



KITSAP COUNTY

CDL PRE-EMPLOYMENT AUTHORIZATION TO RELEASE FORM

To be completed and signed by the prospective employee. The form will be transmitted by Kitsap County to previous employer(s) if the prospective employee has operated a CDL covered vehicle during employment at the previous employer in the last two years. A new form must be completed for each employer during the last two years that the prospective employee has operated a CDL covered vehicle during employment.

Name: _____

Date: _____

SS# or Employee #: _____

AUTHORIZATION TO RELEASE

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below in Section 1, to the prospective 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 in Section 3 by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
- 2. Verified positive drug tests;
- 3. Refusals to be tested;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation;
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Prospective Employee Signature

Date

PREVIOUS EMPLOYER INFORMATION

Previous Employer Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Designated Representative/ Contact: _____

PREVIOUS EMPLOYER SECTION - QUESTIONNAIRE

The previous employer completes/answers the following questions and fax (preferred) or mails this form back to the potential employer, with appropriate documentation if applicable. Potential Employer Contact Information: Kitsap County, 614 Division ST MS#23, Port Orchard, WA 98366; Phone: 360.337.7185 Fax: 360.337.7187. Designated Representative: Carol Mackie, HR Analyst

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

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
- 2. Did the employee have verified positive drug tests? YES NO
- 3. Did the employee refuse to be tested? YES NO
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
- 5. Did a previous employer report a drug and alcohol rule violation to you? YES NO
- 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?* YES NO

NOTE TO PREVIOUS EMPLOYER: If you answered 'yes' to any of the above items, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results, BATFs, SAP reports, follow up testing records) to the new employer.

PREVIOUS EMPLOYER CERTIFICATION

Name of person providing information: _____

Contact Phone Number: _____

I certify the above answers given are true to the best of my knowledge.

Previous Employer Representative Signature

Title

Date

KITSAP COUNTY HR USE ONLY:

Date(s) Sent to and Contacted Previous Employer: _____

(After 30 days of no response employee may be considered without previous employer Certification.)