PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL & DRUG TEST STATEMENT

(To be completed by ALL new hires prior to commencement of safety sensitive duties)

49 CFR Part 40.25(j)

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 and/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 2 (two) years 3 (three) years for FMCSA. If the employee admits that he or she had a positive test result, 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 as outlined in Subpart O of the drug and alcohol testing regulations.

Company Name:						
Address:						
City:			State:		Zip:	
Prospective Employe	e Name	e:				
Employee ID/SS#						
following questions: 1. Have you test alcohol test ac	ed posi dministe sensitiv	tive, or re ered by an we transpo	fused to test, n employer to ortation empl	on AN which oyment	25(j) to respond to the Y pre-employment drug a you applied for, but did r covered by U S DOT age o) years?	ot
		yes		no		
2. If you answer completed the					that you have successfull	y
		yes		no		
Prospective Employe	e Signa	ture			Date	