



PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, MI, Last _____ Social Security Number _____

hereby authorize that:

Previous Employer: _____
Street: _____ Telephone: _____
City, State, Zip: _____

may release and forward information by section 2 (below) of this document
concerning my Alcohol and Controlled Substance Testing records to:

Prospective Employer: Perform Air International Inc.
Attention: Human Resources Department
Street: 463 South Hamilton Court Telephone: (480) 610-3500
City, State, Zip: Gilbert, Arizona 85233

Prospective employers email address: HR@Performair.com

Applicant's Signature _____

Date _____

This information is being requested in compliance with DOT Regulation 49 CFR Part 40, Section 40.2, as revised. In compliance with §40.25(g) as revised. Release of this information must be made in a written form that ensures confidentiality, such as email or letter.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If applicant was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐. Sign below, and return.

Under Department of Transportation testing requirements:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested including verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did a previous employer report a drug and/or alcohol violation to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | <input type="checkbox"/> | <input type="checkbox"/> |

N/A ☐

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

Name: _____ Title: _____
Company: _____
Street: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (circle one) E-mailed / Mailed to previous employer on: Initial Date _____ Follow-up Date _____