

DRUG and ALCOHOL BACKGROUND CHECK

When a new CDL driver is hired the **Benefits/Programs Coordinator**:

1. Obtains signature of new employee to allow background check/s with previous employers for compliance with federal D&A testing. (DOT Regulations 49 CFR Part 40, Section 40.25.
2. Telephones previous employers and records their answers to the questions. Write who was spoken to and the date.
3. If unable to contact employers via telephone, sends a letter requesting they return the form indicating the correct answers.
4. If all responses to the questions are “no,” files documents in employee’s D&A file.
5. If a response is “yes,” reports the results to Public Works.

**Authorization to Conduct
Reference Check on New Employees**

Commercial Vehicle Drivers

I hereby authorize Whitman County, acting by and through its designated representative, to contact all previous employers and supervisors, for whom I have performed safety-sensitive functions as a commercial vehicle driver, in order to access any and all information regarding my commercial driving record.

I expressly authorize Whitman County to request information from the previous two (2) years employers regarding the following:

- **Alcohol test with results .04 or greater**
- **Positive tests for controlled substances**
- **Documentation of any refusals to be tested**

I understand that Whitman County may provide a copy of this form to present any previous employers and others that I have identified as appropriate references to indicate that this information is being obtained at my request.

Applicant/New Employee's Signature

Printed Name

Date

DRUG AND ALCOHOL BACKGROUND CHECK

PHONE VERIFICATION

Applicant/New Employee's Name: _____

EMPLOYER 1: _____
Company Name

_____ Alcohol tests with results .04 or greater
_____ Positive tests for controlled substances
_____ Documentation of any refusals to be tested

EMPLOYER 2: _____
Company Name

_____ Alcohol tests with results .04 or greater
_____ Positive tests for controlled substances
_____ Documentation of any refusals to be tested

EMPLOYER 3: _____
Company Name

_____ Alcohol tests with results .04 or greater
_____ Positive tests for controlled substances
_____ Documentation of any refusals to be tested

EMPLOYER 4: _____
Company Name

_____ Alcohol tests with results .04 or greater
_____ Positive tests for controlled substances
_____ Documentation of any refusals to be tested

EMPLOYER 5: _____
Company Name

_____ Alcohol tests with results .04 or greater
_____ Positive tests for controlled substances
_____ Documentation of any refusals to be tested