

# Past Employment Verification

Sent to: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Previous Employer

Requested by: **Bostic Trucking & Excavating, Inc.** Phone: **205-323-8840**  
**P.O. Box 38 Watson, Al. 35181** Fax: **205-323-8839**

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Resigned: Yes/No Discharged Yes/No

If Discharged, Why? \_\_\_\_\_

Eligible for Rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review \_\_\_\_\_ If No, please explain: \_\_\_\_\_

Equipment: Type of Tractor/Truck: \_\_\_\_\_

Flatbed \_\_\_\_\_ Tri-axle \_\_\_\_\_ Tandem \_\_\_\_\_ Semi \_\_\_\_\_

Loader \_\_\_\_\_ Excavator \_\_\_\_\_ Dozer \_\_\_\_\_ Backhoe \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

Area of Operation: \_\_\_\_\_

Overall Performance: Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_

### Accident information below (Accidents within the last 36 months)

Accidents: #Preventable: \_\_\_\_\_ Description: \_\_\_\_\_

# Non-preventable: \_\_\_\_\_ Description: \_\_\_\_\_

### Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Test done in last 36 months)

Tested positive for controlled substance in the last 3 years? Yes \_\_\_\_ No \_\_\_\_

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? Yes \_\_\_\_ No \_\_\_\_

Ever refused a required test for drugs or alcohol in the last 3 years? Yes \_\_\_\_ No \_\_\_\_

Have you received information from a previous employer that this individual has violated DOT

Drug/alcohol regulations? Yes \_\_\_\_ No \_\_\_\_

If yes, please give type of test, date of test (if applicable): \_\_\_\_\_

Person providing information

Title

1). I Hereby authorize the above-mentioned employer to release all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment with Bostic Trucking & Excavating, Inc. (or their authorized agents) which may request such information for employment with Bostic Trucking & Excavating, Inc.

2). In conformity with 49 CFR part 40, I hereby authorize the above-mentioned employer and their agents to furnish Bostic Trucking & Excavating, Inc. the above requested information concerning D.O.T. drug and alcohol test including pre-employment test during the previous 3 years; the date when I tested positive; the dates when tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 from my previous employer covered by D.O.T.

3). I hereby release the above-mentioned employer and their authorized agents from any and all liability of any type as a result of providing the above-requested information to Bostic Trucking & Excavating, Inc.

By signing below, I certify that I have read and fully understand page 1,2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed by Bostic Trucking & Excavating, Inc.

Applicants Signature

Date

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Applicants Printed Name