



REQUEST FOR INFORMATION – From Previous Employer

The following applicant, _____ has applied for employment as a **driver** with our company. Please complete the following questions and return via fax to _____ at 770-368-0464 within 24 hours.

COMPANY: _____ PHONE: _____ FAX: _____

ADDRESS: _____

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive a motor vehicle for you? Yes _____ No _____ If yes, what type? Straight Truck _____ Tractor Trailer _____
2. Type of equipment: Dry Van _____ Reefer _____ Tanker _____ Flat Bed _____ Other: _____
3. Reason for leaving your employment: Discharged: _____ Resignation: _____ Lay Off: _____ Military Duty: _____
4. Eligible for re-hire: Yes _____ No _____ Upon review _____

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here _____ if there is no accident register data for this driver.

DATE	LOCATION	INJURIES/FATALITIES	CHARGEABLE/NON-CHARGEABLE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Additional comments: _____

DRUG & ALCOHOL: Complete the following drug & alcohol testing results information (§40.25(g) and §391.23(h)).

If driver was not subject to Department of Transportation testing requirements please check here _____, sign, and return.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or greater alcohol concentration?	_____	_____
2. Has this person tested positive, altered, or diluted a test specimen for controlled substances?	_____	_____
3. Has this person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	_____	_____
4. Has this person committed DOT violations Subpart B of Part 382, or Part 40?	_____	_____
5. If person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program including return-to-duty and follow-up tests?	_____	_____
6. For a driver to had successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	_____	_____
7. Have you received information from a previous employer that this person has failed, or refused to take a drug or alcohol test?	_____	_____

Driver Signature: _____ Date: _____

Completed By: _____ Date: _____