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

OAKLAND TOWNSHIP, 2nd CLASS TOWNSHIP, BUTLER, PENNSYLVANIA

of the need to submit to a pre-CDL employment drug test.

Once scheduled, Oakland Township will alert me to the date and location of testing.

| Applicant's Name (Please print) | Applicant's Signature | |
|---------------------------------|-----------------------|--|
| Date | | |