Self Certification of Substance Abuse Testing

**CDL Drivers Only*

1. Have you tested positive, or refused to test, on any pre-employment drug test, or refused to test, on any pre-employment alcohol test during the past two years?

Select one : ◯ YES ◯ NO

2. If yes, can you provide proof that you successfully completed all steps in the DOT return-to-duty requirements?

Select one : ◯ YES ◯ NO ◯ NA

I certify this information to be true and correct.

Driver Signature: _____ Date: _____