PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see Section 40.25(b)(5) and (e)).

Prospective City of Grapevine Employee Name: _____
(Print)

_____
(Social Security Number)

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

   Check one: _____ Yes _____ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

   Check one: _____ Yes _____ No

I certify that the information provided on this document is true and correct.

Prospective City of Grapevine Employee Signature: _____

Date: _____

Witnessed By: _____

Date: _____

RELEASE AND DOCUMENTATION FROM PREVIOUS DOT EMPLOYER

Federal Department of Transportation (DOT) regulations (49 CFR §40.25) require that a check be made of all potential covered service employees previously employed by DOT regulated employers to determine if there are any positive test results for drugs or alcohol or other violations of DOT agency drug and alcohol testing regulations and if DOT return to duty requirements were completed. Failure to provide this written consent will prevent you from performing safety-sensitive functions and may eliminate you as an applicant.

Section I. Employee Name: _____ SSN No. _____

AKA: _____

I hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer, listed in Section I.B to the employer listed in Section I.A. I understand that information to be released in Section II by my previous employer is limited to DOT-regulated testing items: (1) alcohol tests with a result of 0.04 or higher; (2) verified positive drug tests; (3) refusals to be tested; (4) other violations of DOT agency drug and alcohol testing regulations; (5) information obtained from previous employers of a drug and alcohol rule violation; and (6) documentation, if any, of completion of the return-to-duty process following a rule violation.

☐ I have not worked (or applied to work) in a safety sensitive position for a DOT regulated employer within the last two years prior to my application for or transfer to a safety sensitive position with the City of Grapevine.

Employee Signature: _____ Date: _____

I.A New Employer:

City of Grapevine
P O Box 95104
Grapevine, TX 76099
Phone: 817-410-3176 Fax: 817-410-3006
Carolyn Van Duzee, Personnel Director

I.B Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known) _____

Section II. *To be completed by the previous employer and transmitted by mail or fax to the new employer.*

Please provide information for the past two years of employment with your company on the above named individual:

1. Did the employee have alcohol tests with a result of 0.04 or higher? ___ **YES** ___ **NO**
2. Did the employee have verified positive drug tests? ___ **YES** ___ **NO**
3. Did the employee refuse to be tested (include verified adulterated or substituted drug results)? ___ **YES** ___ **NO**
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ___ **YES** ___ **NO**
5. Did a previous employer report a drug and alcohol rule violation to you? ___ **YES** ___ **NO**
6. If you answered "**yes**" to any of the above items, did the employee complete the return to duty process? ___ **N/A** ___ **YES** ___ **NO**

NOTE: *If you answered "**yes**" to item 5, you must provide the previous employer's report. If you answered "**yes**" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

Printed Name/Title of person providing information in Section II: _____

Signature: _____ Phone #: _____ Date: _____

GRAPEVINE VINTAGE RAILROAD
A DIVISION OF THE CITY OF GRAPEVINE, TEXAS
ENGINEER SERVICE RECORD REQUEST

To: _____

_____

_____

_____

The following applicant is applying for the position of locomotive engineer.

Applicant: _____ Soc Sec No: _____

Please forward the service record information pursuant to FRA Regulation 49 CFR 240 to:

Carolyn Van Duzee, Personnel Director
City of Grapevine
P O Box 95104
Grapevine, Texas 76099
Fax No. (817) 410-3006

I hereby authorize investigation and release all parties, including but not limited to the Grapevine Vintage Railroad a division of the City of Grapevine and previous employers from any and all liability that may result from their furnishing information to the City of Grapevine. Information released shall include, but not be limited to, my service, safety, and discipline records during the period of my employment.

Signed: _____ Date: _____

Dates of Employment: _____ to _____

Engineer Certification Date: _____

Class of Service: ☐ Train Service ☐ Locomotive Servicing ☐ Student

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Did this individual comply with the FRA Part 240 regulations listed below?

Part 240	Title	Yes	No	N/A	Date
.111	Motor Vehicle Operating Record	☐	☐	☐	_____
.113	Prior Railroad Service	☐	☐	☐	_____
.115	Motor Vehicle Driving Incidents	☐	☐	☐	_____
.121	Visual/Hearing Acuity Data	☐	☐	☐	_____
.123	Initial & Continuing Education	☐	☐	☐	_____
.125	Knowledge Testing	☐	☐	☐	_____

Part 240	Title	Yes	No	N/A	Date
.127	Skill Testing	☐	☐	☐	_____
.129	Operational Monitoring	☐	☐	☐	_____
.129	Rules Compliance Test	☐	☐	☐	_____

Did this individual violate any of the FRA Part 240 regulations listed below?

		Yes	No	N/A	Date
.117	Operating Rules Compliance	☐	☐	☐	_____
.119	Fitness Requirements	☐	☐	☐	_____
.305	Prohibited Conduct	☐	☐	☐	_____
.307	Revocation of Certificate	☐	☐	☐	_____

I certify that, to the best of my knowledge, the above information is correct.

Signed: _____ Title: _____

Printed Name: _____ Date: _____

City of Grapevine
P.O. Box 95104
200 South Main St
Grapevine, TX 76099

To: Chief, National Driver Register – ATT: Tina Gibson
National Highway Traffic Safety Administration
Attn: W55 123
1200 New Jersey Avenue S.E.
Washington, DC 20590

In accordance with the requirements for locomotive engineer certification as mandated by the Federal Railroad Administration and contained in the Code of Federal Regulations, 49 CFR Part 240, this request authorizes NHTSA to perform a one time file search of the National Driver Register (NDR) for information pertaining to me. As provided for in the NDR Act of 1982, this search is to be limited to revocations/suspensions still in effect or those that have occurred in the past 3 years from the date of the request. Upon my request, the **City of Grapevine** shall make available to me any NDR information received as a result of this search.

If you have questions, contact Jerriann Farris at (817) 410-3179. You are authorized to furnish a copy of the results of this NDR search directly to:

City of Grapevine
Personnel Department
P.O. Box 95104
Grapevine, TX 76099

The following information is provided to assist you in performing the check:

PLEASE TYPE OR PRINT

1. Full Legal Name:_____
2. Any Other Names used:_____
3. Date of Birth:_____
4. Height:_____Feet_____Inches
5. Sex: _____
6. Weight:_____
7. Color of Eyes:_____
8. State Which Issued License:_____
9. Driver License Number:_____
10. Social Security Number (voluntary):_____

_____
Signature

NOTARY STAMP/SEAL (Mandatory)

Before me, _____ on this day personally appeared_____, known to me to be the person whose name is subscribed to the foregoing instrument. Given under my hand and seal this _____day of _____, 2008.

Notary Signature_____