

FTA

CITY OF LOVELAND Alcohol and/or Drug Test Notification

Name of driver/applicant: _____ Date: _____

Last four digits of SS# followed by first initial of last name and first initial of first name: _____

Division/Department (circle one): TRANSIT VEHICLE MAINTENANCE

Driver/Applicant – Make sure you have photo identification with you

Driver/applicant is to undergo the following screen(s):

_____ Five-panel drug screening testing for marijuana, cocaine, amphetamines and methamphetamines, opiates, and PCP

_____ Breath alcohol performed by a certified Breath Alcohol Technician (BAT)

Note: Only drug screen required for post-employment offer

Name of Supervisor: _____ Phone No: _____
(Please print)

Check reason for test:

_____ Follow-up _____ Post-Accident _____ Post-Employment Offer
_____ Random _____ Reasonable Suspicion _____ Return-to-duty

| | |
|--------------------------------------|--------------------|
| Test is scheduled: | Date: _____ |
| | Time: _____ |
| Supervisor's Signature: _____ | |

For questions regarding testing, please call Human Resources at 962-2363

Driver/applicant must take this signed form to AccuTest (227-9583) at 2529 N. Lincoln #C in Loveland