## BOARD OF TRUSTEES CARSON CITY SCHOOL DISTRICT

## REGULATION No. 455 CLASSIFIED STAFF

## DOCUMENTATION OF CONFIRMATION FROM PREVIOUS EMPLOYER APPENDIX D

This document certifies that			reports that
	Prior emplo	yer	
			had:
	driver		
1.	Positive controlled substances test(s)	Yes	No
2.	Alcohol test Result(s) of .04 or greater	Yes	No
3.	Refusals to be tested for the preceding three years (including adulterated or substituted test results)	Yes	No
4.	Other violations of FMCSA alcohol & controlled substance testing regulations	Yes	No

If YES to any of the above, below is the name and address of the substance abuse professional (SAP) that evaluated this individual. Please attach documentation of the employee's successful completion of the DOT return to duty requirement including follow-up tests.

SAP	
SAP address	
SAP city/state/zip	
Date: Month, day, year	
Prior Employer/Representative:	
	signature
	signature
Appendix D	signature
	signature

455regformD.doc