State of Indiana
Pre-Employment Applicant Testing Form (DOT/CDL)

I understand that applicants covered under the State Personnel Department Standardized Policy for Drug and Alcohol Testing under DOT Regulations for Commercial Driver's License (CDL) Holders must be tested for controlled substances as a precondition for employment in performing the duties of _____.

I understand that a urine specimen will be collected and tested for controlled substances.

I understand that a positive test result for controlled substances will disqualify me for a position with the State of Indiana. I also understand a report that my urine sample was adulterated or substituted will also disqualify me for a position with State of Indiana.

I understand that if my urine sample is reported as diluted, I may be required to provide another sample for testing.

A Medical Review Officer will review my test result from the laboratory and report a final result to the State of Indiana. The results will not be released to any other parties without my written authorization.

FMCSA Clearinghouse Limited Query Consent Form

I hereby provide consent to the State of Indiana to conduct a limited query of the FMCSA CDL Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The FMCSA requires annual limited queries to be run through the Clearinghouse for all employees required to maintain a CDL as a part of their position with the State of Indiana.

I understand I am giving my consent to the State of Indiana to run a limited query, a minimum of one (1) time per calendar year, for the duration of my employment.

I understand if the limited query conducted by the State of Indiana states drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose further information to the State of Indiana without first obtaining additional specific consent from me. If the limited query indicates a violation exists, I understand that I must give authorization electronically within the Clearinghouse for a full query to be completed.

I further understand if I refuse to provide consent for the State of Indiana to conduct a limited query of the Clearinghouse, the State of Indiana must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations and may impose discipline up to and including dismissal.

I understand the above conditions and hereby agree to comply with them.

Name:_____ _____
(Printed Name) (Signature)

Date:_____ CDL #:_____

Revised 12/15/2019