

**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**

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

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

hereby authorize that:

To: CSATF  
Street: 15503 Ventura Blvd Telephone: 818-995-0900  
City, State, Zip: Encino, CA 91436 Fax No.: 818-461-1581

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

Prospective Employer: Sony Picture Studios  
Attention: Gregory Russell  
Street: 10202 West Washington Blvd. / Transportation Dept. Telephone: 310-244-3277  
City, State, Zip: Culver City, CA 90232 Fax No.: 310-244-7995

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 310-244-7995  
Prospective employer's e-mail address: gregory\_russell@spe.sony.com

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER (CSATF)**

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

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations. 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?  YES  NO
  - 2. Has this person had a verified positive drug test?  YES  NO
  - 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  YES  NO
  - 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  YES  NO
  - 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?  YES  NO
- (Please send this documentation back with this form, if applicable.)

**Please fax this person's most recent drug test results to 310-244-7995**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

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

This form was (check one)  Faxed to previous employer.  Mailed. Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  E-mail

Date: \_\_\_\_\_

**PREVIOUS EMPLOYER -  
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**