PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION l: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I _____ _____ _____

First, M.I., Last (print or type name) Social Security Number Date of Birth

Hereby authorize:

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)

to Prospective Employer: Oklahoma Tire Recyclers, LLC Attn: Nicole Zoellner, 100 Old Trail Road, Bristow, Oklahoma 74010
Office: 918-367-9595 Fax: 918-367-9598

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

_____ _____

Applicant's Signature Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____ complete bottom of Section 2, sign, and return.
Driver was subject to Department of Transportation testing requirements from_____ to _____

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	◯	◯
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	◯	◯
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	◯	◯
4. Has this person counited other violations of Subpart B of Part 382, or Part 40?	◯	◯
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	◯	◯
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	◯	◯

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name:_____ Number: _____

Company: _____

Street: _____ City, State, Zip: _____

Section 2 Completed by (Signature):_____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSECTIVE EMPLOYER

This form was (select one) ◯ Faxed to previous employer ◯ Mailed ◯ Emailed ◯ Other: _____

Complete below when information is obtained: Date

Information received from: _____

Recorded by: _____ Method: ◯ Fax ◯ Mail ◯ Email ◯ Telephone

Date: _____ ◯ Other: _____