

**Reno Drain Oil Service
Verification of Driver's Involvement**

I, _____, certify _____ participated in a alcohol and drug testing program that met all the requirements of D.O.T. Regulation 49 CFR, Part 40.

The driver's last date of active employment was on _____.

Please check the following:

_____ Yes _____ No The driver was tested for drugs within six months of his/her termination date. If yes, with the driver's written permission, please attach a copy of the drug test result.

_____ Yes _____ No The driver was actively enrolled in the company's random drug testing program for the last twelve months of his/her employment.

_____ Yes _____ No To my knowledge, the driver has not violated any other regulation outlined in 49 CFR Part 382.

Testing Program Information:

Organizational Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

I certify that to my knowledge, the foregoing information is correct and true.

Date: _____

Name of Authorized Representative (Please Print): _____

Signature of Authorized Representative: _____

Title of Authorized Representative: _____

Reno Drain Oil Service
Release of Testing Information by Previous Employer

I, _____, hereby authorize _____
Driver/applicant name previous employer/company name

to release to _____
company contact new employer/company name

_____ address city/state/zip

_____() phone _____() fax

results of any positive controlled substance tests, alcohol tests with a result of .04 or greater, evidence of refusal to be tested; and information on any required substance abuse professional (SAP) evaluation, and compliance with SAP recommendations for the preceding two years beginning March 22, 2013.

This authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____

Driver's name (Please Print): _____

Driver's signature: _____

Social Security Number: _____

Driver's CDL License Number: _____

Witness name (Please Print): _____

Witness signature: _____

Driving Employment Verification

Employee Name: _____

Employee Social Security Number: _____

CDL License Number: _____

Date of Employment: _____ To _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Contact Person: _____

Title: _____

Accidents: _____ yes _____ no, Tickets: _____ yes _____ no, Dates: _____

Date of Accident: _____ Damage: _____ yes _____ no

Details of Accident: _____

Total Cost of Damages: _____

Injury to Others: _____ yes _____ no

Details of Injury: _____

Total Cost of Injury: _____

Drug Testing:

Positive Results: _____ yes _____ no

Dates of Positive Results: _____

Disposition: _____

Alcohol Testing:

Positive Results: _____ yes _____ no

Dates of Positive Results: _____

Disposition: _____

Special Training Courses: _____

Available for Rehire: _____ yes _____ no

Reno Drain Oil Service
Documentation of Confirmation from Previous Employer

This document certifies that _____ reports that
prior employer

_____ had:

1. Positive controlled substance test(s) _____Yes _____No
2. Alcohol test result(s) of .04 or greater _____Yes _____No
3. Refusals to be tested for the preceding two years _____Yes _____No

If **YES** to any of the above, below is the name and address of the substance abuse professional (SAP)
that evaluated this individual.

SAP: _____

SAP address: _____

SAP city/state/zip: _____

Date: _____
month, day, year

Prior employer representative's name (Please Print): _____

Prior employer representative's signature: _____

Prior employer representative's title: _____

Reno Drain Oil Service

Notice to Driver Applicants

Alcohol and Drug Testing is Required of All Driver Applicants

Reno Drain Oil Service has a vital interest in maintaining safe, healthful and efficient working conditions for its students, the public, and our drivers. Using or being under the influence of alcohol and/or drugs on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use or sale of alcohol or an illegal drug poses unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Drug Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT ALCOHOL AND DRUG TESTING.**

By completing and signing this Notice and the attached Application of Employment, the driver applicant understands and agrees to submit to a pre-employment alcohol and drug testing as provided for in Reno Drain Oil Service Alcohol and Drug Policy.

ANY DRIVER APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH RENO DRAIN OIL SERVICE. Refusal of a driver applicant to agree to alcohol and drug testing at this time does not preclude applying for employment with Reno Drain Oil Service at some future date.

Date: _____

Driver Applicant Name (Please Print): _____

Driver Applicant Signature: _____