



DOT APPLICANT QUESTIONNAIRE REGARDING PREVIOUS DOT DRUG & ALCOHOL TESTING INFORMATION

APPLICANT: Please answer yes or no in response to the following six questions as required by US Department of Transportation Regulations (49 CFR Part 40).

1. Have you ever had any DOT required alcohol tests with a result of 0.040 or greater alcohol concentration?

YES

NO

2. Have you ever had any verified positive DOT drug tests?

YES

NO

3. Have you ever refused to be tested on any DOT drug or alcohol test (including any verified adulterated or substituted test results)?

YES

NO

4. Have you ever had any other DOT agency drug or alcohol violations?

YES

NO

5. Were there ever any situations in which you tested positive on a Pre-Employment DOT drug test and the employer did not hire you?

YES

NO

6. Were there ever any situations in which you refused to submit to a Pre-Employment DOT drug test and the employer did not hire you (including any verified adulterated or substituted test results)?

YES

NO

I certify that my responses to the above questions are true and correct:

Applicant Name: _____

SSN: _____

Applicant Signature: _____

Date: _____