



### Form 301/413

REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301(b)

PURPOSE OF THIS FORM: (A) Under 49 CFR 382.413 which refers to 49 CFR 40.25 of the DOT regulations, previous employers MUST provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. (B) (I) Under 49 CFR 382.301(b) a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program [382.301(c)(1)]. An employer can exercise this exemption if he contacts the testing program and obtains the information below. (11) Under 49 CFR 382.301(c)(2) an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

\* Name (print) \_\_\_\_\_ \* (SIN) \_\_\_\_\_

has applied to our company for a safety-sensitive position as outline in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we are hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program A consent for the release of this information follows.

### APPLICANT/ DRIVER CONSENT

#### Previous Employer

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

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

Address: \_\_\_\_\_

(yyyy - mm - dd)

Phone Number: \_\_\_\_\_

(999-999-9999)

Designated Employer Representative: \_\_\_\_\_

Fax Number: \_\_\_\_\_

(999-999-9999)

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

#### Prospective Employer

Attention: Ravi Annand  
Safety & Compliance

Phone Number: 905-851-1996

Fax Number: 905-851-5527

Company: Precision Specialized Division

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

(yyyy - mm - dd)

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

\* Applicant Name: \_\_\_\_\_ \* Applicant's SIN/Employee ID: \_\_\_\_\_  
(Print)

\* Applicant Signature: \_\_\_\_\_ \* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy - mm - dd)

Previous Employer &/or TPA - Please complete the following sections as per indicated below (& return this document to prospective employer):

Please complete sections (1) and (2) below (for pre-employment exemption in accordance with 49 CFR 382.301).

Please complete sections (1) and (3) below (request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25).

\* Indicates mandatory fields to be completed by Applicant/Driver



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**(1)** Was the applicant subject to drug and alcohol testing under DOT regulations?  Yes  No

**(2)** For pre-employment testing exemption under 49 CFR 382.301:

Date employee enrolled in program \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)      Date of last drug test \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)

Employee's ending date of participation to program \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)      Program complies with DOT requirements?  Yes  No

**DRUG & ALCOHOL TEST RESULTS or any other violation of 49 CFR 382 Subpart B**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)      Type of Test \_\_\_\_\_  Positive  Negative

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)      Type of Test \_\_\_\_\_  Positive  Negative

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)      Type of Test \_\_\_\_\_  Positive  Negative

Comments \_\_\_\_\_

**(3)** For verification of driver's participation in a compliant testing program under 49 CFR 382.413 & Part 40.25

**Testing History**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has this person ever tested positive, as verified by an MRO, for a controlled substance test in the last 3 years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has this person ever refused a DOT required test for drugs or alcohol in the last 3 years (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have knowledge of any other violation by this driver, under 49 CFR Subpart B or of any other DOT agency drug and alcohol testing regulation within the last 3 years (including all information you received from a previous employer)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If YES to any of the above, did the person comply with referral and rehabilitation requirements of the Substance Abuse Professional:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a) Was the person referred to a SAP? If employment with your company continued:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Was the person evaluated by the SAP?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) If yes, did the SAP recommend treatment and/or education?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Did the person complete the treatment and/or education as determined by the SAP?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Did the person undergo a return-to-duty test?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) If yes, was the return-to-duty test negative?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Did the SAP recommend follow-up testing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Did the person complete the follow-up testing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If applicable, please submit copy of documentation of completion of return-to-duty and follow-up testing records.

I confirm that the above information is accurate.

Name of Company Rep \_\_\_\_\_  
Signature \_\_\_\_\_

Company \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy - mm - dd)

\* Indicates mandatory fields to be completed by Applicant/Driver



I, the undersigned, do hereby authorize you, \* \_\_\_\_\_  
to give all information regarding my services, character, and conduct while in your employ, to  
Precision Specialized Division Inc.

You are released from any and all liability which may result in furnishing such information to  
the above named company.

Respectfully yours,

\* Print Name: \_\_\_\_\_

\* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy - mm - dd)

\* Signature: \_\_\_\_\_

\* Indicates mandatory fields to be completed by Applicant/Driver



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## AUTHORIZATION FOR RELEASE OF INFORMATION

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### Applicant Information

\* I \_\_\_\_\_ authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services, credit agencies, and former employers to release information which they may have about me to Precision Specialized Division Inc and their agents, and release them from any liability or responsibility for doing so. Further, I authorize the procurement of my Motor Vehicle Record from my and all appropriate agency and an investigative consumer report. I understand that such a report may contain information about my background, character, and personal reputation and that further information may be available upon written request within a reasonable period of time.

A photocopy of this release shall be as valid as the original. This authorization shall be valid for one year from the date of signing hereof. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

In conformity with sections 382.413, 382.405 and 40.25 of Title 49 of the code of Federal Regulations, as prescribed by the US DOT, I hereby authorize my past or present employer(s) or their drug consortium to furnish to your agent on behalf of the company listed above the following information concerning drug and alcohol tests, including pre-employment tests the carriers conducted during the past two years; (1) the dates on which I tested positive for drugs, and the drug(s) involved; (2) the dates on which I tested 0.02 or greater for alcohol and the test levels; (3) the dates on which I refused to be tested for drugs, and/or alcohol.

I fully understand that the information I authorize released involves tests which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require, but which my past or present employer(s) may have voluntarily conducted under their own authority, unless I instruct the carriers in writing not to release information concerning non-DOT tests. If any past or present employer(s) furnishes information concerning items (1), (2), and (3), I also authorize that employer to release and furnish (4) the results of my negative drug and/or alcohol tests with results below 0.02 during the two year period and (5) the name, and phone number of any substance abuse professional who evaluated me during the past two years.

\* Print Name: \_\_\_\_\_

\* Social Insurance Number: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy - mm - dd)

\* Indicates mandatory fields to be completed by Applicant/Driver