

PREVIOUS EMPLOYER INQUIRY

Instructions to Driver-Sign and date only on the Applicant's Signature line as indicated by *

APPLICANT: _____ SS# _____

PRINT NAME

The above named applicant has applied for a driving position with our Company. Your firm is listed by the applicant as a past employer, and he/she was employed/contracted from: _____ m/d/y to:

_____ m/d/y. Federal Motor Carrier Safety Regulations section 391.23, 382.23, 382.401, 382.405, 382.413, and 40.321(b) require you to furnish us with the information requested below as stated by these sections of FMSCR.

RELEASE AUTHORIZATION: I am authorizing you to release any and all information regarding my services, character and conduct, while employed/contracted for your company as required by Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information, including information related to my alcohol and controlled substance testing/training to the Company.

*APPLICANT SIGNATURE _____ DATE _____

PREVIOUS EMPLOYER _____

ADDRESS _____

CITY & ST _____ ZIP _____

CONTACT NAME _____ TITLE _____

PRINT NAME

TELEPHONE # _____ FAX # _____

1. Is the employment record with your company correct as stated above? YES _____ NO _____
If no, please enter FROM _____ TO _____ M/D/Y
2. What type vehicle(s) did he/she drive? Specify _____
3. Why did he/she leave your company? Discharged _____ Resigned _____ Layoff _____ Other _____
If other, please explain _____
4. Any accidents while employed? YES _____ NO _____ PREVENTABLE? YES _____ NO _____
Date(s) of preventable accident(s) if applicable _____
5. Has he/she ever tested positive for a controlled substance, alcohol/drugs? YES _____ NO _____
If yes, did he/she undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to 382.605 of FMSCR? YES _____ NO _____ UNKNOWN _____
6. Has this person ever refuse to be tested for drugs or alcohol? YES _____ NO _____
7. Has this person violated any other DOT drug/alcohol regulations? YES _____ NO _____
If yes, please explain _____
8. Have you received information from a previous employer that this person has violated DOT drug/alcohol regulations?
YES _____ NO _____ if yes, who? _____
9. If this person was not subject to DOT drug? Alcohol testing requirements while employed/contracted with your company, please check here. ()

THIS FORM COMPLETED BY _____ TITLE _____

PRINT

SIGNATURE _____ DATE _____

ADDDITIONAL COMMENTS _____

YOUR IMMEDIATE RESPONSE IS GREATLY APPRECIATED, THANK YOU.

Please return fax to.