

INQUIRY TO PAST EMPLOYERS

TO: DATE:

FROM: Company: Transportation Specialists, Ltd.
Name/ Title: Janelle/Kristie, Recruiting Specialist
Street Address: 10002 South 148th Street
City: Omaha State: NE Zip: 68138

Personnel Manager:

The person named below 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 below, all liability of you and your company has been released by the applicant. Please fax back to 402-895-9160.

- 1. Name of applicant:
2. Social Security Number:
3. Job applied for:
4. Dates of employment: From: To:
5. Position: Driver; Dock; Office; Other; Specify:
6. If employed as a driver, please indicate type of equipment driven. Tractor trailer; Bus; Straight truck; Other (specify):
7. If Tractor Trailer, what type of trailing equipment?: Dry Van; Reefer; Flatbed; End/Side Dump; Doubles/Triples; Tank; Other (specify):
8. What type of driving? Check all that apply: 48-State; Intrastate; City
9. Number of accidents: Number preventable:

Accident Information

Table with 5 columns: Date, Location, Preventable?, DOT Recordable?, Explanation. Two rows of data.

- 10. If the driver has NOT been involved in any motor vehicle accidents please check this box:
11. Number of on-the-job-injuries while in your employ: Any recurring injuries?: Any back injuries?:
12. Employees General Conduct: Above average; Average; Below Average; Poor; Satisfactory
13. Why did this employee leave your company?: Resigned; Discharged; Laid off
14. Would you re-employ this person?: Yes; No; Upon Review Please explain:

Remarks:

By: Date:

Signature of person supplying information

(Detach here for your files)

(Former Employer)

(Date)

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 above mentioned person.

X (Applicant's signature) X (Witness's signature)



TRANSPORTATION SPECIALISTS, LTD.

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER/APPLICANT

Date: _____

During the past (3) three years, have you tested positive on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

_____ YES _____ NO

During the past (3) three years, have you refused to test on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

_____ YES _____ NO

If you answered "YES" to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Dated this _____ day of _____,

Name of driver: _____

Signature of driver: **X** _____

Social Security Number _____ Witness _____



TRANSPORTATION SPECIALISTS, LTD.

Release & documentation of testing information by previous employer

Date of driver's employment application: _____

Part 1 – To be completed by driver/applicant.

I, _____, hereby authorize _____

driver/applicant's name

previous employer/company name

to release to _____ at _____ Transportation Specialists, Ltd.

company contact

new employer/company name

10002 S. 148th Street

address

Omaha, NE 68138

city/state/zip

(402) 895-9610

phone

(402) 895-9160

fax

results of any verified positive drug tests; alcohol tests with a result of 0.04 or greater, evidence of refusal to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three years. The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under applicable DOT agency regulations. I request such records be released immediately.

Dated this _____ day of _____,

Name of driver _____

Signature of driver **X** _____

Social Security Number _____ Witness _____

Part 2 – To be completed by previous employer.

	YES	NO
1. Has this person ever tested positive for controlled substances under Part 382 in the past three years during employment with your company?	<input type="checkbox"/>	<input type="checkbox"/>
2. 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?	<input type="checkbox"/>	<input type="checkbox"/>
3. 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?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the individual violated other DOT drug/alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of the above 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 _____

Name of person releasing information _____ Date _____

Signature of person releasing information _____