

Release of Information Form 49 CFR Part 40, Section 40.25, for Drug and Alcohol Testing

SECTION I: To be completed by the new employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

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-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. 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-A

New Employer: NJ Department of Transportation **Address:** Human Resources, 1035 Parkway Ave., Trenton, NJ 08625-0602
Phone: 609-530-6149 **Fax #:** 609-530-3683 **Designated Employer Rep:** Noelia Rodriguez, Supervisor of Recruitment

I-B

Previous Employer: _____

Address (of Human Resources): _____

Phone # (of Human Resources): _____ **Fax # (of Human Resources):** _____

Designated Employer Representative (Human Resources-if known): _____

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 the 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: _____ (please print)

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

Title: _____

Phone #: _____

Date: _____