



MOUNTAIN WEST PROPANE, INC.
 7140 N. 3000 W.
 Roosevelt, UT 84066
 435- 353- 4562
 Fax 435-353-4561

**PREVIOUS EMPLOYER
 DRUG AND ALCOHOL
 INQUIRY**

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____, Do hereby authorized my:
 (PRINT First and Last Name)
Previous Employer: _____ (Company Name or Individual's Name)
Address: _____ **Phone:** _____

To release all information regarding my services, character and conduct while in your employ. And you are released from any and all liability which may result from furnishing such information to the prospective employer listed below:

Prospective Employer: _____ (Company Name or Individual's Name)
Address: _____ **Phone:** _____

In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

 Applicant's Signature Date Signed

This information is being requested in compliance with CFR 40.25 (g) and 391.23(c)(1).

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here. Reason not subject: _____

The applicant named above was employed by us from (m/y) _____ to (m/y) _____ and was subject Department of Transportation drug and alcohol requirements.

1. Has the applicant had an alcohol test with the result of 0.04 or higher alcohol concentration?
 Yes Date _____ No
2. Has the applicant tested positive or adulterated or substituted a test specimen for controlled substances?
 Yes Date _____ No
3. Has the applicant refused to submit to a random, post-accident, reasonable suspicion, follow-up alcohol or controlled substance test? Yes Date _____ No
4. Has the applicant committed any other violation of Subpart B of Part 382, or Part 40?
 Yes Date _____ No
5. If the applicant has violated a DOT drug and alcohol regulation, did he/she complete a Substance Abuse Professional (SAP) prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?
 Yes Date _____ No If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested?
 Yes Date _____ No
7. 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.

Print Name: _____ Position: _____

Signature: _____ Date: _____

The person identified above is seeking employment with this company as a driver who is subject to the alcohol/controlled substance testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 40.25 and Part 382.413. Pursuant to the aforementioned codes, with the driver's written consent, we request the results of related testing of this individual while in your employ. The Federal Regulations mandate that we receive your reply within 14 days from request.