ORANGE AVENUE CHIROPRACTIC AND HEALTHCARE, INC.
DOT DRUG & ALCOHOL CONSORTIUM

ADDING EMPLOYEES TO OUR PROGRAM

Please collect your safety sensitive employees' information, whom has already passed a Pre-Employment Drug Test to the list below, in order to complete the next step in the enrollment process. It is also important to obtain any previous testing data that you may have on your employees (past and present) because we will be asking for this as well. These employees will be the one's who agree to submit to Random Drug Testing as part of the OACH's DOT Consortium Random Driver Pool in accordance with DOT 49 CFR PART 382 & CFR PART 40. Please provide us with an additional list of DOT regulated employees whom have not yet completed a Pre-Employment Drug Screening so that we can further their eligibility for enrollment.

*Safety-Sensitive Employee: anyone who utilizes a CDL while working for your company at any time.

COMPANY NAME:

_____

EMPLOYEE/DRIVER INFORMATION:

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

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FIRST NAME _____ LAST NAME _____ SSN LAST 4#

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

FIRST NAME _____ LAST NAME _____ SSN LAST 4#

I Certify that all Drivers listed above have Negative DOT Pre-Employment Drug Test Results on file.

COMPANY NAME:_____

DER SIGNATURE:_____

DATE:_____

FIRST NAME	LAST NAME	SSN LAST 4#
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FIRST NAME	LAST NAME	SSN LAST 4#

I Certify that all Drivers listed above have Negative DOT Pre-Employment Drug Test Results on file.

COMPANY NAME:_____

DER SIGNATURE:_____

DATE:_____

EMPLOYEE/DRIVER INFORMATION W/OUT NEGATIVE PRE-EMPLOYMENT DRUG TEST RESULTS ON FILE:

FIRST NAME LAST NAME SSN LAST 4#

FIRST NAME LAST NAME SSN LAST 4#

FIRST NAME LAST NAME SSN LAST 4#

FIRST NAME LAST NAME SSN LAST 4#

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FIRST NAME LAST NAME SSN LAST 4#

☐ The drivers listed above DO NOT HAVE Negative DOT Pre-Employment Drug Test Results on file. *Do Not Sign Below.*

I Certify that all Drivers listed above have Negative DOT Pre-Employment Drug Test Results on file.

COMPANY NAME:_____

DER SIGNATURE:_____

DATE:_____

FIRST NAME LAST NAME SSN LAST 4#

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Do Not Sign Below.

I Certify that all Drivers listed above have Negative DOT Pre-Employment Drug Test Results on file.
COMPANY NAME:_____
DER SIGNATURE:_____
DATE:_____