

FORMER EMPLOYER VERIFICATION

SECTION 1: PREVIOUS EMPLOYEE INFORMATION & RELEASE

NAME: _____ SSN: _____

I hereby authorize _____ to release the following requested information to _____ for the purpose of investigation for qualifying me to drive a commercial motor vehicle as required by the U.S. Department of Transportation & Federal Motor Carrier Safety Regulations Parts 382, 391, 392 & 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to the request will be greatly appreciated.

Signature: _____ Date: _____

SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY

Employed from _____ to _____ as a _____.

Did previous employee drive a motor vehicle for you? Yes No

If yes, please indicate the specific type of vehicle and time driven for you:

Tractor/Semi-Trailer ____ years ____ months; Straight Truck ____ years ____ months

Other (Please specify) _____; ____ years ____ months

What type trailer? Tanker Flat* Doubles Van Reefer

*What type cargo if you checked flat? _____

Was previous employee a safe and efficient driver? Yes No

Was previous employee's general conduct satisfactory? Yes No

Reason for leaving your employ: Discharged Resigned Laid Off Other

Is previous employee eligible for rehire? Yes No Upon Review

Did employee have any accidents/incidents? Yes No

If yes, # ____ Preventable # ____ Non-preventable

SECTION 3: NOTE REGULATIONS OF THE DEPT. OF TRANSPORTATION (49 CFR PART 40) requires your company to provide us with information concerning named driver's past drug and alcohol test results, including refusals to be tested.

In the past two years has the previously named applicant ever:

- Tested positive for a controlled substance? Yes No
- Tested with an alcohol concentration of 0.04 or higher? Yes No
- Refused to submit to a DOT drug or alcohol test, including a verified adulterated or substituted result? Yes No
- Had any other violations of DOT drug/alcohol testing requirements? Yes No
- Had any other violations of drug/alcohol regulations from previous employers? Yes No

Your Name: (print) _____ Title: _____

Your Signature: _____ Date: _____

Your Telephone Number: _____

Please forward your response as soon as possible to the above address.
(We prefer fax: _____)

Safety Director

REFERENCE CHECK

APPLICANT'S NAME: _____

Employer's Name: _____

Spoke To: _____

Dates From: _____ To: _____

Occupation: _____

Type Truck _____ Trailer: _____

Commodity _____ Tarp? _____

Accidents WC Injury: _____

Reason for leaving: _____

Rehirable: Yes No Upon Review: _____

Comments: _____

Drug Alcohol Test performed? _____ Positives? _____

Employer's Name: _____

Spoke To: _____

Dates From: _____ To: _____

Occupation: _____

Type Truck _____ Trailer: _____

Commodity _____ Tarp? _____

Accidents WC Injury: _____

Reason for leaving: _____

Rehirable: Yes No Upon Review: _____

Comments: _____

Drug Alcohol Test performed? _____ Positives? _____