OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT

DOT regulations require that anyone being considered for this position submit a pre-employment drug test and, if hired, be subject to random drug and alcohol testing. Iowa State University is a member of the State of Iowa Employee’s consortium currently administered by CJ Cooper & Associates. Violation of DOT regulations and/or ISU policies may result in non-consideration for, or termination from, this safety-sensitive position.

DOT regulations require that all DOT regulated employers must check on the drug and alcohol testing record of applicants or employees it is intending to use to perform safety-sensitive duties.

You are required to provide written consent for Iowa State University to be able to request certain drug and alcohol information from any DOT-regulated employers you have been employed by during the two-year period prior to your date of application or transfer request. A refusal to provide this written consent will eliminate you from further consideration for this safety-sensitive position.

____________________________________  ________________________
Signature        Date
COMMERCIAL DRIVER’S LICENSE  
SUPPLEMENTAL APPLICATION

As an employee in a safety-sensitive position that requires a Commercial Driver's License, it is necessary that you furnish related past employment history. List all employers for whom you operated a commercial motor vehicle during the ten-year period prior to the date of this notice.

NOTE: The employers on this Notice may be contacted for the purpose of investigating your work history.

Employer: __________________________________  Employment Dates: 
Address: ___________________________________ 
From: __________________ To: __________________ 
Reason for Separation: _______________________________________________
Contact Person: _____________________________ Phone: ________________________

Employer: __________________________________  Employment Dates: 
Address: ___________________________________ 
From: __________________ To: __________________ 
Reason for Separation: _______________________________________________
Contact Person: _____________________________ Phone: ________________________

Employer: __________________________________  Employment Dates: 
Address: ___________________________________ 
From: __________________ To: __________________ 
Reason for Separation: _______________________________________________
Contact Person: _____________________________ Phone: ________________________

Employer: __________________________________  Employment Dates: 
Address: ___________________________________ 
From: __________________ To: __________________ 
Reason for Separation: _______________________________________________
Contact Person: _____________________________ Phone: ________________________

I certify that I have the following Commercial Driver’s License: Class___________________________
Endorsements________________ Air Brake Restriction? ___ Yes ___ No Expiration Date_________

Have you ever been convicted of a violation on your driving record? Yes ____ No ____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Answer: ________________________________________________________________

If your answer is in the affirmative and you have successfully completed a return-to-duty process, please provide us with appropriate documentation.

I certify that the information provided on this Notice is true and complete to the best of my knowledge. I understand that should an investigation at any time disclose that I have misrepresented any of this information, it will result in review of my eligibility to continue in a safety-sensitive position or dismissal from university employment.

Name (please print)  Signature
Current Home Address  Date

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