



1901 Benefis Court
Great Falls, MT 59405 Phone: 406-727-7500

Request for Information-From Previous Employer

Return to Fax #: 406-454-1085

RELEASE TO CONTACT PREVIOUS EMPLOYERS

Request/consent for Information from Previous Employer(s)/Carrier(s) for Alcohol and Controlled Substances Testing Records and changes in Parts 390 and 391 of the FMCSR. I hereby authorize (**Past Employer**) to release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Transystems. I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers listed on my application for the sole purpose of transmitting such records to the above listed employer, I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violations; and (vi) documents, if any, of completion of a return-to-duty process following a rule violation. I also authorize the carriers (company/school) listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information. I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years. The information that I have authorized Hire Right to review involves tests required by DOT. If any carrier (company/school) listed above furnishes Hire Right with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Applicant's Printed Name

Applicant SS#

Applicant's Signature/Date