

Verification of Employment from Previous Employer

I hereby authorize you to release the following information to DURANGO JS, LLC for purposes of investigation as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. You have the right to review the information obtained from previous employers, to correct errors in that information, and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous

information. If the driver chooses to submit a rebuttal; the previous employer has five days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history.

Past Employment information

Company name _____ **Applicant's name** _____
Social Security# _____ **CDL #** _____ **Applicant's Signature** _____
Employment dates _____ to _____ **position held** _____ **Rate of pay** _____
What did he/she operate? ☐ straight truck ☐ Tractor/trailer ☐ Tractor/dump trailer ☐ other
Type of driving ☐ Local ☐ over-the-road. **Was he/she a safe and efficient driver?** ☐ yes ☐ No
Did he/she have any accidents while working for you? ☐ Yes ☐ No **If yes, describe briefly** _____
Reason for leaving employer? ☐ Discharged ☐ Resignation ☐ Layoff ☐ Other
Was his/her conduct satisfactory? ☐ Yes ☐ No **If no, please explain** _____
Did he/she get along with co-workers? ☐ yes ☐ No. **With supervisors?** ☐ yes ☐ No
Did this driver have log problems? ☐ Yes ☐ No **Late deliveries?** ☐ yes ☐ No
Would you rehire this driver? ☐ Yes ☐ No
Upon review If no, why not? _____
While employed, was he/she subject to FMCSA Regulations? ☐ yes ☐ No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing?
☐ Yes ☐ No

Past Drug/Alcohol Results

1. Has this person tested positive for a controlled substance in the last three years? ☐ yes ☐ No
2. Has he/she had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years?
☐ Yes ☐ No
3. Has he/she refused a required drug or alcohol test in the last three years (including verified adulterated or substituted drug test results)? ☐ Yes ☐ No
4. Has he/she violated any other DOT drug/alcohol regulation? ☐ Yes ☐ No
5. Have you received verification from any previous employers of this person that he/she violated DOT drug and/or alcohol regulations? ☐ Yes ☐ No **If yes, see below**

If you answered yes to questions 1-4, please list the SAP (Substance Abuse Professional) for further reference.

Name _____ **Phone** _____
Address _____ **City** _____ **State** _____ **Zip** _____

If you answered yes to question 5, list past employer's name and phone number and which regulation was violated.

Name _____ **Phone** _____
Address _____ **City** _____ **State** _____ **Zip** _____

★ **Previous Employer Signature** _____ **Print name** _____
Title _____ **Date** _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.4'13 is a violation of the Department of Transportation's regulations and may result in a fine and/or civil liability.