# **Drug and Alcohol Job Application Documentation**

US DOT/FTA Safety-Sensitive Positions

#

# **Applicant Acknowledgement of Pre-Employment Drug Testing[[1]](#footnote-1)**

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a pre-employment drug test under the authority of the U.S. Department of Transportation (US DOT), Federal Transit Administration (FTA).

I acknowledge and understand that my employment is contingent on the passing of the pre-employment drug test, and I will not be assigned to perform a safety-sensitive function unless my pre-employment drug test has verified a negative drug test result.

|  |  |
| --- | --- |
| **Employee Name:**Print Name |  |
| **Employee Signature:** |  |
| **Date:** |  |

\*\* Confidential \*\*

**Safety Sensitive Employee Job Application Questions**

Previous US Department of Transportation Drug and Alcohol Testing

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| **Applicant Name**First Name, Middle Initial, Last Name |  | **Social Security Number** |

**Questions**

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

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| --- |
| **Check: Yes or No**  |
|  | **Yes.** If yes, complete #1 and #2.  |
|  | **No.** If no, skip to #2.  |

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| --- | --- |
| 1. **In the last (2) two years, have you ever:**
 |  **Check: Yes or No**  |
|  | 1. Tested positive (0.04 or greater) for alcohol?
 | **Yes** |  | **No** |  |
|  | 1. Had a verified positive drug test result?
 | **Yes** |  | **No** |  |
|  | 1. Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?
 | **Yes** |  | **No** |  |
|  | 1. Violated any other DOT drug or alcohol testing regulation?
 | **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 US DOT agency drug and alcohol testing rules?**  | **Yes** |  | **No** |  |

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| If you responded **‘Yes’** to any of the questions above, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285)? ***Attach the written report from the SAP.***  | **Yes** |  | **No** |  |
|  |  |  |  |  |
| If you responded **‘Yes’**, to any of the questions above, did you complete USDOT’s Return-to-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O? ***Attach the written report from the SAP.***  | **Yes** |  | **No**  |  |

***“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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| **Applicant Signature** |  | **Date** |

\*\* Confidential \*\*

**Authorization for Release of Information from Previous Employer**

**USDOT Drug and Alcohol Testing[[2]](#footnote-2)**

Instructions:

* A separate form must be filled out ***for each*** US DOT-regulated Employer who employed the **Applicant** during the two-year period proceeding the date of the employee’s application or transfer.
* **Section** I is to be completed by the **Applicant** and **New Employer** and transmitted to the **Previous Employer**.
* **Section II** Is to be completed by the **Previous Employer** and returned to the **New Employer.**

**Section I**

**Applicant Authorization**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee SS or ID Number:**Last 4 digits of SS Number  |  |

I hereby authorize release of drug and alcohol testing records from my previous U.S. Department of Transportation (USDOT) regulated employer in accordance with USDOT Regulation 49 CFR Part 40, Section 40.25. I understand the information released in ***Section II-A***by my previous employer, is limited to the following USDOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of USDOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for **(Insert New Employer Name here)**. This authorization for release of information is valid for one year from the date of signature.

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| **Applicant Signature:** | Wet Signature of Applicant Required Here |
| **Date:**  |  |

**Contact Information: (Completed by New Employer)**

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| **New Employer Name:** |  |
| **Contact Name:** (Designated Employer Representative) |  |
| **Address:** |  |
| **Phone:** |  |
| **Email Address:** |  |

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| --- | --- |
| **Previous Employer Company Name:** |  |
| **Contact Name,** if known:(Designated Employer Representative) |  |
| **Address:** |  |
| **Phone:** |  |
| **Email Address:** |  |

**Authorization for Release of Information from Previous Employer**

**USDOT Drug and Alcohol Testing** (continued)

**Section II – Completed by Previous Employer** and transmitted to **New Employer**.

**Section II-A.**

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| In the **two** (2) years prior to the date of the employee’s signature (in Section I), for USDOT-regulated testing, did the employee perform DOT defined safety-sensitive work for your organization?   |
|  | **Yes. If yes, see questions below.**  |
|  | **No. If no, sign below and return the form.** |

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| --- |
| If **yes**, did the following situations ever occur during the time the employee worked for your organization within the last two years?  |
| 1. Did the employee test positive (0.04 or greater) for alcohol?
 | **Yes** |  | **No** |  |
| 1. Did the employee have a verified positive drug test(s) result?
 | **Yes** |  | **No** |  |
| 1. Did the employee refuse to be tested for a required drug or alcohol test?
 | **Yes** |  | **No** |  |
| 1. Did the employee violate any other USDOT drug or alcohol testing regulation?
 | **Yes** |  | **No** |  |
| 1. Did a previous employer report a drug or alcohol rule violation to you?
 | **Yes** |  | **No** |  |
| 1. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? **Or, indicate N/A**
 | **Yes** |  | **No** |  |

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| **Note:** If you answered “**yes**” **to item 5**, you must provide the previous employer’s report to the **New Employer**. If you answered **“yes” to item 6**, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record) to the **New Employer**.  |

**Section II-B.**

Provide the name and contact information at the **Previous Employer** providing information in Section II-A.

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| --- | --- |
| **Previous Employer Company Name:** |  |
| **Contact Name,** if known:(Designated Employer Representative) |  |
| **Contact Name Signature** | Insert signature here  |
| **Address:** |  |
| **Phone:** |  |
| **Email Address:** |  |

**Please return this form to the prospective/New Employer at the address provided.**

1. An application for a safety-sensitive position will not be considered for employment unless this acknowledgement is completed and signed. [↑](#footnote-ref-1)
2. [49 CFR Part 40.25](https://www.ecfr.gov/cgi-bin/text-idx?SID=44edbc0e557a4cc5ff03365810ee5b1c&mc=true&node=pt49.1.40&rgn=div5#se49.1.40_125) requires employers to request information from DOT-regulated employer(s) who have employed the applicant during the two years before the date of the application. Employers must obtain an applicant’s written consent. Applicants refusing to provide written consent must not be permitted to perform safety-sensitive functions. [↑](#footnote-ref-2)