SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON D.O.T. DRUG AND ALCOHOL TESTING

In accordance with 49CFR part 40.25 I, _____ (print name) consent to the release of the information requested below regarding my DOT drug and alcohol tests.

Previous employer: _____
Mailing address: _____
_____
Contact Name: _____
Telephone: _____

may release the information requested below concerning my DOT drug and alcohol testing records to:

Santa Cruz Metropolitan Transit District
370 Encinal Street, Suite 100
Santa Cruz, CA. 95060

Attention: Shirley Cruser
Fax: (831)426-1027
Telephone: (831) 423-5583 x143

_____ _____ _____
Applicant's signature Social Security # Date

This information will be used solely for the purposes of determining whether I am eligible to perform safety sensitive functions for the Santa Cruz Metropolitan Transit District. This release of information is valid for one year from the date of signature. Failure to provide written consent and signature, including former employer information above, will result in your being disqualified for a safety sensitive position with Santa Cruz Metropolitan Transit District as per 49 CFR part 40.25(a).

NOTE: **Please return form with District application after completing the above section.**

TO BE COMPLETED BY PREVIOUS EMPLOYER

Did employee participate in DOT regulated drug and alcohol testing while employed by:
_____ Yes __ No __

If you responded "No" please sign and date the form and return it to the address indicated above. If you responded "Yes" please complete the additional questions listed below before returning the signed form.

1. Alcohol test results of 0.04 or higher alcohol concentration in the last two years? 49CFR part 40.25(b)(1) Yes __ No __
2. Verified positive drug tests in the last two years 49CFR part 40.25(b)(2)? Yes __ No __
3. Refusals to be tested (including verified adulterated or substituted drug test results) in the past two years? 49CFR 40.25(b)(4) Yes __ No __
4. Other violations of DOT agency drug and alcohol testing regulations. 49CFR part 40.25(b)(4) within the last two years? Yes __ No __

If you responded "Yes" to any of the four questions listed above please provide documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). 49CFR part 40.25(b)(5).

Form Completed by: _____
Print Name Title
Signature: _____ Date: _____