

**REQUEST FOR INFORMATION
PRE-EMPLOYMENT ALCOHOL/DRUG TEST REQUIREMENTS**

Texas Department of Criminal Justice
Labor Relations Section, Human Resources Division
2 Financial Plaza, Suite #600, Huntsville, TX 77340
Phone: (936) 437-3171 Fax: (936) 437-4009

TO BE COMPLETED BY COMMERCIAL DRIVER: You shall provide the following information for each employer you have worked for in the past two years. Complete only this section, and complete a separate form for each employer. Sign this form on the back side where indicated, and return this form to the SCO, Labor Relations Section, Human Resources Division.

Date: _____
(MM/DD/YYYY)

Employee Name: _____

Employee SSN# _____

Previous Employer Information:

Name _____

Area Code/Phone Number _____

Mailing Address Code _____

City _____

State _____

Zip _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

The above named individual has been hired as a commercial driver for the Texas Department of Criminal Justice. This individual has given your name as a former employer. Pursuant to 49 CFR §§ 382.405(f), 382.413, and 382.401(b), please complete the following information and fax the completed form to (936) 437-4009. Your assistance is appreciated. See the reverse side for the "Release of Information" authorization. Failure to furnish information as requested by 49 CFR §§ 382.405(f) and 382.413 is a violation of D.O.T. regulations and may result in a fine and/or civil liability.

1. When was the individual employed by you? From: _____ to: _____

2. Individual's position with your firm: _____

3. Which one of the following applies? Still employed Laid off Fired
 Resigned with proper notice Resigned without proper notice Asked to resign

4. Reason for leaving: _____

5. Is the individual eligible for rehire? Yes No

6. Did/does the individual participate in the D.O.T. alcohol and drug testing program? Yes No

7. Does the program conform to the federal regulations noted above? Yes No

8. Did the individual refuse to be tested for alcohol and/or drugs, including having verified adulterated or substituted drug test results? Yes No

9. What was the most recent date the individual was tested for alcohol and/or drugs? _____

10. Has this individual ever tested positive for a controlled substance in the last two years? Yes No

11. Has this individual ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? Yes No

If an alcohol or drug test was positive, information shall be provided regarding the individual's previous evaluation by a substance abuse professional and compliance with recommended treatment: _____

12. Has this individual violated any other U.S. D.O.T. drug and alcohol testing regulations? Yes No
If yes, please explain: _____

