

**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