



## APPLICANT QUESTIONNAIRE

### Previous DOT Drug & Alcohol Testing Information

Applicants must answer the following questions. Please respond by circling **Yes** or **No** after each of the following questions. These questions are required by US Department of Transportation Regulation 49 CFR Part 40.

#### In the Past Two Years:

- |   |          |
|---|----------|
| 1. Have you been employed by any DOT regulated employer?  | Yes / No |
| a. If <b>YES</b> , please list name(s) of DOT regulated employer(s) below:  |          |
| <hr/>   |          |
| <hr/>   |          |
| 2. Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you?  | Yes / No |
| 3. Were there any situations in which you refused to submit [including any adulterated or substituted finding] to a pre-employment test for a DOT employer that did not hire you? | Yes / No |
| 4. Have you had any DOT required alcohol test with a result of 0.04 or higher alcohol concentration?  | Yes / No |
| 5. Have you had any verified [by MRO] positive DOT required drug/ alcohol tests?  | Yes / No |
| 6. Have you refused to be tested [including having a verified adulterated or substituted drug test result]?   | Yes / No |
| 7. Have you had any other violation of a DOT agency drug or alcohol testing regulation?   | Yes / No |

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

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

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_