

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 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

Each applicant for a DOT-covered position at University of Minnesota, after being notified that he/she will be offered a job, must be drug tested, in accordance with federal FMCSA regulations 49 CFR Part 382. If the test result is positive, or if the applicant refuses to submit to a pre-employment test, the job offer will be withdrawn.

The University must have a negative test result in our file before we can request or allow an employee to perform safety-sensitive functions.

The cost of the initial screening test and the confirmatory test will be paid by University of Minnesota.

Every applicant who provides a positive 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.

An applicant whose test result is positive may, within 72 hours, request a test of the split specimen, at his/her own expense. The test will be conducted on the split of the original sample, and must be conducted by a different DHHS-certified testing laboratory.

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