

# RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT

**Complete this page if you are a commercial driver's license holder only.**

Date: \_\_\_\_\_

***To be completed by driver / applicant.***

During the past (2) years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

During the past (2) years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

**If you answered yes to either of the questions above**, please provide documentation of your successful completion of the return-to-duty process.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Driver \_\_\_\_\_

Signature of Driver \_\_\_\_\_

Social Security Number \_\_\_\_\_ Witness \_\_\_\_\_