

PINELLAS COUNTY SCHOOLS
ALCOHOL & CONTROLLED SUBSTANCE DISCLOSURE FORM

TO: Previous Employer: _____

Address: _____

FAX number: _____ Telephone number: _____

RE: _____ (Print Name) _____ (Signature)

Date: _____

I, the above signed, was required to possess and maintain a Commercial Driver's License as a condition of employment, and hereby authorize my previous employer to release information to Pinellas County Schools, pertaining to my alcohol and controlled substance testing in accordance with Federal Highway Administration Regulation 49 CFR Part 40, section 40.25.

- 1. Has this person ever tested positive for a controlled substance within the past two years? () yes () no
- 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater within the past two years () yes () no
- 3. Has this person ever refused a required test for drugs or alcohol within the past two years? () yes () no

Previous employer/designee Name: _____
Title: _____
Date: _____

FAX TO: (727) 588-6440
Pinellas County Schools
301 4th Street SW
Largo, FL 33770

ATTENTION: Drug & Alcohol Testing Program Manager: Theresa Hooker
Telephone number: (727) 588-6376

I attest to the fact that I was not required to possess and maintain a commercial driver's license as a condition of employment by a previous employer within the past two (2) years in accordance with the federal highway administration regulation 49 CFR, Part 40, Section 40.25

(Applicant Signature) (Date)

(Print Name)