

Pinellas County Government - Unified Personnel System

Alcohol and Controlled Substances Testing Form

To comply with federal law we must obtain information on alcohol and controlled substances testing for the last 3 years for all individuals who are employed in positions requiring a commercial driver's license (§382.401, §382.405, §382.413). The information needed concerns whether in the last 3 years you have tested positive for a controlled substance, had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater, or refused a required test for drugs or alcohol. By law we must obtain this information from your employers for the last 3 years. To do this we need the name(s), address(es), and phone number(s) of your employer(s) for the last 3 years.

To receive further consideration for a position within Pinellas County Government which requires a commercial driver's license you must provide the information requested below. Failure to provide the requested information will result in your removal from further consideration. Falsification of the requested information will result in your removal from further consideration for vacant positions and your termination, if hired.

Print Name:	First	Middle Initial	Last
Social Security Number:			
1. Have you tested positive for a controlled substance in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Have you refused a required test for drugs or alcohol in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to any of the above questions, please explain:			
I hereby certify that the information given above is true and accurate to the best of my knowledge.			
I hereby authorize that the employers listed below may release and forward information requested concerning my alcohol and controlled substance testing records to Pinellas County Government - Unified Personnel System.			
Signature		Date	
Previous Employer:			
Dates Employed:	From:		To:
Street:			
City:		State:	Zip Code:
Phone Number:		Fax No.:	
Previous Employer:			
Dates Employed:	From:		To:
Street:			
City:		State:	Zip Code:
Phone Number:		Fax No.:	
Previous Employer:			
Dates Employed:	From:		To:
Street:			
City:		State:	Zip Code:
Phone Number:		Fax No.:	