

## DRUG AND ALCOHOL BACKGROUND CK

TO BE COMPLETED BY THE EMPLOYEE IN ALL AREAS HIGHLIGHTED IN YELLOW. All of the information will be transmitted to the former previous employer(s):

1. EMPLOYEE PRINTED NAME: \_\_\_\_\_
2. EMPLOYEE SS or ID NUMBER: \_\_\_\_\_
3. PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

*I hereby authorize the release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer, listed in Paragraph 3 to the employer listed in Paragraph 5. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in Paragraph 6 by my previous employer is limited to the following DOT-regulated testing items:*

- a. Alcohol tests with result of 0.04 or higher.
- b. Verified positive drug tests.
- c. Refusals to be tested.
- d. Other violations of DOT agency drug and alcohol testing regulations.
- e. Information obtained from previous employers of a drug and alcohol rule violation.
- f. Documentation, if any, of completion of the return-to-duty process following a rule violation.

4. EMPLOYEE SIGNATURE: \_\_\_\_\_

5. NEW EMPLOYER NAME: Contract Aircraft Technicians Phone: (406) 270-6004  
1835 Airport Rd. Email: hal.belles@yahoo.com  
P.O. Box 7276 Designated Employer Representative:  
Kalispell, MT 59808 Hal Belles

6. TO BE COMPLETED BY THE PREVIOUS EMPLOYER AND TRANSMITTED BY EMAIL OR REGULAR MAIL:

- a. Did the employee have alcohol tests with a result of 0.04 or higher? Yes \_\_\_ No \_\_\_
- b. Did the employee have verified positive drug tests?..... Yes \_\_\_ No \_\_\_
- c. Did the employee refuse to be tested? ..... Yes \_\_\_ No \_\_\_
- d. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ..... Yes \_\_\_ No \_\_\_
- e. Did a previous employer report a drug and alcohol rule violation to You?..... Yes \_\_\_ No \_\_\_
- f. If you answered Yes to any of the above items, did the employee Complete a return-to-duty process?.....N/A \_\_\_ Yes \_\_\_ No \_\_\_

7. NAME OF PERSON PROVIDING INFORMATION IN PARAGRAPH 6:

\_\_\_\_\_  
TITLE: \_\_\_\_\_