



Minnesota  
STATE COLLEGES  
& UNIVERSITIES

# COMMERCIAL DRIVERS' LICENSE DRUG AND ALCOHOL TESTING

CDL-2

## *Request/Consent for Information from Previous Employer Form*

### SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Print Name (First, M.I., Last) Previous Employer

Previous Employer Address City State Zip Code

to provide all information on my Alcohol and Controlled Substances Testing/Training Records to:

Campus program manager's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

|      |                                |                     |
|------|--------------------------------|---------------------|
| Date | Prospective Employee Signature | Social Security No. |
|------|--------------------------------|---------------------|

This is in compliance with 49 CFR 382.405(f) and (h) that states:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of any such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has the person ever tested positive for a controlled substance in the last two years?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs of alcohol in the last two years?                               | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above questions, please complete the following:

|   |       |        |      |
|---|-------|--------|------|
| Substance abuse professional's name:        |       | Phone: |      |
| Address:                                    | City: | State: | Zip: |
| Previous employer representative signature: |       | Date:  |      |

### SECTION 3: TO BE COMPLETED BY CAMPUS REPRESENTATIVE

#### RELEASE OF INFORMATION

Name of person interviewed from previous employer:

Interviewed by:

Date:

Date received back:

#### CONSENT FORM

☐ Faxed to previous employer

☐ Mailed to previous employer

#### INTERVIEW METHOD

☐ Phone

☐ Mail

☐ In Person