

**Lagistic Freight Broker**  
**10200 Harvest Fields Dr**  
**Woodstock, MD 21163**  
**410-363-1520**

**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

Application Date \_\_\_\_\_

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**49 CFR 40.25(j)**

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?	YES	NO
If YES —	Have you successfully completed the return-to-duty process?	
If YES —	<b>Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</b>	

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date Signed

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_