

Coeur d' Alene School District 271

REQUEST FOR PAST DRUG & ALCOHOL INFORMATION

APPLICANT: Please complete information in Section A

Section A

Name of Company: _____

Phone # and name of contact person: _____

Fax #: _____

Employee Name: (print) _____

I consent to the release of the below information regarding any drug and alcohol test results performed during my employment with _____ as required by the Department of Transportation (DOT).

SIGNATURE REQUIRED _____ DATE _____

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Section B

_____ has applied to the Coeur d' Alene School District for the purpose of being hired to operate a commercial vehicle (school bus). On his/her application he/she has listed your company for whom he/she has worked as a driver of commercial vehicles during the last 2 years. Per **Department of Transportation** requirements, we request that you provide us the following information: (Circle Answer)

1. Has _____, Social Security # _____ worked for your company within the last 2 years as a commercial vehicle operator. **YES/NO**
2. If yes on question #1, did he/she take a drug or alcohol test while employed at your company? **YES/NO**
3. If yes on question #2, did he/she refuse to take a drug or alcohol test while employed with your company? **YES/NO**
4. If yes on question #2, did he/she test positive for illegal drugs or alcohol for any such testing conducted by your company? **YES/NO**

SIGNATURE: _____

Please return to Coeur d' Alene School District, Attn: Human Resources Dept. 311 N. 10th St. Coeur d' Alene, ID 83814 OR Confidential Fax (208) 664-1759