



**APPLICANT INFORMATION:**

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the below mentioned company contact. I also hereby authorize this former employer to release drug and alcohol information and SAP information for the preceding three years under applicable DOT agency regulations. This release is in accordance with DOT FMCSR CFR 49 Part 40.

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**EMPLOYER INFORMATION:**

The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated above, all liability of you and your company has been released by the applicant.

1. Dates of Employment: \_\_\_\_\_
2. Position: Driver  Dock  Office  Other  (Please specify) \_\_\_\_\_
3. If employed as a driver, please indicate type of equipment driven: Tractor/Trailer  Bus  Straight Truck  Other   
(Please specify) \_\_\_\_\_
4. If Tractor/Trailer, what kind of trailing equipment) Dry Van  Reefer  Flatbed  End/Side Dump   
Doubles/Triples  Tank  Container  Other  (Please specify) \_\_\_\_\_
5. What type of driving? 48-state  Regional  Intrastate  City
6. Number of accidents: \_\_\_\_\_ Number preventable: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Preventable: \_\_\_\_\_ DOT Recordable?: \_\_\_\_\_ Type: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Preventable: \_\_\_\_\_ DOT Recordable?: \_\_\_\_\_ Type: \_\_\_\_\_
7. Number of on-the-job injuries: \_\_\_\_\_ Recurring injuries? \_\_\_\_\_ Back injuries? \_\_\_\_\_
8. Employee's general conduct: Above Average  Average  Below Average  Poor  Satisfactory
9. Reason for leaving your company: Resigned  Discharged  Laid Off
10. Would you re-employ this person?: Yes  No  Upon Review  Please explain: \_\_\_\_\_
11. Additional remarks: \_\_\_\_\_
12. Has this person ever tested positive for controlled substances under Part 382 in the past three years during employment with your company? Yes  No
13. Has this person ever had an alcohol test with a result of 0.04 or greater under Part 382 in the past three years during employment with your company? Yes  No
14. Has this person ever refused a required test for drugs or alcohol under Part 382 in the past three years during employment with your company? Yes  No
15. Has the individual violated other DOT drug/alcohol regulations? Yes  No
16. Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations? Yes  No
17. If YES to any of the above D&A questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.  
SAP Name \_\_\_\_\_ SAP Phone (\_\_\_\_) \_\_\_\_\_  
SAP Address \_\_\_\_\_ SAP City/State/Zip \_\_\_\_\_  
Former Employer \_\_\_\_\_ Sent By \_\_\_\_\_  
**Employer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_