

## PRE-EMPLOYMENT PACKET CHECKLIST

All documents listed below must be completed and returned to the office **before employment begins**.

### Required Documents (Complete All That Apply)

#### Driver's License

- Provide a copy of the employee's **driver's license (front and back)**.
- Driver's License Number: \_\_\_\_\_
- State: \_\_\_\_\_ • Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Social Security Card

- Provide a copy of the employee's **Social Security card**.
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### Pre-Employment Drug Test

- All employees must complete a **pre-employment drug test** prior to starting work.
- Testing type is based on the employee's position:

- ☐ DOT FMCSA Drug Test (CDL Employees)
- ☐ DOT PHMSA Drug Test (Line Locating Employees)
- ☐ Non-DOT Drug Test (All Other Employees)

- Employee must sign the **Chain of Custody form** at the time of testing.
- A copy of the Chain of Custody form must be returned with this packet.

### Employee Acknowledgement

By signing below, I confirm I have provided the required documents listed above and understand I may not begin work until all required items are completed and submitted.

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

## DRUG TEST AUTHORIZATION (PRE-EMPLOYMENT)

All employees are required to complete a pre-employment drug test before beginning work.

### Testing Locations

Drug testing must be completed through Intermountain Toxicology Collections at one of the following locations:

Roosevelt Location:

Intermountain Toxicology Collections  
248 N Union St  
Roosevelt, UT 84066

Colorado Location:

ErgoMed Work Systems  
4663 W 20th Street Rd  
Greeley, CO 80634

Vernal Location:

Intermountain Toxicology Collections  
38 E 100 N  
Vernal, UT 84078

### Services to be Performed (circle all that apply):

ITC DOT FMCSA Drug

ITC DOT FMCSA Alcohol

ITC DOT PHMSA Drug

ITC Non-DOT Drug

ITC Non-DOT Alcohol

### Employee Authorization

By signing below, I authorize the company to request and obtain drug testing results for employment purposes.

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

## REQUEST FOR MOTOR VEHICLE RECORD (MVR)

The Company may require a Motor Vehicle Record (MVR) for employment purposes.

By completing and signing this form, the employee authorizes the Company to request and obtain their driving record.

### Employee Information

Full Name (First, Middle, Last): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Employee Authorization

I authorize the Company to obtain my Motor Vehicle Record (MVR) for employment purposes. I understand this information may be used to determine eligibility for driving Company vehicles or performing job duties requiring driving.

Employee Signature: \_\_\_\_\_

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