



To complete this form electronically,  
it must be opened in *Adobe Reader!*

# Consent and Release for Results of Controlled Substance, Evidential Alcohol Testing, and Refusal to Test History Reports

I (please print)  SSN  , do hereby

give consent and authorization for the below listed employers to disclose to Arlington Public Schools the results of my controlled substance and evidential alcohol testing results, or any refusal to submit to such tests as mandated by 49 CFR Part 40 of the Department of Transportation regulations. I further agree to hold harmless the previous employers listed below, and the Arlington Public Schools for any damages, loss of employment, and any negative outcome that may result due to such disclosures.

*List previous employers for which safety-sensitive functions were performed for the period three years prior to date of application.*

Dates employed	<input type="text"/>	to	<input type="text"/>		
Previous Employer	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>
Address <input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
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Dates employed	<input type="text"/>	to	<input type="text"/>		
Previous Employer	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>
Address <input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
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Dates employed	<input type="text"/>	to	<input type="text"/>		
Previous Employer	<input type="text"/>	Phone	<input type="text"/>	Fax	<input type="text"/>
Address <input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>

Date

\_\_\_\_\_  
Signature of Applicant

***Prospective Employer:***  
Arlington Public Schools No. 16  
Director of Transportation  
19124 63rd Ave NE  
Arlington, WA 98223

\_\_\_\_\_  
Signature of Designated Employer Representative



## Request for Information from Previous Employer on Alcohol and Controlled Substances Testing

Per the attached release form, your company was identified as a previous employer of:

Name  SSN

In accordance with 49 CFR Part 40.25 of the DOT regulations, please furnish the following information:

***To be completed by previous employer.***

Please check here and skip to number 7 if this employee was not covered under DOT drug/alcohol testing requirements while employed at your company.

**In the three years prior to the date of the employee's signature on the attached release form, for DOT-regulated testing;**

1. Did the employee have alcohol tests with a result of 0.04 or higher?  Yes  No
2. Did the employee have verified positive drug tests?  Yes  No
3. Did the employee refuse to be tested?  Yes  No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?  Yes  No
5. Did the previous employer report a drug and alcohol rule violation to you?  Yes  No
6. If you answered "yes" to any of the above items, did the employee complete the return -to-duty process?  Yes  No

NOTE: If you answered "yes" to question 5, you must provide the previous employer's report. If you answered "yes" to question 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

7. Name of person providing above information:   
Title:  Company:   
Date:  Phone:

Please return this completed form as soon as possible to: Arlington Public Schools No. 16  
Supervisor of Transportation  
19124 63rd Ave NE; Arlington, WA 98223  
Fax: 360-435-1352 Phone: 360-435-3307

***Internal Use Only***

This form was (check one)  Faxed to previous employer  Mailed Date

Information received from:

Method:  
 Fax  Mail  Phone

Recorded by:  Date