

Driver Applicant Pre-Employment Alcohol and Controlled Substances Statement

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Applicant Name _____

Social Security # _____

During the past three (3) years, have you, the applicant, 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

YES _____ NO _____

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier _____

Address _____ City _____ State _____ ZIP _____

Telephone Number (_____) _____ - _____

In addition, if the answer to the above question was "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Name of SAP

Address _____ City _____ State _____ ZIP _____

Phone (_____) _____ - _____

Signature of Applicant/Driver _____