# CENTRAL REGION SCHOOL INSURANCE GROUP

4101 Tully Road, Suite 501
Modesto, CA 95356
(209) 579-7535 Phone
(209) 579-7530 Fax

## 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 _____

Name of person completing form _____ Date _____