

Certification of a Positive Pre-employment Drug or Alcohol Test Result or Report of Refusal to Test

In compliance with the provisions of the Federal Motor Carrier Safety Regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25 j), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following:

1. In the past two years have you ever tested positive on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work in areas covered by DOT Agency Drug and Alcohol testing rules?
Drug? YES _____ NO _____
Alcohol? YES _____ NO _____

2. In the past two years have you ever refused any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug and Alcohol testing rules?
YES _____ NO _____

3. In the past have you ever refused or tested positive for any random drug or alcohol tests administered by your employer
YES _____ NO _____

If any of the above were answered YES, please complete the following:

Company name and address for which you applied for, but did not obtain, safety sensitive transportation work:

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
Name of Contact: _____ Phone #: _____
Date of Positive Test or Test Refusal: _____

Name, address, and telephone number of the Substance Abuse Professional (SAP) that approved your return to duty:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE #: _____

I did not see a Substance Abuse Professional following this event.

I certify, by my signature, that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for the immediate termination of any employment or contractual agreement I may have with the company.

(Applicant Signature) (Date) (Social Security Number)