

APPLICANT/COVERED EMPLOYEE CERTIFICATION STATEMENT

I understand that, per DOT requirements, _____ (herein "Employer") must obtain certain information from me for compliance with their applicable DOT Controlled Substances and Alcohol Testing Program. *This includes information on any violations of the prohibitions that you may have had. If you are unsure about how to complete this information, ask your DAPM/DER for assistance.*

YES, I have information to report about my drug and alcohol history.

If, while in a drug and alcohol testing program for an employer who had to meet the requirements for any DOT operating agency, it was determined that you violated the drug and alcohol prohibitions within the prior two years from the date of application, or if you have not completed the return-to-duty process from any prior violation with another employer, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions:	Date of Violation
<input type="checkbox"/> I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer or as a pre-employment test	_____
<input type="checkbox"/> I had a verified positive drug test result for a prior employer or as a pre-employment test	_____
<input type="checkbox"/> I refused to be tested (includes submitting a verified substituted or adulterated specimen)	_____
<input type="checkbox"/> I performed safety-sensitive functions within four hours after using alcohol	_____
<input type="checkbox"/> I used alcohol while performing safety-sensitive functions	_____
<input type="checkbox"/> I was involved in an accident that required post-accident testing and I used alcohol before I was tested	_____
<input type="checkbox"/> I used controlled substances while performing safety-sensitive functions	_____
<input type="checkbox"/> I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	_____

Below I have indicated the company that has the information on the violation.

I was an **applicant** / **employee** (circle one) of said company.

I **have** / **have not** (circle one) completed the return-to-duty requirements.

Prior Employer (or company I applied to) Company Name: _____

Employer's Designated Employer Representative (DAPM/DER): _____

Employer Address: _____

Employer Telephone Number: _____

SAP Information: _____

NO, I have no information to report on any violations of the DOT drug and alcohol testing prohibitions. **If you have no information to report, please check the box above and proceed to the certification statement.**

I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of employment.

Date of Application/Return: _____ Print Full Name: _____

Signature: _____