

Cleveland Public Schools
Bus Driver Consent for Release of Information and General Consent for Limited
Queries of the FMCSA Drug and Alcohol Clearinghouse

I, _____ hereby agree to allow any of my former Department of Transportation ("DOT") regulated employers, who have employed me within three (3) years of the date that I applied for a position with Cleveland Public Schools (the "District"), to release information concerning my prior drug and alcohol tests and results. This is for any position I held which required the performance of safety-sensitive duties. I understand that the District is required by law to obtain my consent in writing, and my signature below authorizes any of my former DOT-regulated employers to release the following information to the District:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations; and
5. Documentation of the successful completion of the return-to-duty requirements (if I have violated a drug or alcohol regulation).

I further agree to turn over copies of any documentation or information I have in my possession that relates to the five (5) areas described above. I understand that if I refuse to consent in writing to the release of the above information, federal law prohibits me from performing safety-sensitive duties. I also understand that I must complete a Release of Information Form related to any employer that is subject to the consent above.

I also provide consent to the District to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent will remain in effect for the duration of my employment with the District.

I understand that if the limited query conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the District to conduct a limited query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

By signing below, I acknowledge that I have read, understand and agree to the foregoing. I also acknowledge and affirm that I have provided the District with a complete listing of my former employers, including my former DOT-regulated employers.

Driver

Date

List of Prior Employers

Employee must list all employers within the past three years of his/her date of application.
Attach additional pages if necessary.

Previous Employer Information

Dates of Employment _____

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Job Position: _____ CDL required? Yes ____/No ____

While in this position, were you subject to DOT Drug Testing? Yes ____/No ____

If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

Dates of Employment _____

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Job Position: _____ CDL required? Yes ____/No ____

While in this position, were you subject to DOT Drug Testing? Yes ____/No ____

If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

Dates of Employment _____

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Job Position: _____ CDL required? Yes ____/No ____

While in this position, were you subject to DOT Drug Testing? Yes ____/No ____

If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

Dates of Employment _____

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Job Position: _____ CDL required? Yes ____/No ____

While in this position, were you subject to DOT Drug Testing? Yes ____/No ____

If the answer to either of these questions is YES, you must complete a Release of Information Form for this employer.

For Administrative Use Only:

	<i>(date)</i>	<i>(District employee initials)</i>
<i>Consent form provided to bus driver:</i>	_____	_____
<i>Consent form returned from bus driver:</i>	_____	_____
<i>Consent declined:</i>	_____	_____

**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (FMCSA) Drug and Alcohol Clearinghouse**

I provide consent to the District to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent will remain in effect for the duration of my employment with the District.

I understand that if the limited query conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the District to conduct a limited query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

By signing below, I acknowledge that I have read, understand and agree to the foregoing.

Employee Signature

Date

“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

Employees MUST complete one form for every previous DOT-regulated employer they have been employed at in the past THREE years.

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

Section I. To be completed by the employee:

I-A. Previous Employer Information

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

I-B. New Employer Information

New Employer Name: Cleveland Public Schools Address: District Address

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-C. Consent: I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-A*, to the employer listed in *Section I-B*. This release is in accordance with federal regulations under 49 CFR Part 40.25 and Part 382.413. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug tests? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? **N/A** ____ **YES** ____ **NO** ____

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 record(s)).

II-B.

Name of person providing information in *Section II-A*: _____ Date: _____

Title: _____ Phone #: _____