

# GRANDVIEW ENTERPRISES, INC.

## DRUG & ALCOHOL TESTING CONSENT FORM PERFORMANCE

1. I understand that as a condition of employment or continued employment with Grandview Enterprises, Inc. I must be part of and consent to alcohol and/or controlled substances testing which is required by the Federal Motor Carrier Safety Regulations.
2. I confirm and acknowledge that I have been informed that alcohol and controlled substances testing includes pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up tests as set out in the company's drug & alcohol policy, of which a true copy has been provided to me.
3. I confirm and acknowledge that a breach of the policy by me may result in disciplinary action against me, up to and including termination.
4. As an applicant, I acknowledge that before an offer of employment can be made and before I commence safety sensitive work, I must submit a personal urine sample for testing, that sample must be confirmed as negative for controlled substances, and a copy of the pre-employment drug test result must be provided to the company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## PREVIOUS PRE-EMPLOYMENT

### EMPLOYEE DRUG AND ALCOHOL TEST STATEMENT

The applicant is required by Sec. 40.25(j) to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug  YES  NO  
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 testing rules during the past three (3) years?

**If yes**, can you provide/obtain proof that you have successfully completed  YES  NO  
the DOT return-to-duty requirements?

**I certify that the information provided on this document is true and correct.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date