

# DRUG AND ALCOHOL STATEMENT – EMPLOYER

MAIL: Unemployment Contact Center  
P.O. Box 3539  
Topeka, KS 66601-3539  
FAX: (785) 296-3249  
EMAIL: KDOLforms@dol.ks.gov

After you complete and submit this form, an authorized KDOL employee will review and process this application in the system.

Employer: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Applicant name: \_\_\_\_\_ SSN: \_\_\_\_\_

Was the applicant given a pre-employment drug or alcohol test?     YES     NO

If YES, complete the following:

Type of test given:     Drug     Alcohol

Results:     Pass     Fail     Inconclusive

Was applicant refused employment because of a failed/inconclusive drug/alcohol test?     YES     NO

**CERTIFICATION:** I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law. If submitted electronically, this form will be considered to be signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT**