

**PLACER COUNTY CONSENT TO RELEASE ALCOHOL AND DRUG TEST  
INFORMATION FROM PREVIOUS EMPLOYER  
THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION FOR  
EMPLOYMENT TO THE PERSONNEL DEPARTMENT**

**SECTIONS 1 & 2 - TO BE COMPLETED BY APPLICANT (See instructions)**

**SECTION 1: AUTHORIZATION FOR RELEASE OF INFORMATION**

A. (Print Name) \_\_\_\_\_ B. \_\_\_\_\_  
First, M.I., Last Social Security Number

**Hereby authorize that:**

C. Previous Employer : \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No: \_\_\_\_\_

May release and forward information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records to: **PLACER COUNTY**

RISK MANAGEMENT DIVISION FAX to: (530) 886-2609 or Email to: [Rgold@placer.ca.gov](mailto:Rgold@placer.ca.gov)  
145 Fulweiler Avenue, Suite 100  
AUBURN, CA 95603

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

D. \_\_\_\_\_  
Applicant Signature Date

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

**SECTION 2: PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

Sec 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return to duty process. (see Sec 40.25(b)(5) and (e)).

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State, ZIP: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

(print)

The applicant is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Check one:  Yes  No
- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?  
Check one:  Yes  No

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(witness may be anyone you choose)

382.405(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request. (h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent as outlined in § 40.321(b) of this title.

**SECTIONS 3 & 4 - PLACER COUNTY WILL REFER TO PREVIOUS EMPLOYER**

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

<b>Under Department of Transportation testing requirements <u>during the previous two years:</u></b>	<b>YES</b>	<b>NO</b>
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirement, including follow-up tests? (Please send this documentation back with this form, if applicable.)	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other Applicable DOT agency regulations.

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

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to: PLACER COUNTY  
RISK MANAGEMENT DIVISION  
145 Fulweiler Avenue, Suite 100  
AUBURN, CA 95603  
FAX to: (530) 886-2609**

**SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was: (check one)  Faxed to previous employer  Mailed Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  E-mail

Date: \_\_\_\_\_