Commercial Drivers License
Department of Transportation
Drug and Alcohol Testing
Reference Checks

_____	_____	_____
Vacancy Announcement Number	Title, Series and Grade	Location

The position above requires possession of a Commercial Driver's License (CDL) maintained at your own expense. The Department of Transportation has issued regulations requiring us to determine if in your prior two (2) years of employment there have been any positive drug or alcohol test results, or if you have refused to be tested. In order for us to make this check your permission is required. By signing and dating this form you are authorizing the Bureau of Reclamation to contact current and/or former employers for whom you have worked. This form must be submitted along with the other documents required by this vacancy announcement.

If you fail to sign this form, or decide that you do not wish to sign it, you will not be given further consideration for this particular position.

Current and/or prior employers will be asked to provide responses to the following questions:

1. Has the applicant taken an alcohol test that resulted in a concentration of 0.04 or higher?

2. Has the applicant tested positive for a controlled substance?

3. Has the applicant refused to submit to a drug or alcohol test?

We will take reasonable measures to ensure confidentiality when soliciting this information.
It is important that you provide sufficient information on your application that will enable us to contact current and/or former employers by mail or by phone. A copy of this form will be enclosed with any written inquiry submitted as proof of your consent to request the above information.

Employee Statement: I,_____(please print), authorize any current and/or former employers receiving this form to provide the Bureau of Reclamation with requested information pertaining to alcohol testing results, controlled substance testing results, or any refusal on my part to submit to such testing, while in their employ.

_____	_____	_____
Signature	Social Security Number	Date