

CONFIDENTIAL
SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant Name (First, Middle Initial, Last)

Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes_____ (if yes, complete #1 and #2)

No_____ (if no, skip to #2)

1. In the last **two years**, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes_____

No_____

b) Had a verified positive drug test result?

Yes_____

No_____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes_____

No_____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes_____

No_____

2. Have you 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 in the last two years?

Yes_____

No_____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT Return-to-Duty requirements. If you do not have this information, please explain why:

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date