



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

Date: _____ Date of Birth: _____
 Name: First _____ Middle _____ Last _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____
 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, safety-sensitive transportation work covered by DOT agency drug and alcohol related testing rules during the past two years?

Yes No

If YES – Have you successfully completed the return-to-duty process?

Yes No

If YES – Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed

 Applicant's Signature

 Date Signed

TO BE COMPLETED BY EMPLOYER:

Application received by:

Application reviewed for completeness by:

 Name

 Name

 Title

 Date

 Title

 Date