

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION No. 455
CLASSIFIED STAFF**

**DRIVER PRE-EMPLOYMENT ALCOHOL/CONTROLLED
SUBSTANCES STATEMENT
APPENDIX B**

I, _____, certify that I have not tested positive or refused to test on any pre-employment alcohol/controlled substances test administered by a past employer in which I applied for but did not obtain safety-sensitive transportation work covered by the Department of Transportation's Alcohol and Controlled Substances Testing Rules during the past three years from the date of my employment application.

Signature of Driver: _____ Date: _____

Witness: _____ Date: _____

This authorization is valid until revoked in writing by the above stated driver.

DRIVER NOTICE

IF THE DRIVER APPLICANT HAS HAD A POSITIVE PRE-EMPLOYMENT ALCOHOL/CONTROLLED SUBSTANCES TEST OR REFUSAL TO TEST DURING THE PAST THREE YEARS FROM THE DATE OF THIS EMPLOYMENT APPLICATION, DO NOT SIGN THIS FORM.

THE COMPANY WILL NOT EMPLOY A DRIVER TO PERFORM SAFETY-SENSITIVE FUNCTIONS UNTIL AND UNLESS THE DRIVER DOCUMENTS SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS AS OUTLINED IN THE DOT REGULATIONS. DRIVER VERIFICATION OF THE COMPLETION OF THE RETURN TO DUTY PROCESS MUST BE SUBMITTED TO THE DESIGNATED EMPLOYER REPRESENTATIVE TO BE CONSIDERED ELIGIBLE FOR EMPLOYMENT.

Appendix B