CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____ _____, authorize that:
Print First Name, Middle Initial, Last Name — Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

_____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: Lori Rolison, Director of Operations

Prospective Employer: Broome County Dept. of Public Transportation

Street Address or P.O. Box: 413 Old Mill Road Telephone: 607-763-4464

City, State, Zip Vestal, NY 13850 Fax: 607-763-4468

_____ _____
Applicant's Signature ***Date***

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the Broome Co. Dept. of Public Transportation. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;
OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? Y___ N___
2. Has this employee had a verified positive drug test result in the last two years? Y___ N___
3. Has this employee refused a required drug or alcohol test in the last two years? Y___ N___
4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? Y___ N___
5. Has a previous employer reported a drug and alcohol rule violation to you? Y___ N___
6. If you answered yes to any of the above items, did the employee complete the return to duty process? Y___ N___

*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).*

_____ _____
Previous Employer's Signature Date