

D.E. Jones, Inc.  
207 University Blvd. Morrilton, Ar 72110

Previous Pre-Employment Employee Alcohol and Drug Test Statement –

This must be answered according to Sec 40.25(j) of the FMCSA Regulations.

Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

As a prospective employee, you are required to respond to the following questions:

- 1) Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by any employer to which you applied, but did not obtain, safety sensitive transportation work regulated by FMCSA drug and alcohol testing regulations during the past two years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) If you answered yes, can you provide/obtain proof that you have successfully completed the FMCSA return-to-duty requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Drivers Mandatory Notification -Please complete the following according to FMCSA Regulations Sec. 383.31 and 383.33, regarding all traffic violations within in the last 3 years

Print Full Name \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

If you have not had any violations within the last 3 years, please write none. \_\_\_\_\_

Date	Violation	Location	Type of Vehicle	Was license suspended, revoked, or cancelled as a result?	If yes, how long?

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Certification of Compliance with Drivers License Requirements

1) You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you possess more than one license, you must keep the license from your state of residence and RETURN the other licenses. Destroying the other licenses does not meet the requirement.

2) Notification of License Suspension, Revocation, or Cancellation:

According to FMCSA Requirements [Sec. 391.15(b)(2) and 383.33], you must notify your employer by the NEXT Business Day of any revocation or suspension. Any moving violation must be reported to your employer and state of license within 30 days of violation. The notification must be in writing.

The above listed license is the only license I possess and I understand that should the status of my license change in any way, I must immediately notify my employer.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Arkansas Dept of Finance and Administration Alcohol and Drug Test Results Release

Effective January 1, 2008, [Act 637](#) requires all employers of Arkansas commercial drivers to search the Arkansas Commercial Driver Alcohol and Drug Testing Database prior to hiring a commercial driver. Arkansas employers and Medical Review Officers authorized in the state of Arkansas are responsible for reporting positive drug and/or alcohol test results, the refusal to submit to a drug and/or alcohol test or the submission of an altered specimen to this central database.

Pursuant to Act 637 of 2007 and Arkansas Code Annotated 27-23-205, I, (Print Name) \_\_\_\_\_, give permission to D.E. Jones, Inc. to research my information contained in the Arkansas Commercial Motor Vehicle Records Alcohol and Drug Test Database. Further, I understand that D.E. Jones, Inc. will comply with the requirements and that any required information will be reported to the database concerning any drug/alcohol test violations. I do hereby authorize the Arkansas Office of Driver Services to release my record of alcohol and drug tests results to D.E. Jones, Inc.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

This consent is only valid for pre-employment and employment purposes as required by Arkansas Code Annotate 27-23-207.