

**PSATS CDL Program
Pre-CDL Employment
Drug Test Notice Form**

In applying for a job with this employer which requires a commercial driver's license (CDL), I understand that federal regulations require this employer to test applicants for CDL positions for the presence of illegal drugs in their body before the employer can offer me CDL employment.

I understand that a confirmed positive pre-CDL employment drug test will prevent me from being hired. I understand that I will not be hired if I refuse to take this test. I understand that I will not be hired if I refuse to release prior test results and/or other required information from previous employers. I understand that the test result obtained by this employer will be kept confidential and handled by authorized personnel.

I hereby acknowledge that I have been informed by _____
(Employer)
of the need to submit to a pre-CDL employment drug test
on _____, 200__, at _____ (am) (pm).

Applicant's Signature

Print Applicant's Name

*Note: A signed copy of this form must be
permanently maintained in this employee's file.*

CDL