



Stover Transportation, Inc.

Alcohol and Drug Testing Authorization Form

Federal law requires all applicants and drivers in the transportation industry to submit to the following types of drug and alcohol testing:

- | | |
|--------------------|--------------------------|
| 1.) Pre-employment | 4.) Reasonable suspicion |
| 2.) Post-accident | 5.) Return-to-duty |
| 3.) Random | 6.) Follow-up |

I understand that Stover Transportation, Inc. will be testing for the following substances in accordance with federal law.

- | | |
|----------------------------------|---------------------|
| Alcohol (for alcohol tests only) | Opiates |
| Marijuana | Phencyclidine (PCP) |
| Cocaine | Nitrites |
| Amphetamines | |

I understand that a positive test for a controlled substance and/or alcohol concentrations of 0.02 or greater will medically disqualify me from operating a commercial motor vehicle and will cause me to be immediately relieved from duty. I understand that Stover Transportation, Inc. has a ZERO tolerance policy for controlled substance and alcohol and will not be allowed. At present time, I am taking the following medications that have been prescribed to me by a physician (please list any in the space provided below):

I, _____, hereby **agree / refuse** (circle one) to provide urine samples, breath samples and/or saliva samples for the detection of the above substance for the purpose of: Pre-employment, Reasonable Suspicion, Random, Return to Work, Post Accident and/or Follow up. I HEREBY AUTHORIZE THE MEDICAL REVIEW OFFICER TO RELEASE THE RESULTS OF THESE TESTS TO STOVER TRANSPORTATION, INC. AND ITS AGENTS OR REPRESENTATIVES, INCLUDING THE COORDINATOR OF THE EMPLOYEE ASSISTANCE PROGRAM.

[Signature of Employee] [Date]

[Signature of Office Staff] [Date]