



The City of Long Beach
1 West Chester Street
Long Beach, NY 11561
Civil Service Office
Colleen Silvia (516)-705-7211

I, _____, do hereby authorize that _____ release and
(Print Name) (Previous Employer)
forward of all information regarding my employment and my Alcohol and Controlled Substance Testing and
Training records to The City of Long Beach.

Signature: _____ **Date:** _____

Social Security Number: _____

Date of Birth: _____

Previous Employers Information

Previous Employer: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____

Supervisor Name: _____

Dates Employed: From (Month/Year) _____ to (Month/Year) _____

The above named has made an application to this company and states that he/she was employed with you as notated. As of October 29, 2004, the Federal Motor Carrier Safety Administration (FMCSA) requires previous employer's to respond to prospective employers' requests for release of driver alcohol and controlled substance information under 49 CFR Part 382 and 49 CFR Part 40 within thirty days of receipt of such requests. Will you please reply to the inquiry below respecting the applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. We appreciate your attention to this request. This information is being requested in compliance with 40.25 and 392.23.

Please mail this back to: The City of Long Beach
1 West Chester Street
Long Beach, NY 11561
Attention: Colleen Silvia

Or Fax to: 516-897-5669

Or Email to: CSilvia@LongBeachNY.gov

SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

Was the applicant employed by you? Yes No

Are the above dates of employment correct? Yes No

What kind of work did the applicant perform? _____

Did he/she drive a motor vehicle for you? Yes No

If yes, what type? Truck Tractor Trailer Other

Did applicant have any accidents while employed by you during the previous three years? Yes No

If yes, please indicate if DOT reportable and date

Date	DOT Reportable	Applicant Fault? Yes or NO
_____	Yes or No	Yes or No
_____	Yes or No	Yes or No
_____	Yes or No	Yes or No

Reason for leaving your employ: Discharged Laid Off Resigned Other

How would you rate the following:

	Excellent	Good	Fair	Poor	Very Poor
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Quality of Work	<input type="checkbox"/>				
Cooperation with Others	<input type="checkbox"/>				
Safety Habits	<input type="checkbox"/>				
Personal Habits	<input type="checkbox"/>				
Driving Skills	<input type="checkbox"/>				
Attitude	<input type="checkbox"/>				

Was the applicant a safe and efficient driver while in your employ? Yes No

Was the applicant's general conduct satisfactory while in you employ? Yes No

Request/Consent for Information from Previous Employer on
Alcohol and Controlled Substance Testing

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|---|--|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <ol style="list-style-type: none"> 1. Did this person participate in a company drug and alcohol testing program? 2. Has this person ever tested positive for a controlled substance in the last three years? 3. Has this person ever had an alcohol test with a BAC of 0.04 or greater in the last three years? 4. Did this person ever report for duty while having a BAC of 0.04 or greater? 5. Did this person ever report for duty when under the influence of a controlled substance? | <table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </table> | Yes | No | [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| Yes | No | | | | | | | | | | | | |
| [] | [] | | | | | | | | | | | | |
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| 6. Has this person ever refused a required test for drugs or alcohol in the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did this person ever refuse to submit to a post-accident alcohol or substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did this person ever refuse to submit to a random alcohol/substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did this person ever refuse to submit to a reasonable suspicion alcohol /substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did this person ever refuse to submit to a required follow up alcohol/substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did this person fail to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If this person successfully completed a prescribed rehabilitation program did he/she subsequently have a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. If this person successfully completed a prescribed rehabilitation program did he/she subsequently test positive for alcohol with a BAC of 0.04 or greater? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If this person successfully completed a prescribed rehabilitation program did he/she subsequently refuse to be tested for alcohol or drugs (Including verified adulterated or substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above questions, please provide the SAP's (Substance Abuse Professional) name, address, and phone number for further reference.

Name _____ Phone Number _____

Address _____

This is in compliance with 382.405(f) and (h), which states:

(f) Records shall be made available to subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

382.413(a)(b)(e)(f) further states:

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's former employee.

(b) An employer shall obtain, pursuant to a driver's written consent, information on the driver's alcohol tests with a concentration of 0.04 or greater, positive controlled substance test results, and refusal to be tested, with in the preceding three years, which are maintained by the driver's previous employers under 382.401(b)(1)(I) through (III).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the three preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters of any other method of obtaining information that ensures confidentiality. Each employer must maintain a written confidential record with respect to each past employer contact.

Previous employers signature confirming information on the form is true

Signature _____

Date _____

SECTION TO BE COMPLETED BY PERSPECTIVE EMPLOYER

Release of Information

Name of person interviewed from previous employer: _____

Interviewed by: _____ Date: _____

Date Received Back (If Mailed): _____

Consent Form

- Faxed to previous employer
- Mailed to previous employer

Interview Method

- Mail Personal Interview
- Phone