

# PSS TRUCKING INC.

**Applicant: Please Do Not Complete This Form.  
Sign Only Where Indicated.**

## REQUEST FOR EMPLOYMENT INFORMATION

In accordance with section 382.413 and 391.23 of the Federal motor carrier safety regulation, I here by authorize to give to **PSS TRUCKING INC.** all information regarding my service, character conduct in your employ, whether as an employee or owner/ operator and you are released from any liability which may result from giving such information.

In order to enable **PSS TRUCKING INC.** to comply with the requirements of 49 C.F.R. 382.413, I hereby consent to **PSS TRUCKING INC.** obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 C.F.R. 382.413 (b) (1) (i) through (iii) regarding alcohol tests with a concentration result of 0.02 re-greater positive controlled substance tests results and refuels to be tested with in the five years preceding the data of this application. I here by authorize and direct my prior employers to release such information to **PSS TRUCKING INC.** in personal interviews telephone interview, letters or any other method that insures confidentiality. I here by authorize **PSS TRUCKING INC.** to release such information to any of it personnel whose duties require them to assess this application or to make any recommendations or decision with respect to it.

**Date:** \_\_\_\_\_ **Applicant Sign Here:** \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER OR MOTOR CARRIER**

To Former Employer: Please provide the following information about this applicant to the representative listed at the bottom this form Please fax this form to the following confidential FAX 925-665-0394

Company Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_

Please check appropriate Box:  DOT regulated Driver  Non DOT Regulated

If DOT Regulated Driver, you must also complete page 2 of this verification.

Driver operated:  Local (Inside 100 air mile radius)  Over the Road (Over 100 air Miles)  All 48 states  
 Regional \_\_\_\_\_ Driver type:  Company Driver  Owner-Operator  Driver for Own-

Operator// Status:  Full  Part-time

Driver operated A:  53' Tractor Trailer  Straight truck  Bus  Other \_\_\_\_\_

List State in which applicant drove regularly: \_\_\_\_\_ List type of commodities applicant hauled: \_\_\_\_\_

**Accidents:**  There is no Accident register data for this driver  Attached is other accident information.

Date	Description	Location	# of Injuries	# of fatalities	Any tow-Away	Preventable

Ticket  Yes  No if yes, Please describe: \_\_\_\_\_

Reason for leaving your company?  Resigned  Discharged  Lay Off  Leave of absence  Other \_\_\_\_\_

Is applicant eligible for rehire:  Yes  No if no please explain why: \_\_\_\_\_

Are your tractors leased to anyone?  Yes  No if yes who \_\_\_\_\_

What companies did applicant show working for prior to your company? \_\_\_\_\_

Complete by Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company representative requesting information \_\_\_\_\_ Date \_\_\_\_\_

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**Date:** \_\_\_\_\_ **Applicant Sign Here:** \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax \_\_\_\_\_

***TO BE COMPLETED BY PREVIOUS EMPLOYER OR MOTOR CARRIER***

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Alcohol and Controlled Substance Test Results – this information is required if employed with your company within the last 3 years of if applicant tested positive or refused to be tested with in the last 5 years.

1. Were there any positive results for a controlled substance test?  
 Yes       No
2. Were there any alcohol test with a result of .02 or higher alcohol concentration?  
 Yes       No
3. Were there any alcohol or controlled substance test refusals?  
 Yes       No
4. Were there any violations of other DOT drug and alcohol regulation?  
 Yes       No
5. Do you have information from previous employers that this person violated DOT drug and / or alcohol regulation?  
 Yes       No
6. If there was a drug alcohol violation, did the applicant complete a substance abuse rehabilitation program?  
 Yes       No

**Completed by:**  
Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PSS TRUCKING INC. Representative requesting information:** \_\_\_\_\_  
Name Title Date