DOT previous-employer release and safety-performance history

Two-part form: applicant release under 49 CFR §40.25 and §391.23, plus the previous employer's response covering identification, accident history, and drug/alcohol testing.

Release of Information Form — 49 CFR Part 40 and FMCSA Part 391.23

I understand that as a condition of my employment in a DOT safety-sensitive position, I consent to the release of all DOT-mandated drug and alcohol information — including my safety performance history, if applicable — from the company named below. I consent to release this information to SafestHires, Inc., acting as agent for that company, which will share this information with my new employer. This release is issued in accordance with 49 CFR §40.25 and 49 CFR §391.23 (Investigations and inquiries).

The information to be released is limited to the following DOT-regulated items for the past three years:

- Alcohol tests with a result of 0.04 or higher
- Verified positive drug tests
- Refusals to be tested
- Other violations of DOT agency drug and alcohol testing regulations
- Information obtained from previous employers of a drug and alcohol rule violation
- Documentation, if any, of completion of the return-to-duty process following a rule violation
- Documentation, if any, of any driving record investigations and safety performance history

Applicant / employee

- Full legal name: _____
- Last four of SSN: _____
- Company name: _____
- Company address: _____
- Company phone: _____
- Company email: _____

_____ Employee signature

_____ Printed name

_____ Date

Previous employer: complete Sections 1–3 and return to admin@safesthires.com

The applicant named above has applied to our client for a DOT safety-sensitive position and states that they were employed by your company in a DOT safety-sensitive position from _____ to _____.

Section 1 — Applicant identification

- Was the applicant employed by you? YES / NO
- Employed as: _____
- From (mm/yy): _____ To (mm/yy): _____
- If the applicant held a safety-sensitive position subject to Part 40 drug and alcohol testing, initial here: _____
- Reason for separation: _____
- Eligible for re-hire? YES / NO — If no, please explain: _____

Section 2 — Accident history

Complete the following for any accidents included on your accident register (49 CFR §390.15(b)) involving the applicant in the three years prior to the application date shown above. Initial here if you have no accident history for this applicant: _____

Date	Location	# Injuries	# Fatalities	Chemical spill (Y/N)

Additional comments on accident history: _____

Section 3 — Drug / alcohol testing

- Was this person employed in a safety-sensitive function requiring alcohol and controlled-substance testing under 49 CFR Part 40? YES / NO (If no, skip the rest of this section.)
- Has this person had a breath alcohol test with a result of 0.04 or higher within the past three years? YES / NO
- Has this person tested positive, or adulterated or substituted a test specimen, for controlled substances within the past three years? YES / NO
- Has this person refused to submit to a post-accident, random, reasonable-suspicion, or follow-up alcohol or controlled-substance test? YES / NO
- Has this person committed any other violations of Subpart B of Part 382 or Part 40? YES / NO

- Other comments: _____

Previous employer certification

- Printed name: _____
- Title: _____

_____
Signature

_____
Printed name

_____
Date