CENTRAL REGION SCHOOL INSURANCE GROUP

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Modesto, CA 95356
(209) 579-7535 Phone
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DRIVER FORM
DRUG AND ALCOHOL TESTING PROGRAM

Please list the names, social security numbers and job titles for all drivers in the district that are eligible for random drug and alcohol testing. Place an A (for add) in the first column if this person's name is being added. Place a D (for delete) in the first column if the person is no longer employed in a position where random testing is required. This form is to be submitted whenever drivers are added or deleted.

A/D	NAME	SOCIAL SECURITY #	JOB TITLE

Name of District_____

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Name of person completing form_____Date_____