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

Vernal Location:
Intermountain Toxicology Collections
38 E 100 N
Vernal, UT 84078

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

D.A. Screening, INC.
227 S Sublette, PO
Box 182
Pinedale, WY 92941
P) 307-367-6782
F) 307-367-8239

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: ____ / ____ / _____

E&B DOT: IMQ.VERN.EBOILFLD

E&B NON DOT: IM.,NVER.EBOILFLD

HAWK DOT: IMQ.VERN.4292285

HAWK NON DOT: IMQ.NVER.4292285

West Rim DOT: IMQ.VERN.5338812

West Rim NDOT: IMQ.NVER.5338812

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: ____ / ____ / _____