

[] Faxed
[] Mailed
[] Phone

EMPLOYMENT VERIFICATION

Documentation of Testing Information

First Request []
Second Request []
Third Request []

The person described below is applying for a position as an over-the-road truck driver. The U.S. Department of Transportation under Part 391 of the Federal Motor Carrier Safety Regulations (FMSCR), requires that we obtain verification of previous employment before offering the position to this individual. Additionally, Part 382 of the FMSCR requires that we obtain information with the applicant's consent, about any alcohol tests with a result of 0.04 or greater or any positive controlled substance test results within the preceding three (3) years. Thank you for assisting us in complying with these requirements.

Applicant Identification

10/5/20XX

Talltruck,Zack
Applicant Name (Last, First, Initial)

M and D Firepits
Employer

123-45-6789
Social Security Number

Attn: _____

FROM: 1/1/20XX - 5/1/20XX

123-456-789 /
(Area Code) Phone Number / Fax Number

If box is marked, we need the information in this section.

Employer Verification

- Actual Dates of Employment: FROM _____ TO _____
- What kind(s) of work did he/she do? Driver _____ Dock _____ Office _____ Shop _____
Other _____ explain _____
- If employed as a driver, please indicate type of equipment driven.
Tractor Trailer _____ Straight Truck _____ Twin-Trailers _____ Bus _____
- Performance Rating: SATISFACTORY _____ UNKNOWN _____ POOR _____
- Any Preventable Accidents? NO _____ YES _____ Details? _____
- Reason For Leaving? VOLUNTARY QUIT _____ COMPANY TERMINATION _____
- Eligible for Rehire? YES _____ NO _____ UPON REVIEW _____ NO POLICY _____
- Comments: _____

If box is marked, we need the information in this section.

PLEASE NOTE
This information must be obtained from all previous employers who maintain records required by the U.S.DOT under Part 382 of the Federal Motor Carrier Safety Regulations within the preceding three (3) years. As part of this request, the driver applicant has provided consent as evidenced by the attached Notification and Release Form

- Has this person had an alcohol breath test with a concentration result of 0.04 or greater within the past three (3) years?
NO YES
- Has this person had a positive controlled substance test result within the past three (3) years?
NO YES
- Has this person ever refused a required test for alcohol or controlled substances within the past three (3) years?
NO YES

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:

Name: _____
Address: _____
Phone #: _____

Documentation of Testing Information



Employer Agent

IMPORTANT:

Please Print Your Name & Title (or Department)

If you have any questions regarding this request please give me a call.

Please return asap by mail or fax to:

Company Name

Street Address

Fax #

Thank you, Contact - Phone Number

SAMPLE REPORT