



**TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to DOT testing requirements while employed by this employer, please check here   
 fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ complete bottom of section 3  
 sign and return. Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a<br>test specimen for controlled substances?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Has this person refused to submit to a post accident, random, reasonable<br>suspicion, or follow up controlled substance test?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382 or Part 40?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. If this person has violated a DOT drug & alcohol regulation, did this person complete<br>a SAP prescribed rehabilitation program in your employ, including return-to-duty and<br>follow up tests? If yes, please send documentation with this form. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained<br>in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater,<br>a verified positive drug test, or refuse to be tested?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in section 1.

Name _____		Telephone _____	
Company _____			
Street _____	City _____	State _____	Zip _____
Section 3 completed by (Signature) _____			Date _____

**SECTION 4 - TO BE COMPLETED BY O'HARE TOWING SERVICE**

1st attempt :

This form was: Faxed  Mailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Attempt

This form was: Faxed  Mailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

3rd Attempt

This form was: Faxed  Mailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Information was received by : Fax  Mail  Other \_\_\_\_\_

Date Received: \_\_\_\_\_