

CONSENT FOR DOT MANDATED DRUG AND ALCOHOL TESTS, RELEASE, AND DOT DRUG AND ALCOHOL POLICY REVIEW

I understand that the: SCMCAA (herein "Employer") DOT Drug and Alcohol Policy, requires that a job applicant (or contractor) for a safety sensitive position (as defined by DOT regulations), submit to then-current DOT authorized collection procedures and pass a pre-employment drug (and an alcohol test if required by Employer on it's own Independent Authority) to meet DOT and other requirements. If I fail either or both of these tests, I understand that I will be medically unqualified for the position and am not eligible to re-apply for six months. If any drug test results shows a presumed positive, I will have an opportunity to demonstrate a valid medical reason for the positive test results with the Medical Review Officer (MRO). There is no permitted MRO review of alcohol tests.

I certify that I do not presently use and will not use while an employee or contractor, either on or off the job, the drugs (or derivatives thereof): amphetamines, cocaine, marijuana, opiates, and phencyclidine. I understand that I must be available and cooperate with the MRO. I also verify that during the hours of prohibition, I will not use alcohol, nor will I have an alcohol concentration prohibited by DOT regulations. I have read the Employer DOT drug and alcohol policy and agree to meet the requirements defined therein. I have provided Employer with all information relating to my history of alcohol test results with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, in all DOT Drug and Alcohol Programs I have been in for the prior two years.

I acknowledge that I received a copy of the Employer Drug and Alcohol Policy and have read it (herein "the policy"). I agree, that if employed by the Employer, I will comply with all the provisions of the policy. I understand that any violation of this policy, or my failure to cooperate fully with the Employer in the administration of the policy, will subject me to disciplinary action, in the sole discretion and judgement of the Employer, up to and including immediate discharge.

If employed or used as a contractor, I agree to submit to other drug and alcohol tests as defined in the employer policy and then-current DOT regulations. I am aware that this testing will be done by means permitted by then-current DOT regulations (urine, saliva, or breath testing procedures and devices.) I authorize the disclosure of the results to the Employer, and its vendors that administer the program for the Employer. I will provide those who administer the tests, with any information necessary, including medical records, to interpret the test results and administer the program. I will disclose all drugs and medications, whether legal or illegal, which I have used in the last 60 days preceding any testing that may have caused a positive test result.

If I test positive for drugs and/or alcohol, I will not be hired, or I will be subject to disciplinary action (including immediate discharge.)

I release the Employer, the testing firm, and all of their respective officers, directors, and employees from any and all claims or liability based on or arising out of these tests, including but not limited to the testing procedures, the process of providing specimens for testing, the analysis, the disclosure of the test results, and any actions taken by the Employer or the testing firm in reliance on the test results.

THIS CONSENT AND RELEASE IS GIVEN VOLUNTARILY IN EXCHANGE FOR THE EMPLOYER'S CONTINUATION OF MY RELATIONSHIP OR CONSIDERATION OF MY APPLICATION AND/OR USE AS A CONTRACTOR.

Date: _____

Print Full Name: _____

Signature: _____

NATIONAL MEDTEST, INC.
1303 STONE ST.
JONESBORO, AR 72401
(501) 931-1993 / (800) 211-TEST

CONSENT FOR RELEASE OF INFORMATION

The Organization listed below and/or its agents and subsidiaries, must have information relating to three categories of violations of 49 CFR Part 382 (positive drug test results, alcohol test results of 0.04 or greater, and refusals-to-submit) as required by 49 CFR Part 382.413. Your obligation to release this information is specified in 49 CFR Part 382.405 and confidentially must be maintained.

ORGANIZATION REQUIRING THIS INFORMATION	
Organization Name:	SCMCAA
Address:	PO BOX 6, WINONA, MO 65588
Attention:	DENISE FAULKNER
Telephone No.:	573-325-4255

This information may be used by the Employer, it's Drug and Alcohol Program Manager, and/or other Employer individuals responsible for regulatory compliance. In addition, Employers' Third Party Administrator, Medical Review Officer, and/or Substance Abuse Professional, will assist in determining what actions need to be taken so that the Employer meets all Federal and State mandated drug and alcohol testing requirements. In addition, as Employer is Independently Authorized, this information may be used to make employment decisions. The request by the individual listed below authorizes the release of all relevant information on the following items within the preceding two years of the date of this request, but limited to when the employer's organization became subject to 49CFR Part 382 drug and alcohol testing requirements.

- Information on alcohol tests with a concentration result of 0.04 or greater
- Positive controlled substances test results
- Refusals to be tested

In addition, if the individual releasing information has one or more of the violations listed above, the following information is required:

- Substance Abuse Professional treatment, return-to-duty, and follow-up requirements
- All return-to-duty and follow-up test records
- All results of prior research activities received by the entity releasing information from prior employers and/or from prior employers research activities.

The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality.

I do hereby authorize the organization listed below (a prior employer, third party administrator, consortium, Medical Review Officer, or Substance Abuse Professional, whether an individual, employee, corporation, or business entity) to release information described above, to the Organization, or the Organization's agent, listed above:

INDIVIDUAL RELEASING INFORMATION		ENTITY RELEASING INFORMATION	
Name:		Entity Name:	
Social Sec. No.:		Address:	
Signature:		Dates of Employment of Service Provided:	
Current Date:		Drug Prog. Mgr. Name:	

INSTRUCTIONS FOR THE EMPLOYER'S DRUG AND ALCOHOL PROGRAM MANAGER:

This form is to be completed by each applicant for each prior employer within the prior two years. You must complete this process as soon as possible. Mail via certified mail and follow up by other means if information is not obtained in a timely manner. If you have not completed it within 14 days you must cease using the individual to perform safety sensitive activities.

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF THE DOT DRUG AND ALCOHOL POLICY AND TRAINING MATERIALS

I acknowledge that I have received and read a copy of Employer's DOT Drug and Alcohol Policy. I also acknowledge that I have received educational materials that explain Employer's procedures with respect to FHWA Regulations (Part 382, and other applicable regulations) on Controlled Substance and Alcohol Misuse and Testing and information on the dangers of alcohol and drug abuse and other related subjects.

Date: _____

Print Full Name: _____

Signature: _____

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