ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM
FOR COMMERCIAL DRIVERS

ACKNOWLEDGEMENT FORM

As a candidate for, or an employee in a commercial driver position with the State of Kansas, I acknowledge that I am scheduled to undergo an alcohol and/or controlled substance test as required by 49 C.F.R. pt 382. The controlled substance test will involve an analysis of a urine sample, which I will provide at a designated collection site. The purpose of the controlled substance screen will be to test for the presence of the following substances: marijuana, cocaine, PCP, opiates, amphetamines, heroin, hydrocodone, ecstasy/molly and oxycodone. I understand I will be required to submit to recollection, which may be under direct observation, if my sample results in a negative dilute result. I also understand recollection may be necessary in other circumstances as required by law.

The alcohol test will involve breathalyzer analysis at a designated collection site. The purpose of the alcohol screen will be to test for the presence of alcohol. I acknowledge that the alcohol test and controlled substance test results will be made available to the Director of the Office of Personnel Services, Department of Administration, and to the agency to which I have applied for employment or where I am currently employed by the State.

As a candidate, I am aware that my conditional offer of employment in a commercial driver position will be rescinded should I receive a confirmed positive test result or the equivalent, fail to report to the collection site as scheduled, or fail to provide an acceptable urine sample as required.

As an employee with permanent status, I am aware that I will be referred to a DOT qualified Substance Abuse Professional for education and/or treatment should I receive a confirmed positive test result or the equivalent or fail to report to the collection site as scheduled. However, I understand that if I intentionally tamper with a sample provided for alcohol or controlled substance testing, violate chain of custody or identification procedures, or falsify a test result, I shall be subject to dismissal. If I have a confirmed positive test result or the equivalent and refuse to undergo treatment, fail to complete treatment or if I have received a previous positive test result or the equivalent, I am aware that I will be subject to disciplinary action in accordance with Civil Service guidelines up to and including dismissal.

Please Check One: Candidate ☐ Employee ☐

Please Check One: Drug test (5000 DOT/10 panel) ☐ Alcohol test (breath collection) ☐

Please Check Reason for Test:
Random Testing ☐ Return-To-Duty ☐
Reasonable Suspicion ☐ Pre-employment ☐ Pre-Duty ☐
Post-Accident ☐ Follow-Up ☐
Re-Test ☐ (test type: _____)

Name: _____

Soc.Sec.No.: _____ Agency Position No.:_____

Agency Name: _____ Agency No.: _____

_____ _____
(Signature of Candidate or Employee) Date

_____ _____
(Signature of Supervisor or Agency Representative) Date

KDOT/DA 291 Original to OPS, Copies to Candidate or Employee **Revised 05/13/2026**
(Do not carry the DA 291 to the collection site. Complete a DA 322, Collection Site Passport, for the collection site.)