

**Section 1. To be completed by the employee for transmission to previous employer:**



Employee Name: \_\_\_\_\_

Position at Previous Employer: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Dates Worked: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 3, to the employer listed in Section 2. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer includes DOT-regulated testing items listed in Section 4.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2. New Employer Information**

Denise Nettum, Designated Employer Representative  
Human Resources  
215 Martin Luther King Jr. Blvd., Suite 261  
Madison, WI 53703  
(608) 266-4615 or [dnettum@cityofmadison.com](mailto:dnettum@cityofmadison.com) Fax: (608) 267-1115

**Section 3. Previous Employer – To be completed by employee**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person Name and Phone Number: \_\_\_\_\_

**Section 4. To be completed by the previous employer and transmitted by mail, fax or email to the new employer.** If this employee was not subject to DOT Regulated testing, please check this box , sign, date and return.

In the two years prior to the date of the employee’s signature (in Section 1), for DOT-regulated testing:

- a. Did the employee have an alcohol test with a result of 0.04 or higher? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Did the employee have a verified positive drug test? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Did the employee refuse to be tested? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Did a previous employer report a drug and alcohol rule violation to you? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
- f. If you answered “yes” to any of the above items, did the Employee complete the return-to-duty process?

Note: If you answered “yes” to item e, you must provide the previous employer’s report. If you answered “yes” to item F, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record.)

Name of person providing information in Section 4: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_