



## Applicant Acknowledgement of Drug Test Requirement



I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR part 655.

I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not tested positive or refused to test for any DOT pre-employment drug/alcohol test within the last two (2) years.

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Print Name

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Signature of Applicant

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Date

**Please email this completed form to [hr@sucap.org](mailto:hr@sucap.org) – a signature is requested during orientation.**