

SECTION 1: TO BE COMPLETED BY PROSPECTIVE/NEW EMPLOYEE

Full Name (Printed)

Social Security Number

Date of Birth

- 1) Have you ever tested positive for controlled substances use in the last two years including pre-employment testing for any employer? YES___ NO ___
- 2) Have you ever refused to submit to a test for controlled substances or alcohol use in the last two years, including pre-employment testing for any employer? YES___ NO ___
- 3) Have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years? YES___ NO ___

I hereby authorize the below named previous employer to release and forward the requested information in Section 2 to Princeton Joint Unified School District, PO Box 8, Princeton CA 95970 (530) 439-2261.

Signature

Dated

Previous Employer: _____ Phone: _____ Fax: _____

Address: _____ City/State/Zip: _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Note, the above prospective/new employee is being considered to operate school buses within our school district. Please complete Section 2 of this form and return in the enclosed self addressed envelope at your earliest convenience. This request is made in compliance with CFR 49 Part 382 and Part 40.

- 1) During the past two years, has the above listed prior employee tested positive for a controlled substance? YES___ NO ___
- 2) In the past two years, has this person had an alcohol test with a Breath Alcohol concentration of 0.04 or greater? YES___ NO ___
- 3) Has this prior employee ever refused a test for drugs or alcohol within the past two years? YES___ NO ___
- 4) Has this employee violated any other DOT drug and alcohol testing in the last two years? YES___ NO ___
- 5) Do you have documentation from any other employers of violations of DOT drug and alcohol regulations? YES___ NO ___

If you answered YES to numbers 1, 2 or 3 of the above, on back of this form please provide school district with the name, address and telephone number of your company's Substance Abuse Professional for further reference. If YES to numbers 4 or 5, please provide specific comments on back of this form.

SECTION 2 Completed by: _____
Printed Name Signature Date

SECTION 3: TO BE COMPLETED BY PROSPECTIVE/NEW EMPLOYER

This form was (circle one) FAXED / MAILED to previous employer on: _____
Form received back at District office on: _____

Recorded by

Dated

SECTION 2 (Continued)

Your Company's Substance Abuse Professional:

NAME: _____

ADDRESS: _____

PHONE: () _____

Comments relative to DOT violations:
