**SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 Print First Name, Middle Initial, Last Name Social Security Number

Attest that:

I have participated in DOT-regulated drug and alcohol testing with previous employers.

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?

 Yes\_\_\_\_\_ No\_\_\_\_\_

2. Have you had a verified positive drug test result in the last two years?

 Yes\_\_\_\_\_ No\_\_\_\_\_

3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or

 substituted drug test result)?

 Yes\_\_\_\_\_ No\_\_\_\_\_

4. 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\_\_\_\_\_

5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?

 Yes\_\_\_\_\_ No\_\_\_\_\_

If you responded “YES” to any of the above questions, please provide documentation of your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain

why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(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.*”

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Signed Date