

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

To: _____
(Company Name - Previous Employer) (Application Date)

(Address) (City) (State) (Zip Code) (Tel or Fax)

I authorize the release of the following information to Carthage Marine Transport, LLC for pre-employment purposes. This includes the release and forward of information requested concerning my Alcohol and Controlled Substances Testing records within the previous 3 years In compliance with §40.25(g) and 391.23(h).

(Print Name) _____
(First) (Middle) (Last)

(Applicant's Signature) (Social Security Number) (Date of Birth) (Employed from (m/y) to (m/y))

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

1. The applicant named above was employed by us. Yes No
2. The applicant named above was employed as _____ from (m/y) _____ to (m/y) _____
3. Did he/she drive motor vehicle for you? Yes No
4. If yes, what type? Straight Truck Tractor Semitrailer Cargo Tank Doubles/Triples Other _____
5. Reason for leaving your employ? Discharged Lay Off Resignation Military Duty Other _____
6. Is applicant eligible for re-hire? Yes No

If driver was not employed by you, did not drive a motor vehicle for you or was not subject to Department of Transportation testing and safety performance requirements while employed by you, check here complete bottom section of Part 2, sign and return.

ACCIDENT HISTORY (Last 3 Years)

Complete the following for any accidents included on your accident register (§390.15(b)) that involved 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.

	<u>Date</u>	<u>Nature of Accident</u>	<u>Location</u>	<u># Injuries</u>	<u># Fatalities</u>	<u>Hazmat Spill</u>
1.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

DRUG AND ALCOHOL HISTORY (Last 3 Years)

1. Was driver subject to Department of Transportation testing requirements? Yes No
2. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes No
3. Has this person tested positive, adulterated or substituted test specimen for controlled substances? Yes No
4. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
5. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
6. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? N/A Yes No

COMPLETED BY:

Company Name: _____ Date: _____

(Address) (City) (State) (Zip Code) (Tel or Fax)

Completed by (Print Name): _____ (Title) _____ Signature) _____