

Temporary employment contract form



Please enter your full first and last name, date of birth, and contact information first. This is the only way we can process your application.

Please read the following instructions carefully before completing the abstinence verification form. These instructions are intended to ensure that all required information is provided correctly and completely in order to make the abstinence verification process efficient.

1. Provide precise details

Please ensure that you complete all information in the form accurately and fully. Incomplete or inaccurate information may delay the review process.

2. Accuracy of the information

Before submitting the form, please check all information for accuracy. Incorrect information may lead to misunderstandings or delays.

3. Provide contact information

Please provide your current and complete contact information (e.g. telephone number, email address) so that we can reach you quickly if we have any questions.

4. Use legible handwriting

Please ensure that your handwriting is legible. Illegible entries may cause delays.

5. Meet deadlines

Please note the specified deadlines for submitting the form and accompanying documents. Late submissions may affect the process.

6. Complete identification details

Please complete the personal identification section in full. This includes your name, date of birth, address, and any other required information.

7. Submission of incomplete documents

If you do not have all the necessary documents at the time of submission, please contact us to clarify when the missing documents can be submitted.

8. Language difficulties

Should you have any language difficulties, please also contact us. We can provide the form in different languages. Go to <https://mpu-zentrale.com/abstinence-testing-procedures-forms/> There you can also select the language that suits you best.

9. Attach and send relevant documents.

Please make sure that you all Submit relevant documents, such as medical certificates or test results, along with the form. For this, it is necessary to include the form and all documents in a PDF file to auev@mpu-zentrale.com to send. Please name the file. as "Temporary Employment Contract Form First Name_Last Name". No review process takes place before correct submission.

10. Contact options in case of uncertainties

Should you have any questions about completing the form or the required documents, please do not hesitate to contact our staff. You can reach us via support@mpu-zentrale.com or by phone at 0800 7239096.

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Personal Information

- **First and Last Name:** _____
 - **Birth date:** _____
 - **Contact (phone/email):** _____
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Questions regarding abstinence verification

1. When were you last seen driving under the influence of alcohol and/or drugs?

Please state the date and time. If there were multiple incidents, please enter all the details.

2. What attracted attention?

Please name the substance (alcohol and/or drugs). If drugs, please specify the particular drugs (e.g., cannabis, cocaine, heroin, ecstasy, amphetamine, ketamine, or similar).

3. What values were measured during the offense?

For alcohol, please state the measured blood alcohol concentration (per mille) along with the time the blood sample was taken, and for drugs, all measured values in nanograms (ng).

4. How much alcohol/drugs did you consume on the day of the offense?

Please state the quantity and the time period of consumption (from when to when?). If alcohol was involved, please also specify the type of alcohol (e.g., beer, wine, spirits, cocktails) and the size of the glasses/bottles in milliliters.

5. When did you first consume alcohol/drugs in your life?

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6. How did your consumption develop from the first time until the offense (over the months and years)? How much have you consumed since you started?

Please specify the quantities on any given occasion (How many glasses or bottles? What size were the glasses or bottles?) and the type of alcohol and/or the quantities of drugs. Please also state the frequency of your alcohol and/or drug consumption (How often per day, per week, per month, per year did you consume?).

7. Since when have you abstained from alcohol and/or drugs, or only drink very little (If so, how much?)?

8. Have you already started with the abstinence verification process?

9. Have you ever had to undergo a medical-psychological assessment (MPU) due to alcohol and/or drugs?

If so, please submit the previous assessment report.

10. Have you ever received treatment for your substance use (doctor, psychologist, clinic, detoxification, rehabilitation treatment)?

If so, please specify the time period and submit the relevant documents.

11. Did you neglect your obligations due to substance use (e.g., cancel appointments, arrive late for work, neglect your work)? If so, what exactly?

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12. Did you receive any indications or feedback from acquaintances, friends, or colleagues in your personal or professional environment regarding your substance use?

13. Did you sometimes consume secretly and/or alone?

14. Have you sometimes consumed it in the morning?

15. Why did you decide to abstain from alcohol/drugs (this only applies if you have stopped)?

16. Have there been any relapses since the start of abstinence? If so, when and under what circumstances?

17. Who supports you in your abstinence (family, friends, counseling centers)?

18. Were there any legal, financial, or social consequences as a result of the consumption?

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19. Describe the exact circumstances on the day of the offense. How did the substance use occur beforehand, and how did the person participate in traffic? Were there any particular emotional circumstances, such as arguments, feeling overwhelmed, setbacks, or similar?

20. Did you experience any withdrawal symptoms (tremors, sweating, irritability, etc.) after discontinuing the substance? If so, which ones?

Additional information / Free text field

If there is not enough space, please use this field for additional information.