

# Great Bend Coop Association

## DOT Employment Application

*DOT Positions*

Great Bend Cooperative Association ("The Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, arrest record or any other characteristic protected by federal, state and/or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for a period of thirty (30) days or until the position is filled.

If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources representative.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

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\_\_\_\_\_

*City* *State* *ZIP Code*

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you prefer to be contacted regarding your employment application?     Phone Call     Text     Email

**Please list any other addresses for the past three years:**

Address: \_\_\_\_\_  
*Street* *City* *State* *ZIP Code*

Address: \_\_\_\_\_  
*Street* *City* *State* *ZIP Code*

Address: \_\_\_\_\_  
*Street* *City* *State* *ZIP Code*

Position Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_ Hourly Rate/Salary Desired: \_\_\_\_\_

Are you presently employed?     YES     NO    If yes, may we contact your employer?     YES     NO

If presently employed, why are you considering leaving? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? *If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.*

YES     NO

Are you available to work:     Days     Nights     Weekends

Full Time     Part Time

Please explain: \_\_\_\_\_

How were you referred to the company? \_\_\_\_\_

Do you have any relatives who work for this company?     YES     NO

If yes, please list their name and work location: \_\_\_\_\_

Are you legally eligible to be employed in the United States?  YES  NO

*Proof of eligibility will be required upon employment*

Are you 18 years old or older?  YES  NO

If yes, are you 21 years old or older?  YES  NO

*Proof of age may be required*

Have you ever worked for this company before?  YES  NO

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime? *A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.*  YES  NO

If yes, explain: \_\_\_\_\_

**Education**

	Name and Location of School	Course of Study	Number of years completed	Diploma or Degree Received
High School				
College or University				
Trade, Business or other School				

Other education, training or special skills: \_\_\_\_\_

**Driving Experience**

**DRIVER LICENSE QUALIFICATIONS**

	State	License No.	Type	Expiration Date
Driver License				
Driver License				
Driver License				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

*If the answer to either question is "Yes", attach a statement providing details*

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	To	Approximate Number of Miles (total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

**ACCIDENT RECORD FOR PAST THREE YEARS OR MORE**

Date	Nature of Accident	Fatalities	Injuries

**TRAFFIC CONVICTIONS FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)**

Location	Date	Charge	Penalty

## Previous Employment

*Include your last three (3) years of employment history and past ten (10) years of commercial driving experience, starting with the most recent and working backwards in time. Please include military service as work experience. Attach separate sheet if more space is needed.*

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  YES  NO

Did you operate a Commercial Motor Vehicle for this employer?  YES  NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  YES  NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40?  YES  NO

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  YES  NO

Did you operate a Commercial Motor Vehicle for this employer?  YES  NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  YES  NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40?  YES  NO

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  YES  NO

Did you operate a Commercial Motor Vehicle for this employer?  YES  NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  YES  NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40?  YES  NO

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  YES  NO

Did you operate a Commercial Motor Vehicle for this employer?  YES  NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  YES  NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40?  YES  NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  YES  NO

Did you operate a Commercial Motor Vehicle for this employer?  YES  NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  YES  NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40?  YES  NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  YES  NO

Did you operate a Commercial Motor Vehicle for this employer?  YES  NO

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  YES  NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR Part 40?  YES  NO

## References

\_\_\_\_\_ (initial) I voluntarily consent to allow the company and any of its officers, employees or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character or personality.

*Please list below the name of three persons not related to you, whom you have known for at least one year.*

Name	Occupation & Company	Relationship & # of years	Phone Number

## Disclaimer and Signature

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me and I release the Company and all providers of information from any liability as a result of furnishing and receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR USE ONLY			
Hire Date		Rate	
Title		Manager	
Department		Location	

# Great Bend Cooperative Association

Request for DOT Information from Previous Employer

## APPLICANT TO COMPLETE FIRST SECTION

I hereby authorize you to release the following information to Great Bend Cooperative Association ("Company"), for the purposes of investigation as required by Section 40.25, 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### Previous Employer Information:

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please stop – Company to complete remaining section of form**

### Company to Obtain from Previous Employer (in writing or via phone)

1. Employment Dates (from \_\_\_\_\_ to \_\_\_\_\_) salary & wages \_\_\_\_\_.
2. Did the applicant drive a motor vehicle for you?  YES  NO If so what type \_\_\_\_\_.
3. Was the employee a safe and efficient driver?  YES  NO
4. Reason for leaving employer:  Discharged  Resignation  Lay Off
5. Was their general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record, if available, for past three years

Accident Date	Type	Location	Prev./Non-Prev	Injury	Fatal	Cost

Citation Date	Type	Location	Prev./Non-Prev	Injury	Fatal	Cost

7. Would you rehire this individual?  YES  NO

8. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug & Alcohol Testing Record – Prior Two Years**

- 1. Has the employee had an Alcohol test with a result of 0.04 or higher?  YES  NO
- 2. Has the employee had a verified positive drug test?  YES  NO
- 3. Has the employee refused to be tested  YES  NO (including verified adulterated or substituted drug test results)?
- 4. Has the employee violated other DOT agency drug and alcohol testing regulations?  YES  NO
- 5. If the employee violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to duty requirements (including follow-up tests)?  YES  NO

**Former Employer Certification Statement**

I \_\_\_\_\_ hereby certify the information I have provided is correct and true  
(Print Your Name)

to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

If conducted by phone – Interviewer \_\_\_\_\_

# MOTOR VEHICLE DRIVER'S Certification of Violations/Annual review of Driving Record

**MOTOR CARRIER INSTRUCTIONS:** Each Motor Carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify (Section 391.27).

Name of Driver:	Social Security Number	Date of Employment / /	
Home Terminal	Driver's License Number	State	Expiration Date / /
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. If you have had no violations, mark the following box - <input type="checkbox"/>			
Date	Offense	Location	Type of Vehicle Operated
/ /			
/ /			
/ /			
/ /			
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past twelve months.  Date of Certification ___/___/___                      Drivers Signature _____			

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**MOTOR CARRIER INSTRUCTIONS:** Review of the Certification of Violations listed above and the other information described in section 391.25 of the Federal Motor Carrier Safety regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving     Is disqualified to drive a motor vehicle pursuant to Section 391.15  
 Does not adequately meet satisfactory safe driving performance

Action taken with the driver

\_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Title

\_\_\_\_\_ Motor Carrier Name

\_\_\_\_\_ Motor Carrier Address

**MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.**



**Great Bend Cooperative Association**  
**FCRA DISCLOSURE AND AUTHORIZATION STATEMENT**

**All applicants for employment:** Please read carefully before signing below.

As part of its employment application process, I understand that the Great Bend Cooperative Association, HEREIN REFERRED TO AS "THE COMPANY," may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, driver's license history, driving record or mode of living.

I understand that upon written request to the company I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of such investigation. I understand that an investigative consumer report is a report in which, information regarding my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize the company, to obtain a consumer/investigative consumer report on me as part of its pre-employment background investigation process. If I am offered employment by company I further authorize the company, to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

**Attached to this form is A Summary of Your Rights Under the Fair Credit Reporting Act. Please retain this copy for your information. Please initial here \_\_\_\_\_ that you were provided with a copy of your rights and that you have removed it from this form.**

By signing below, I also acknowledge that company has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Applicant's Driver's License Number & Issuing State \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

***The Company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record or any other status protected by law. The information provided by the applicant to perform a pre-employment background check is only used for the purpose of identifying the applicant so a check may be performed.***

Great Bend Cooperative Association

MOTOR VEHICLE DRIVER'S

CERTIFICATION OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the Next Business Day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued the license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieve from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a noon-motor carrier entity, must be recorded on this form.

Driver Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Restrictions \_\_\_\_\_ Type of License \_\_\_\_\_

Issuing State \_\_\_\_\_

Day	1 (Yesterday)	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information above is correct to the best of my knowledge and belief, and that I

was last relieved from work at \_\_\_\_\_ A.M or P.M. On \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
Driver's Signature Date

### DRIVER CERTIFICATION FOR OTHER WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in section 396.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contact or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?  YES  NO

At this time do you intend to work for another employer while still employed by this company.  YES  NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employers(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

Company Representative

Date

Great Bend Cooperative Association 606 Main Street, Great Bend, KS

**DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION, VERIFICATION FORM**

**TO BE COMPLETED BY EMPLOYEE/APPLICANT**

49CFR, part 40.25 of the US Department of Transportation regulations requires employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years.

I, \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Applicant/Employee name)

have made application for hire or transfer on \_\_\_\_/\_\_\_\_/\_\_\_\_ and give consent to:  
(Date of Application)

Previous Employers Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**TO BE COMPLETED BY FORMER EMPLOYER**

To provide information concerning my drug and alcohol testing records for the past two (2) years, from the date above, in compliance with 49CFR, part 40.25.

1. Did the employee perform for you safety sensitive work as defined by DOT regulations? \_\_\_\_\_
2. Do you have any knowledge of any alcohol test with a result of 0.04 or higher alcohol concentration in the past two years? \_\_\_\_\_ If yes what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Do you have knowledge of any verified positive drug tests in the past two years? \_\_\_\_\_. If yes what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Do you have knowledge of any refusals to be tested in the past two years (including verified adulterated or substituted drug test results)? \_\_\_\_\_ If yes what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_
5. If the answer to any question 2 – 4 is yes, please send information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests. 49CFR, part 40.25(h) requires you to provide this information.

Name and title of person completing this form: \_\_\_\_\_

Name

Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Applicant/Employee Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Great Bend Cooperative Association, 606 Main Street, Great Bend, KS

**DRIVER PROGRAM PARTICIPATION VERIFICATION AND RELEASE FORM**

Under CFR 49 part 382.301, Employers may obtain from previous employers, pursuant to a driver's consent, any of the information concerning the driver, which is maintained under CFR 49 part 382.301(b) by the driver's previous employers.

**TO BE COMPLETED BY APPLICANT OR EMPLOYEE**

Former Employer Name: \_\_\_\_\_

Location: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

I, \_\_\_\_\_, hereby authorize the testing program named herein to release pertinent information regarding drug and alcohol tests performed on myself for an employer and/or the FMCSA.

\_\_\_\_\_  
 Driver's Signature Date

**DRUG AND ALCOHOL TESTING PROGRAM:**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Location: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Contact: \_\_\_\_\_  
 (Name) (Title)

**TO BE COMPLETED BY FORMER EMPLOYER**

The above-named driver:  Participates  Does not participate, in the above-named program.

Dates of participation: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Has the driver ever refused a drug or alcohol test:  Yes  No

This driver:  is  is not qualified to drive a commercial vehicle.

Please Complete the Test Result Information Below: (Begin with the most recent test.)

Circle your response

Date of Test	Result of Test	Type of Test
___/___/___	Negative or Positive	Alcohol or Drug or Both
___/___/___	Negative or Positive	Alcohol or Drug or Both
___/___/___	Negative or Positive	Alcohol or Drug or Both
___/___/___	Negative or Positive	Alcohol or Drug or Both

Verified by: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_