

EMPLOYMENT HISTORY

(Use Additional Employment History Information if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten years employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code:

CURRENT OR LAST EMPLOYER:

Name _____ Phone Number (____) _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSRs** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) & reason _____

SECOND LAST EMPLOYER:

Name _____ Phone Number (____) _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSRs** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) & reason _____

THIRD LAST EMPLOYER:

Name _____ Phone Number (____) _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSRs** while employed? ___ Yes ___ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) & reason _____

FOURTH LAST EMPLOYER:

Name _____ Phone Number (____) _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSRs** while employed? ___ Yes ___ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) & reason _____

FIFTH LAST EMPLOYER:

Name _____ Phone Number (____) _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reason for Leaving: _____

Were you subject to the FMCSRs** while employed? ___ Yes ___ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) & reason _____

*Any gaps in employment and/or unemployment **must be explained.**

**The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION
 Attach separate sheet if more space is needed

DRIVING EXPERIENCE

If no driving experience within the last 3 years – Check Here ___

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that Apply)	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School Bus (greater than 8 passengers)	N/A	_____	_____		_____
Motorcoach – School Bus (Greater than 15 passengers)	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____		_____

ACCIDENT HISTGORY (3 YEARS)

If no accidents within the last 3 years – Check Here ___

DATE (Month/Year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
				___ Yes	___ No
				___ Yes	___ No
				___ Yes	___ No
				___ Yes	___ No

TRAFFIC CONVICTIONS AND FORFEITURES (3 YEARS)

If no traffic convictions and/or forfeitures in the last 3 years – Check Here ___

DATE CONVICTED (Month/Year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State

License Number

Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes ___ No

B. Has any license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No
If yes, give the details _____

APPLICANT CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant’s Signature

Date

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: UNITED METALS, LLC.

Phone # 1-208-562-5571 Fax # 1-208-392-1623

Date: _____

To: _____ Phone # _____ Fax _____.

_____ SSN _____ has made application to this company for a position of _____ and states that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do for you? _____

3. Did the applicant drive motor vehicle(s) for you? Yes ___ No ___ (check one)

If "yes": Passenger car ___ Straight truck ___ Bus ___ Tractor-Semi trailer ___ Other (specify) _____

4. If a driver, was the applicant safe and efficient? _____

5. Give dates of vehicle accidents in which he/she was involved (if applicable) _____

6. Reason for leaving your employ: Discharged ___ Laid off ___ Resigned ___ Other (specify) _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Given the opportunity, would you rehire the applicant? _____

10. List any violations of 49 CFR 382-Controlled Substance & Alcohol Use and Testing-preceding two years:

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Overall Attitude	_____	_____	_____	_____	_____

Remarks: _____

Name of Company: _____ Date: _____

Signature: _____ Title: _____

Authorization: You, _____, are hereby authorized to give UNITED METALS, LLC (Name of Previous Employer)

all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Applicant Signature: _____ Date: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name) _____
(First, M.I., Last) _____ Social Security Number _____

Hereby Authorize that:

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

My release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 208-392-1623

Prospective employer's confidential e-mail address: tom@umrecycling.com

(Applicant's Signature)

(Date)

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ____, sign below and return.

Under Department of Transportation testing requirements:

Yes No

- Has this person had an alcohol test with a result of a 0.04 or higher alcohol concentration? Yes No
- Has this person had a verified positive drug test? Yes No
- Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes No
- Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
- If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) Yes No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City: _____

State, Zip Code: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ___ Faxed to previous employer. ___ Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-mail

Date: _____

PREVIOUS EMPLOYER –

COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: UNITED METALS, LLC.

Phone # 1-208-562-5571 Fax # 1-208-392-1623

Date: _____

To: _____ Phone # _____ Fax _____.

_____ SSN _____ has made application to this company for a position of _____ and states that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do for you? _____

3. Did the applicant drive motor vehicle(s) for you? Yes ___ No ___ (check one)

If "yes": Passenger car ___ Straight truck ___ Bus ___ Tractor-Semi trailer ___ Other (specify) _____

4. If a driver, was the applicant safe and efficient? _____

5. Give dates of vehicle accidents in which he/she was involved (if applicable) _____

6. Reason for leaving your employ: Discharged ___ Laid off ___ Resigned ___ Other (specify) _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Given the opportunity, would you rehire the applicant? _____

10. List any violations of 49 CFR 382-Controlled Substance & Alcohol Use and Testing-preceding two years:

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Overall Attitude	_____	_____	_____	_____	_____

Remarks: _____

Name of Company: _____ Date: _____

Signature: _____ Title: _____

Authorization: You, _____, are hereby authorized to give UNITED METALS, LLC
(Name of Previous Employer)

all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Applicant Signature: _____ Date: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name) _____
(First, M.I., Last) _____ Social Security Number _____

Hereby Authorize that:

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

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Prospective Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 208-392-1623

Prospective employer's confidential e-mail address: tom@umrecycling.com

(Applicant's Signature)

(Date)

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ____, sign below and return.

Under Department of Transportation testing requirements:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of a 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City: _____

State, Zip Code: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ___ Faxed to previous employer. ___ Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-mail

Date: _____

PREVIOUS EMPLOYER –

COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

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Date: _____

To: _____ Phone # _____ Fax _____.

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1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do for you? _____

3. Did the applicant drive motor vehicle(s) for you? Yes ___ No ___ (check one)

If "yes": Passenger car ___ Straight truck ___ Bus ___ Tractor-Semi trailer ___ Other (specify) _____

4. If a driver, was the applicant safe and efficient? _____

5. Give dates of vehicle accidents in which he/she was involved (if applicable) _____

6. Reason for leaving your employ: Discharged ___ Laid off ___ Resigned ___ Other (specify) _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Given the opportunity, would you rehire the applicant? _____

10. List any violations of 49 CFR 382-Controlled Substance & Alcohol Use and Testing-preceding two years:

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Overall Attitude	_____	_____	_____	_____	_____

Remarks: _____

Name of Company: _____ Date: _____

Signature: _____ Title: _____

Authorization: You, _____, are hereby authorized to give UNITED METALS, LLC
(Name of Previous Employer)

all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

Applicant Signature: _____ Date: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name) _____
(First, M.I., Last) _____ Social Security Number _____

Hereby Authorize that:

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

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Prospective Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: 208-392-1623

Prospective employer's confidential e-mail address: tom@umrecycling.com

(Applicant's Signature)

(Date)

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ____, sign below and return.

Under Department of Transportation testing requirements:

Yes No

- Has this person had an alcohol test with a result of a 0.04 or higher alcohol concentration? Yes No
- Has this person had a verified positive drug test? Yes No
- Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes No
- Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
- If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) Yes No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City: _____

State, Zip Code: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ___ Faxed to previous employer. ___ Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-mail

Date: _____

PREVIOUS EMPLOYER –

COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER

AUTHORIZATION TO REQUEST DRIVING RECORD

I hereby authorize you to release the following information to UNITED METALS, LLC, for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 5615(a) of the Fair Credit Reporting Act.

(Signature of Requestor)

(Date)

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with United Metals LLC (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize United Metals LLC (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP)

system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

_____ Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25G) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process.(see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____

The prospective employee is required by Sec. 40.25G) to respond to the following questions.

- 1) 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 during the past two years?

Check one: Yes _____ No _____

- 2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return- to-duty requirements?

Check One: Yes _____ No _____

Prospective Employee Signature _____

Date _____