**Internal Document**

**‘Good Faith Effort’ Documentation**

**Release of Information from Previous Employer**

**on DOT Drug and Alcohol Testing**

**Instructions:**

The **New Employer/Transit Agency** will complete this form to document its good faith effort in contacting the Previous Employer(s) for drug and alcohol testing information on behalf of the **Applicant**. A separate ‘Good Faith Effort’ form should be used for each Previous Employer contacted, as needed.

|  |  |
| --- | --- |
| **Applicant’s Full Name** |  |

**First Documentation Attempt**

|  |  |
| --- | --- |
| **Date Attempted to Request Information:** |  |
| **Completed by:**  | **Insert contact name of New Employer** |
| **Communication Method Used:**E.g., Email, Mail, Phone, Voicemail, Other |  |
| **Previous Employer - Company Name:** |  |
| **Company Representative Name:** |  |
| **Company Email and Phone:** |  |

**Second Documentation Attempt**

|  |  |
| --- | --- |
| **Date Attempted to Request Information:** |  |
| **Completed by:**  | **Insert contact name of New Employer** |
| **Communication Method Used:**E.g., Email, Mail, Phone, Voicemail, Other |  |
| **Previous Employer - Company Name:** |  |
| **Company Representative Name:** |  |
| **Company Email and Phone:** |  |

**Third Documentation Attempt**

|  |  |
| --- | --- |
| **Date Attempted to Request Information:** |  |
| **Completed by:**  | **Insert contact name of New Employer** |
| **Communication Method Used:**E.g., Email, Mail, Phone, Voicemail, Other |  |
| **Previous Employer - Company Name:** |  |
| **Company Representative Name:** |  |
| **Company Email and Phone:** |  |