

**BOARD OF TRUSTEES  
CARSON CITY SCHOOL DISTRICT**

**ADMINISTRATIVE REGULATION No. 355  
CERTIFIED STAFF**

**DOCUMENTATION OF CONFIRMATION FROM PREVIOUS EMPLOYER  
APPENDIX D**

This document certifies that \_\_\_\_\_ reports that  
Prior employer

\_\_\_\_\_ 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

Appendix D