

Prior Testing History Release of Information

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFP Part 40, Section 40.25. 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: _____

I-A. New Employer Name: Williams Companies

Designated Employer Representative: Lauren Rainwater

Address: One Williams Center
PO Box 2400 MD 42-7
Tulsa, Oklahoma 74102

E-mail address: Lauren.Rainwater@Williams.com

Phone #: 918-573-6597

Fax #: 918-573-7700

I-B. Previous Employer Name:

Address: _____

Phone # _____

Designated Employer Representative (if known): _____

Section II: To be completed by the previous employer and transmitted by scan - e-mail or fax to the new employer: Williams Companies – attn. Lauren Rainwater. Please mail this original release form to the new employer: Williams Companies – attn. Lauren Rainwater.

II-A. In the two 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 documentations (e.g., SAP report(s), follow-up testing record).

II-B. Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____