HEAD START of LANE COUNTY

Request/Consent Form For Information From Previous Employer(s)
Alcohol & Controlled Substances Testing Records

Section 1: To Be Completed By Prospective Employee

I understand that in accordance with Federal Regulations 49 CFR Part 40, 563, 654, and the Drug-Free Workplace Act, Head Start of Lane County will be requesting information from my previous employer(s) concerning my drug and alcohol testing. I authorize any company contacted by this employer to release and forward my Alcohol and Controlled Substance Testing/Training records.

Last Name *(Please print)* First Name MI Social Security Number

Previous Employer

Previous Employer's Street Address City State Zip

Signature of Prospective Employee Date

Section 2: To Be Completed by Previous Employer

Circle One

1. Has this person ever tested positive for a controlled substance in the last two years? ..... Y .... N
2. Has this person ever had an alcohol with a Breath Alcohol concentration of .04% or greater? ..... Y .... N
3. Has this person ever refused a required test for drugs or alcohol in the last two years? ..... Y .... N

If **YES**, to any of the above questions, please give the **SAP's** (Substance Abuse Professionals) name, address and phone number for further references:

Name *(Please Print)* Phone Number

Street Address City State Zip

INFORMATION PROVIDED BY:

Completed by Title Date Phone Number

Please do not fax this personal sensitive information.

Mail to: Head Start of Lane County
Attn: Transportation Manager
221 B Street
Springfield OR 97477

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Transportation