

DOT EMPLOYMENT VERIFICATION (Background Check)

Printed Name _____ Social Security _____

Applicant Complete
One for each past employer

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed below, to the POTENTIAL motor carrier. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

I worked for this company from the dates of ___/___/___ until ___/___/___

Past Employer: _____ Contact Name: _____
 Phone#: _____ Fax #: _____
 Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

Previous Employer: The above driver has made application with our Company and states that s/he worked for you in the past. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors and use another sheet if necessary. Thank you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4. **3 YEAR ACCIDENT HISTORY** No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5. Was s/he a: company driver contractor contractor's driver

6. Reason for leaving your company: Discharged Resignation Lay-off Military Duty Other:

7. Would you re-employ this person? Yes No Upon Review _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:

8. Alcohol tests with a result of 0.04 or higher? Yes No

9. Verified positive drug tests? Yes No

10. Any refusals to be tested? Yes No

11. Other violations of DOT agency drug & alcohol testing regulations? Yes No

12. Did a previous employer report a drug and alcohol rule violation to you? Yes No

13. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
 Yes No Uncertain

14. No safety performance history exists for this driver with our company

If "YES" to #12, you must provide the previous employer's report. If you answered "YES" to #13, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: TOM GULLICKSON INC Diane, Safety/Compliance 608-764-5727 608-764-5724

Past Employer Complete

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3474 Hwy 73, PO Box 426, Deerfield, WI 53531

Phone #

Fax #