

Company Name: _____ Attention: _____

Applicant's Name: _____ SS#: _____

The above mentioned name has applied for a position as a company driver and stated that he/she was employed by your company as a _____ from _____ to _____.

Position start date end date

Please reply to the inquiry below regarding this applicant.

Thank You,

Control # _____

Name and Title

Please Circle One:

- 1) Are employment dates correct as stated above? YES/NO
If NO, list correct dates: _____
- 2) Would you rehire? YES/NO
- 3) What was reason for leaving? DISCHARGED/ LAID OFF/ RESIGNED
If discharged, please state details: _____

DRUG & ALCOHOL INFORMATION:

- 4) Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.02 or greater in the past three years? YES / NO
- 5) Has this individual had a controlled substance test with a positive result in the past three years? YES / NO
- 6) Has this individual refused a controlled substance test and/or alcohol test within the past three years (includes verified adulterated or substituted results)? YES / NO
- 7) Has this individual violated other DOT drug and/or alcohol regulations in the last three years? YES / NO
- 8) Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations in the last three years? YES / NO

PLEASE CHECK ALL THAT APPLY:

- | | | | | |
|------------------------------------|---|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Tractor-Semi | <input type="checkbox"/> Flat Bed | <input type="checkbox"/> OTR | <input type="checkbox"/> Gen Com |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Dry Van/Box | <input type="checkbox"/> Local | <input type="checkbox"/> Hazmat |
| <input type="checkbox"/> Casual | <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Reefer | <input type="checkbox"/> Regional | <input type="checkbox"/> Refrigerated |
| <input type="checkbox"/> 48 States | <input type="checkbox"/> Canada | <input type="checkbox"/> Other type of truck _____ | | |

- 9) Did driver ever abandon a load or a truck? YES/NO
- 10) Was employee involved in any accidents? YES/NO

DATE	DOT REC	PREV	CITY	ST	#INJ	#FAT	HAZMAT	TYPE
	Y/N	Y/N					Y/N	
	Y/N	Y/N					Y/N	
	Y/N	Y/N					Y/N	
	Y/N	Y/N					Y/N	
	Y/N	Y/N					Y/N	

ADDITIONAL ACCIDENT COMMENTS: _____

VERIFIED BY: _____ TITLE: _____
PLEASE PRINT

COMPANY ADDRESS: _____
STREET ADDRESS CITY/STATE ZIP

SIGNATURE: X _____ DATE: _____

"I HEREBY AUTHORIZE FFE TRANSPORTATION SVCS, INC., TO INVESTIGATE MY BACKGROUND, PRIOR WORK HISTORY INCLUDING ANY AND ALL RESULTS FROM DRUG AND ALCOHOL TESTING (SCREENING) IN ACCORDANCE WITH REGULATIONS OF THE DOT , PART 40, AND FMCSR SECTIONS 382.405, 382.413, 383.23, 391.27, AND 391.23."

APPLICANT SIGNATURE: X _____ DATE: X _____