



## Release & Documentation of CSAT Information by Previous Employers

Date of driver's employment application: \_\_\_\_\_

### Part 1 – To be completed by driver/applicant.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*Previous employer/company name*

to release to \_\_\_\_\_ at \_\_\_\_\_  
*Company contact new employer/company name*

(\_\_\_\_\_) \_\_\_\_\_  
*Telephone number city/state/zip*

results of any verified positive drug tests; alcohol tests with a result of 0.04% BAC or greater, evidence of any refusal to be tested (including verified adulterated or substituted drug test results); other violations of DOT drug & alcohol testing regulations; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations **for the preceding two years**. The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under applicable DOT agency regulations. I request such record be released immediately.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Printed name of driver \_\_\_\_\_

Signature of driver \_\_\_\_\_

Social Security Number \_\_\_\_\_ Witness \_\_\_\_\_  
*Signature*

### Part 2 – To be completed by previous employer.

	YES	NO
1. Has the person above ever tested positive or controlled substances under 49CFR Part 382, in the past two years during employment with your company?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person ever had an alcohol test with a result of 0.04% BAC or greater under 49CFR, Part 382 in the past two years while employed with your company?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs and/or alcohol under 49CFR, Part 382, in the past two years during employment with your company?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and telephone number for further reference.

SAP name \_\_\_\_\_ SAP phone (\_\_\_\_\_) \_\_\_\_\_

SAP address \_\_\_\_\_ city/state/zip \_\_\_\_\_

Name of person releasing information \_\_\_\_\_ Date \_\_\_\_\_

Signature of person releasing information \_\_\_\_\_