

# Non DOT-Random Drug Screening Form for New Employees

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Location: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMPLOYEE SS#: \_\_\_\_\_

TX. DL # \_\_\_\_\_

Supervisor Adding: \_\_\_\_\_ Date: \_\_\_\_\_

Please check type of License you hold - Commercial \_\_\_\_\_ Regular Class C \_\_\_\_\_

Please email to [Wendy.hebert@springbranchisd.com](mailto:Wendy.hebert@springbranchisd.com) or [sherri.lawson@springbranchisd.com](mailto:sherri.lawson@springbranchisd.com)