

SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

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

In accordance with 49CFR part 40.25 and 390.25 I, _____ (print name) consent to the release of the information requested below regarding my DOT accidents, drug and alcohol tests.

Previous employer: _____

Mailing address: _____

Contact Name: _____

Telephone: _____

may release the information requested below concerning my DOT accidents, 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) 423-5582 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) and 390.25(b).

NOTE: Please return form with METRO application after completing the above section only.

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: _____

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER CONTINUED

TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Did the applicant listed above drive a motor vehicle for your company? Yes _____ No _____

If yes please specify type(s) of vehicle:

Straight Truck _____

Cargo Tank _____

Tractor-Semi Trailer _____

Doubles/Triples _____

Bus _____

Other (specify) _____

Did the employee have a safety performance history or accidents to report? Yes _____ No _____

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

ACCIDENTS:

Please list any accidents included on your accident register (49 CFR part 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Please provide information regarding any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Completed by:

Print Name: _____

Date: _____

Signature: _____

Title: _____