

INFORMATION FOR APPLICANTS FOR DOT-COVERED POSITIONS

UNIVERSITY OF MINNESOTA

Federal law requires applicants to indicate whether they have previously refused to be tested or received a positive test result on any pre-employment drug test for any other DOT employer. Please provide this information below. It is a federal offense to falsify this information.

- I have NOT tested positive on a pre-employment drug test for any other DOT employer in the past two years, nor have I refused to be tested. (If so, please sign below, and complete the remainder of this form.)
- Yes, I tested positive (or I refused to be tested) on a pre-employment drug test for another DOT employer in the past two years. (If so, please sign below, and do not continue.)

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

\_\_\_\_\_  
Date

In accordance with the Federal Motor Carrier Safety Administration (FMCSA) regulations 49 CFR Part 382, each applicant offered a DOT-covered position must submit to a urine drug test. If the drug test result is positive, or if the applicant refuses to submit to a pre-employment drug test, the job offer will be withdrawn.

The University of Minnesota must have a negative drug test result on file before an employee is permitted to perform safety-sensitive functions.

The cost of the initial drug screening test and any necessary confirmatory drug tests are paid for by the University of Minnesota.

Any applicant who receives a positive drug test result will have an opportunity to speak with a Medical Review Officer about any recent use of prescription and non-prescription drugs that might explain the positive test result.

If the test result is verified as positive, the MRO shall inform the applicant of their right to request a retest of the same specimen at a different HHS-approved laboratory, and of the process for doing so. Such request must be made by the driver, verbally or in writing to the MRO, within 72 hours of the driver having been informed of a verified positive test result. The cost of retesting will be the applicant's responsibility.

I have not tested positive (or refused to be tested) on a DOT pre-employment drug test, at any time in the previous two years.

My signature below means that I have read this information, that I have had an opportunity to review a copy of University of Minnesota's drug and alcohol testing policy, and that if I am offered a position, I understand that I must be tested for drugs as a condition of employment.

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

\_\_\_\_\_  
Date