



**TARRANT COUNTY
DOT DRUG & ALCOHOL RECORD REQUEST FORM**

EMPLOYEE RELEASE: I authorize previous employers to release the information below regarding DOT alcohol and drug testing within the past two years as required by the U. S. Department of Transportation (DOT) Alcohol and Drug Testing Guidelines under 49 CFR 40.

Applicant Signature

Date

(To be completed by Human Resources)

Previous/Present Employer

Address

Telephone Number: _____

Fax Number: _____

The individual named above has applied for employment with Tarrant County Government for a designated safety-sensitive position. Your organization is listed as a past or present employer. In accordance with Title 49 of the Federal Regulations, Part 40, please respond to the inquiry below pertinent to records maintained under this code regarding this applicant. We would greatly appreciate a quick response, since we cannot employ the applicant until we receive this information. *We will hold your comments in strict confidence.*

APPLICANT: _____

SOCIAL SECURITY #: _____

If this person was not subject to DOT drug and alcohol testing, check here & sign below.

Within the past 24 months, has the above named individual:

- | | | |
|--|------------------------------|-----------------------------|
| 1) Had an alcohol test with a concentration result of 0.04 or greater? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Had a positive controlled substances test result? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Refused to be tested for alcohol or drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Had other violations of DOT agency drug & alcohol testing regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) If employee violated a DOT regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answer was yes to any of the above questions, please provide specific details:

Name/Title of Person Providing Information:

Area Code/Phone Number

Area Code/Fax Number

Date

DOT 11/2006

E:\HR Documents\DOT Drug & Alcohol Test History Request Form