



## DRUG AND ALCOHOL PRE-EMPLOYMENT QUESTIONNAIRE

Have you ever tested positive or refused to be tested on any pre-employment drug or alcohol test in the last two years? Please check one: \_\_\_\_\_ Have \_\_\_\_\_ Have Not

**Note:** Applicable tests would have been administered by a motor carrier to which you applied for, but did not obtain safety sensitive transportation work. The position would have been covered by FMCSA DOT regulated agency drug testing rules.

This is requested information required under 49 CFR 40.25(j).

If applicable, and driver has tested positive or refused to be tested on a pre-employment drug or alcohol test, provide the appropriate substance abuse provider information.

SAP Name \_\_\_\_\_ Phone \_\_\_\_\_

City and State of SAP Office Location \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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