RELEASE OF DOT DRUG AND ALCOHOL TESTING INFORMATION
RELEASE OF COMMERCIAL DRIVER HISTORY

Form Checklist
IMPORTANT - Read This First

Read these instructions carefully, failure to complete this form correctly and accurately will delay the hiring process. **NOTE**: The information provided on these forms by all prospective employees, and former employers, is strictly used for hiring purposes.

- ☐ **All signatures must be handwritten. All electronic signatures will be rejected.**
- ☐ Complete Section 1.
- ☐ If applicable, complete Section 2. **Only list previous employers for the past 3 years where you held a position that subjected you to DOT (i.e. a commercial driver or pipeline employee) random drug and/or alcohol testing under 49 CFR Part 40.** If you are unsure whether you were subject to these regulations, please contact DOTHistories@pge.com (925) 415-6400. Listing employers where you were NOT subject to 49 CFR Part 40 regulations may delay the hiring process.
- ☐ Complete Section 3.
- ☐ Complete Section 5 ***only*** if you drove a commercial vehicle (Class A or Class B license) within the previous 3 years of employment.
- ☐ Leave Section 4 and Section 6 blank.
- ☐ If you experience difficulty printing, please PRINT in "Layout form".
- ☐ **IMPORTANT:** Do not forward this form to your previous employer.
- ☐ Scan and email completed form to DOTHISTORIES@PGE.COM.

Pacific Gas and Electric Company®

RELEASE OF DOT DRUG AND ALCOHOL TESTING INFORMATION

This request for information is mandated by the Department of Transportation's (DOT) Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40.25.

***** SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE*****

(First Name) (Middle Initial) (Last Name)

Social Security Number

During the past three years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, work covered by DOT agency drug and alcohol testing rules?

YES **NO**

Handwritten Signature

Date

Refusal to complete and sign the above will render you ineligible for safety-sensitive positions. If **YES** was marked, please provide documentation of your successful completion of rehabilitation/education return to duty requirements in accordance with DOT regulations.

*****SECTION 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE*****

Instructions: List every company for which you worked in a safety sensitive position (i.e. as a commercial driver or pipeline employee) and/or every company for which you took a DOT controlled substance and/or alcohol test during the past three years. Page 3 of this form will be sent to each previous employer.

Company Name | Address

Job Title | City, State, Zip

Start & End Date | HR Email | HR Phone

Company Name | Address

Job Title | City, State, Zip

Start & End Date | HR Email | HR Phone

Continue on next page if necessary

Provide completed form to Email: DOTHISTORIES@PGE.COM

Pacific Gas and Electric Company®

RELEASE OF DOT DRUG AND ALCOHOL TESTING INFORMATION

*****SECTION 2 *continued*: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE*****

Instructions: List every company for which you worked in a safety sensitive position (i.e. as a commercial driver or pipeline employee) and/or every company for which you took a DOT controlled substance and/or alcohol test during the past three years. Page 3 of this form will be sent to each previous employer.

Company Name | Address

Job Title | City, State, Zip

Start & End Date | HR Email | HR Phone

Company Name | Address

Job Title | City, State, Zip

Start & End Date | HR Email | HR Phone

Company Name | Address

Job Title | City, State, Zip

Start & End Date | HR Email | HR Phone

Company Name | Address

Job Title | City, State, Zip

Start & End Date | HR Email | HR Phone

Provide completed form to Email: DOTHISTORIES@PGE.COM

Pacific Gas and Electric Company®

RELEASE OF DOT DRUG AND ALCOHOL TESTING INFORMATION

***** SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

(First Name) (Middle Initial) (Last Name)

Social Security Number

Handwritten Signature

Date

I, the above mentioned, hereby authorize my previous employer(s), to release and forward all DOT regulated information regarding my Drug and Alcohol Testing/Training records to ***PACIFIC GAS AND ELECTRIC COMPANY.*** I understand and agree a photocopy or fax of this form is as valid as the original document. **I further certify that all of the information that I have furnished on this form is true and complete.**

Refusal to complete and sign this release will render you ineligible for safety-sensitive positions.

***** SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER *****

The individual listed above has applied for employment in a DOT regulated position and has indicated being in your employ within the previous three years. Pursuant to 49 CFR Part 40.25, the Department of Transportation requires an employer of individuals performing safety-sensitive duties to inquire about the following information from previous employers, for the preceding three years from the date of application. If you are an employer from whom information is requested, you must immediately release the requested information to the employer making the inquiry. **Failure to do so is a violation of DOT regulations and may result in a fine and/or civil liability.**

	YES	NO
1. Has the above-named individual participated in a drug and alcohol testing program required by the Department of Transportation? If **NO**, sign bottom of form and return. If **YES**, please answer the following questions, which are required by 49 CFR Part 40.		
2. Did this individual test positive for a controlled substance during the last three (3) years?		
3. Did this individual receive an alcohol test result with a breath alcohol concentration 0.04 or greater during the last three (3) years?		
4. Did this individual refuse a required test for drugs or alcohol during the last three (3) years (including verified adulterated or substituted drug test results)?		
5. Has the person committed other violations of subpart B of Part 382 or Part 40?		

If **YES** was marked to questions 2, 3, or 4, please provide documentation of the employee's successful completion of DOT return to duty requirements.

Print Name

Company

Position

Signature

Date

Phone Number

Email: DOTHISTORIES@PGE.COM

Pacific Gas and Electric Company®

COMMERCIAL DRIVER RELEASE & APPLICATION FORM

(First Name) (Middle Initial) (Last Name)

Social Security Number

Signature

Date

I, the above mentioned, hereby authorize my previous employer(s), to release and forward, to ***PACIFIC GAS AND ELECTRIC COMPANY***, all DOT regulated information regarding ***1***) the nature and extent of my experience driving a commercial vehicle, ***2***) all motor vehicle accidents in which I was involved during the previous 3 years, and ***3***) a list of all violations of motor vehicle laws of which I was convicted during the previous 3 years. I understand and agree a photocopy or fax of this form is as valid as the original document. **I further certify that all of the information that I have furnished on this form is true and complete.**

Refusal to complete and sign this release will render you ineligible for safety-sensitive positions.

***** SECTION 6: TO BE COMPLETED BY PREVIOUS EMPLOYER *****

The individual listed above has applied for employment in a DOT regulated position and has indicated being in your employ within the previous three years. Pursuant to 49 CFR Part 3 9 1 . 2 1 , the Department of Transportation requires an employer of individuals applying to operate a commercial motor vehicle to inquire about the following information from previous employers, for the preceding three years from the date of application. If you are an employer from whom information is requested, you must immediately release the requested information to the employer making the inquiry. **Failure to do so is a violation of DOT regulations and may result in a fine and/or civil liability.**

The above-named individual was employed as from (m/y) to (m/y).

1. Did he/she drive motor vehicles for you? YES ☐ NO ☐ YES, what type? Straight Truck: ☐ Bus: ☐ Tractor-Semitrailer: ☐ Cargo Tank: ☐ Doubles/Triples: ☐ Other (Specify)
2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	Injuries	Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks:

Print Name | Company | Position

Signature | Date | Phone Number

Email: DOTHISTORIES@PGE.COM