. Did the employee refuse to submit to a DOT required drug / alcohol test? | YES _____ | NO _____ |
| 4. (incl. adulterated or substituted specimens) | | |
| 5. Did the employee have other violations of DOT agency drug & alcohol testing? | YES _____ | NO _____ |
| 6. Did a previous employer report a drug & alcohol rule violation to you? | YES _____ | NO _____ |
| 7. If you answered "yes" to any of the above, did the employee complete the return-to-duty process? | NA _____ YES _____ | NO _____ |

Check this box if your company and/or the applicant was not subject to DOT regulations.

Documentation must be attached for "yes" answers: Designated Representatives Signature: _____

Title: _____

Date: _____