



**APPLICATION FOR EMPLOYMENT**

**Driver**





## EMPLOYMENT APPLICATION INSTRUCTIONS

### Washington Cedar & Supply

#### **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

Washington Cedar & Supply is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. The objective of Washington Cedar & Supply's hiring procedure is to select the most qualified individual for the job. We encourage you to provide us with complete and accurate information that demonstrates your qualifications to perform the duties of the job you are applying for.

#### **INVITATION TO APPLICANTS WITH A DISABILITY TO REQUEST REASONABLE ACCOMMODATION IN THE HIRING PROCESS**

If you have a disability that prevents you from successfully demonstrating your qualifications in any step of the hiring process, you may request a reasonable accommodation. If you need an accommodation, please inform the branch manager as soon as possible so that we have enough time to make the necessary arrangements.

#### **JOB AVAILABILITY**

Please look at the job opening notice and job qualification requirements. You must specify the job title for which you are applying or we will not consider your application. If you want to apply for other jobs, then you must complete a separate application.

Your application will be active for 30 days. If you want to be considered for openings that occur after the 30-day period, then you must complete a new application.

#### **RESPONDING TO INQUIRIES ON THE APPLICATION FORM**

You must complete all of the inquiries on the application accurately and truthfully. If you leave an inquiry blank, we will not consider your application. If you believe a question does not apply, put "N/A" for a response in the space provided. As part of the application process, the company will verify information on your application form. If you report false, inaccurate, misleading, or incomplete information, we will reject your application or will terminate your employment if we discover such information after the date of hire.

#### **POST-OFFER MEDICAL EXAM**

Washington Cedar & Supply uses a post-offer medical exam as part of our hiring process. Any offer of employment is conditioned upon you passing the post-offer medical exam. The exam occurs after the offer of employment but before the performance of any job duties. You will be asked to sign a separate authorization to release the results of the exam from the health care provider. If you do not pass the post-offer medical exam due to a disability, we will work with you to determine if a reasonable accommodation would permit you to perform the job duties. If we cannot find a reasonable accommodation that would be effective, we will withdraw the offer of employment. We treat all medical data and information from the medical examination as a confidential medical record as required by law.



**EMPLOYMENT APPLICATION ACKNOWLEDGMENT**  
Washington Cedar & Supply

**PURPOSE OF THE APPLICATION FORM**

I understand that the purpose of the application form is to give me the opportunity to provide the company with information about my skills, experience, abilities and other personal attributes that meet the qualification requirements for the job position that is available. I understand that it is in my best interest to be thorough, accurate and descriptive in providing this information. I also understand that a number of people will apply for the job opening and that Washington Cedar & Supply does not guarantee anyone an interview or consideration beyond completing the application form.

**CONSIDERATION OF THE APPLICATION FORM**

I understand that I must specify the position I wish to apply for, and that Washington Cedar & Supply will consider my application for that position only. I understand if I wish to apply for additional positions, then I must complete and file a separate application.

I also understand that Washington Cedar & Supply will only consider my application active for 30 calendar days from the date of my application. I understand that if I want Washington Cedar & Supply to consider me for a longer period of time, then I must complete and file a new application.

**REFERENCE AND INFORMATION CHECK**

In submitting this application for employment, I understand that Washington Cedar & Supply will investigate the information that I provide. If I am selected for an interview, I agree to complete a release and waiver form so that Washington Cedar & Supply may verify my employment history, education, and background as they relate to the job opening.

I understand that the company also does a background check on the driving of applicants. I understand that the company will provide me with the required notice, disclosures, and request for authorization whenever the information sought falls under the requirements of the federal Fair Credit Reporting Act.

**DRUG TEST**

I understand that part of the hiring process at Washington Cedar & Supply includes a drug test. I understand that any offer of employment is conditional on passing the drug test. I agree to sign any required consent and waiver form, as well as an authorization to release the results of the drug test before I take the test. I understand that if I refuse to sign the consent and waiver, or the authorization to release the results, or if my test results are positive, then Washington Cedar & Supply will withdraw the offer of employment and will not consider me for employment for 30 days, after which I may reapply. I understand that a positive test for marijuana (including marijuana metabolites) is not excused even if my use was legal under state law. I understand that I will be permanently barred from employment if the collection facility reasonably believes I have altered, substituted, or tampered with my sample. I understand all drug test data will be maintained as a confidential record and will be disclosed only to those with a business need to know.

**1-9 FORM DOCUMENT**

I understand I-9 documentation is not part of the application or interview process. I understand, however, that if Washington Cedar & Supply offers me a job position, then on the day that I am scheduled to begin work I must complete an I-9 form and provide Washington Cedar & Supply with documentation that shows my identity and authorization to work in the United States. I understand that if I do not provide this documentation, I will no longer be qualified for the job position. I understand that federal law imposes imprisonment and/or fines upon any person who makes a false statement, uses a document issued to someone else, or uses a counterfeit, altered, forged or falsely made document to obtain employment.

**GENERAL ACKNOWLEDGMENT**

I have read and understand all of the instructions and acknowledgments set forth above. My signature represents that I will comply and that I understand the consequences if I do not comply.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**PRE-EMPLOYMENT DRUG TESTING  
NOTIFICATION & CONSENT**  
Washington Cedar & Supply

I understand that, as required by the Federal Motor Carrier Safety Regulations 49 CFR Part 382 and company policy, all prospective drivers must submit to a controlled substances test involving collection of a urine sample that will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP).

I understand that, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer before any positive drug test result is reported to the company.

The results of the drug tests will be maintained by the medical review officer of the company, who will report to the company whether the test result was negative or positive. The results of any tests will not be released to any additional parties, except as provided in §40.37, without my written authorization.

I hereby agree to submit to a urine drug test.

**PRINT APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**EMPLOYMENT APPLICATION FOR DRIVER**  
 Washington Cedar & Supply

*Please review the entire application before you begin. Legibility, accuracy, organization and completeness are important.*

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE INITIAL** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY NO:** \_\_\_\_\_

**ADDRESS** where you can be contacted: \_\_\_\_\_

**PHONE NUMBER** where you can be contacted: \_\_\_\_\_

<b>RESIDENCE ADDRESSES FOR THE PAST THREE YEARS:</b>	<b>DATES YOU LIVED THERE:</b>
_____	_____
_____	_____
_____	_____
_____	_____

Job applied for: \_\_\_\_\_ Today's date: \_\_\_\_\_

Are you seeking:  Full-time  Part-time  Temporary  or Summer employment?

How soon are you available for employment? \_\_\_\_\_ Shift Preference: \_\_\_\_\_

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

In what job position(s): \_\_\_\_\_

**EXPERIENCE, EDUCATION, TRAINING**—Please indicate the nature and extent of your experience in the operation of motor vehicles, including the equipment type (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers.) \*Also indicate any relevant education/vocational training (including dates of enrollment other than for high school) or other work experience.

\* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21

**WORK EXPERIENCE**— 1. List all employers up to three years ago\* Please list all your employers during at least the last three years, beginning with your most recent job held. 2. List all employers four to 10 years ago for whom you were required to have a commercial driver’s license to operate a commercial motor vehicle (CMV).\* If you were self-employed, give company name. If you need additional space, ask for an additional form.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employment Dates | *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Rate of Pay | *Start:* \_\_\_\_\_ *Final:* \_\_\_\_\_

Your Last Job Title: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Requirements?\*  Yes  No

Was the job designated as a “safety sensitive function” subject to alcohol & drug testing\*  Yes  No

Reason for Leaving: \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employment Dates | *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Rate of Pay | *Start:* \_\_\_\_\_ *Final:* \_\_\_\_\_

Your Last Job Title: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Requirements?\*  Yes  No

Was the job designated as a “safety sensitive function” subject to alcohol & drug testing\*  Yes  No

Reason for Leaving: \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.

\* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21



Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employment Dates | *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Rate of Pay | *Start:* \_\_\_\_\_ *Final:* \_\_\_\_\_

Your Last Job Title: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Requirements?\*  Yes  No

Was the job designated as a "safety sensitive function" subject to alcohol & drug testing\*  Yes  No

Reason for Leaving: \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_

Employment Dates | *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Rate of Pay | *Start:* \_\_\_\_\_ *Final:* \_\_\_\_\_

Your Last Job Title: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Requirements?\*  Yes  No

Was the job designated as a "safety sensitive function" subject to alcohol & drug testing\*  Yes  No

Reason for Leaving: \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.

**DRIVING RECORD**

Do you hold a current commercial motor vehicle (CMV) operator's license or permit?\*  Yes  No  
If yes, please list all of your current (unexpired) CMV operator's licenses or permits below:\* if you have more than one current commercial driver's license, you need to contact the states that issued the extra licenses and tell them to cancel the licenses.

**STATE** **LICENSE NUMBER** **EXPIRATION DATE**

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Please list all states in which you held a driver's license or permit during the past three years (as required by 49 CFR 391.23)

**STATE** **LICENSE NUMBER, TYPE, CLASS** **DATES HELD**

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Please describe all motor vehicle accidents in which you were involved in the past three years.\* Specify the date and nature of each accident and any fatalities or personal injuries it caused.\* Use additional pages if needed.

**DATE** **DESCRIPTION of accident, including fatalities or personal injuries.**

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Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking), for which you were convicted or forfeited bond or collateral during the past three years:\*

**DATE of conviction or forfeiture** **DESCRIPTION of violation**

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\* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21

**DRIVING RECORD (CONTINUED)**

Have you ever had a denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle?\*

No, I have never had a denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.

Yes, I have had a denial, revocation or suspension of a license, permit or privilege to operate a motor vehicle. Provide the facts and circumstances in detail (use additional paper if needed):

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\*This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21

**DOT-COVERED DRUG & ALCOHOL TESTS\*\***

Answer the following questions based on the past three years. If you answer “yes” to any of these questions, list the date and employer.

Tested positive or refused to test on any DOT-covered preemployment drug test?

No  Yes \_\_\_\_\_

Had a DOT-covered breath alcohol test with a positive result of 0.04 or higher?

No  Yes \_\_\_\_\_

Had a DOT-covered verified positive drug test?

No  Yes \_\_\_\_\_

Refused to take a DOT-covered test for drugs or alcohol, or had a verified adulterated or substituted test result?

No  Yes \_\_\_\_\_

Otherwise violated any DOT drug or alcohol regulation?

No  Yes \_\_\_\_\_

If you answered “yes” to any of the above questions, did you successfully complete all DOT return-to-duty requirements, including completion of a rehabilitation program prescribed by a substance abuse professional, follow-up testing and a return-to-duty test?

No (explain below)  Yes (attach documentation)

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\*\*We are required to verify this information under 49 CFR 40.25 and 391.23(e).

**REFERENCES**—Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

May we contact your present employer?  Yes  No, because (Please state reason)

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.\* I understand that the information concerning my prior employers may be used and my prior employers may be contacted for the purpose of investigating my background, including my safety performance history (accidents and DOT drug/alcohol compliance) as required by 49 CFR 391.23.\* I understand that the company will provide additional information to me regarding my right to review and rebut the safety performance history provided by prior employers for whom I performed DOT-covered work within the previous three years.

I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided. I authorize all entities and individuals identified or discovered during the company’s hiring process to provide information regarding my employment, education, character and qualifications. I also release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company, except that in accordance with 49 CFR 40.27, I do not release anyone from liability regarding any aspect of the DOT-required drug and alcohol testing process. I understand that if I am employed, I must conform to the company’s rules, policies and procedures. I also understand that my employment is “at will,” which means that the company or I may terminate my employment at any time for any reason.

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21



## DRIVER'S REFERENCE CHECK AUTHORIZATION & RELEASE

Washington Cedar & Supply

### PART ONE

I am applying for employment with Washington Cedar & Supply ("the company") for a commercial driving position regulated by the Federal Motor Carrier Safety Administration, an agency within the U.S. Department of Transportation (DOT). I understand that DOT requires prospective employers to verify the information listed below and that the investigation may involve personal interviews, telephone interviews, letters or any other method that the company deems appropriate. I authorize the company to obtain this information and I authorize the release of this information to the Branch Manager and the Human Resources Department at Washington Cedar & Supply:

My driving record during the past three years, as reflected in the records of the appropriate state agencies for the states in which I held a motor vehicle operator's license or permit during those three years.

Confirmation of my identity and verification of my employment from all employers who employed me to operate a commercial motor vehicle (CMV) during the three years prior to the date of my application.

My accident history from all employers who employed me to operate a commercial motor vehicle (CMV) during the three years prior to the date of my application, including the date(s) and location(s) of all accidents, the number of injuries or fatalities that resulted and whether hazardous materials were released. This accident history may include both DOT-covered accidents as well as more minor accidents.

Any of the following information from my drug and alcohol testing records for DOT-required drug and alcohol tests during the past three years:

✓ DOT-required breath alcohol tests showing a concentration of 0.04 or greater;

✓ DOT-required drug tests showing a verified positive result;

✓ Refusals to be tested for a DOT-required test (including verified adulterated or substituted test results);

✓ Other violations of DOT agency drug and alcohol testing regulations; or

✓ Documentation of my successful or unsuccessful completion of DOT return-to-duty requirements (including substance abuse professional reports and status of required follow-up tests and return-to-duty tests).

I understand that I have the right to review any information provided by previous employers in response to the inquiries above at any time during the application process or within 30 days of an offer or denial of employment with the company. I understand that I must make my request in writing and submit it to the Human Resources Department. I also have the right to send a written request asking former employers to correct errors in the information about me. I understand that if I make such a request to a former employer, then within 15 days of receiving my request the former employer must either send the corrected information to the company or else respond to me with a refusal to correct the information. If the former employer refuses to correct the information, I have the right to send the former employer a written rebuttal with an instruction to include the rebuttal in my safety performance history. The former employer will then forward a copy of the rebuttal to the company within five business days of receiving my rebuttal.

To the extent allowed under state and federal law, I release the company and the persons or entities that provide the information described above from any liability for disclosing or using that information. I understand that under federal law, I cannot be required to waive liability regarding any aspect of the DOT-required drug and alcohol testing process. I understand this Authorization and Release and have received a copy for my records.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PART TWO**

I understand that under its own authority and policies separate from DOT, the company will investigate my background and verify the information I have provided. I understand that the investigation may involve personal interviews, telephone interviews, letters or any other method that the company deems appropriate. I authorize the company to obtain the information described below and I authorize the release of the information to the Branch Manager and the Human Resources Department at Washington Cedar & Supply:

- My complete driving record, including accidents, arrests, citations, fines, convictions, license suspensions and license revocations related to all driving, including not only DOT-covered employment but also other driving, both work-related and personal.
- My complete employment record, including but not limited to jobs held, dates of employment, experience operating motor vehicles, quality and quantity of work performance, safety record, attendance, conduct and reasons for leaving.
- My complete academic record, including but not limited to training and certification related to operating motor vehicles.
- Whether I violated my prior employers' non-DOT drug and alcohol policies.

To the extent allowed under state and federal law, I release the company and the persons or entities that provide the information described above from any liability for disclosing or using that information. I understand this Authorization and Release and have received a copy for my records.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## Washington Cedar & Supply

I hereby give Washington Cedar & Supply the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify Washington Cedar & Supply against any liability that may result from such investigation. I understand that any false statement or other required document may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Washington Cedar & Supply and myself for any term of employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Washington Cedar & Supply unless in writing. I further understand that no agent or representative other than the supervisor of the position being applied for at Washington Cedar & Supply has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If an employment relationship is established, I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Washington Cedar & Supply or myself.

**PRINT APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_
hereby authorize: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Employers \_\_\_\_\_ Email: \_\_\_\_\_
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (date of employment application)

To: \_\_\_\_\_
Prospective Employer: \_\_\_\_\_
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Under §391.23(g), you must respond to this inquiry within 30 days of receipt.

Prospective employer's confidential fax number: \_\_\_\_\_
Prospective employer's confidential email address: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS / CURRENT EMPLOYER

If applicant was not subject to Department of Transportation testing requirements while employed by you, please check here [ ] , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_ , complete bottom of Section 2, sign, and return.

Applicant was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_ .

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1: YES NO

- 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: [ ] [ ]
- An alcohol test with a result of 0.04 or higher alcohol concentration.
- A controlled substances test result of positive, adulterated, or substituted.
- A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
- Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
- Alcohol use after an accident, in violation of §382.303.
- Controlled substances use while on duty, except as allowed under §382.213.
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here [ ] [ ] [ ] N/A
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? [ ] [ ] [ ]

Name: \_\_\_\_\_
Company: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) [ ] Faxed to previous employer [ ] Mailed [ ] Emailed [ ] Other \_\_\_\_\_ Date \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_
Recorded by: \_\_\_\_\_ Method: [ ] Fax [ ] Mail [ ] Email [ ] Telephone [ ] Other \_\_\_\_\_
Date: \_\_\_\_\_



# REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to \_\_\_\_\_  
for the purposes of investigation as required by Section 391.23 (Prospective Employer)  
of the Federal Motor Carrier Safety Regulations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS FORM WAS (check appropriate box)  
 Mailed, Date: \_\_\_\_\_  
 Faxed, Date: \_\_\_\_\_  
 Emailed, Date: \_\_\_\_\_  
 Received by Phone, Date: \_\_\_\_\_  
Name of Person Contacted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:  
The above named individual has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as \_\_\_\_\_  
from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: \_\_\_\_\_ Attention: \_\_\_\_\_  
Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

### SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes  No   
Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

### SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer  Bus   
Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

If there is no safety performance history to report, check here , sign below and return.

**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	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE  
FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.**

**ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION**