

Past Employment Verification

D.E. Jones, Inc. 207 University Blvd. Morrilton, Ar 72110 Phone: 501-354-9983 Fax: 501-354-8769

~~~This section to be completed by applicant~~~

**Applicant Printed Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

The above named has made application for employment/lease with D.E. Jones, Inc. or one of its Leases. Your company has been listed on his/her application as a past employer. This inquiry is being made in accordance with the FMCSA regulations Sec. 391.23. The applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. I give the above listed company permission to release any information concerning my employment.

**Applicant Signature: X** \_\_\_\_\_ **Date: X** \_\_\_\_\_

Also, in accordance with the FMCSA Regulations Sec. 40.25 and 382.405, I give my previous employer permission to release information concerning my Alcohol and Controlled Substance Testing Records and Past Employer Inquiry to D.E. Jones, Inc.

**Applicant Signature: X** \_\_\_\_\_ **Date: X** \_\_\_\_\_

I authorize D.E. Jones, Inc. to make investigations and inquiries into my personal, employment, financial, medical, or other history as may be related to my qualifications for the job for which I am applying. I release from liability any parties and their agents who may make response to those inquiries. I understand that providing false or misleading statements in my application may affect my obtaining a position. In the event these falsifications are not discovered until after my employment, these statements could be considered grounds for termination. I understand that information that I provide may be used, and both current and former employers may be contacted in determining my fitness for the position for which I am applying. For those applying for Driver or Owner/Operator Leases, contacts will be made to determine fitness based on FMCSA regulations as stated in the requirements under Part 49 Sec 391.23 (d) and (e). I understand that I have the right to: Review information provided under these inquiries, request any incorrect information be corrected and re-sent, as well as the opportunity to rebut any information provided.

**Applicant Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

~~~~~For Past Employer Use Only~~~~~

Previous Employer: _____ City/State _____
FAX/E-mail: _____ Applicant's SS#: _____

These are the dates of employment submitted to us by the applicant: _____ to _____

Can you verify these dates are correct? Yes No **If "NO", please provide correct dates** _____ to _____

Applicant employed as: Driver Owner/Operator Other (please specify) _____ **Applicant was:** OTR / Regional / Local / NA

Equipment operated: (please circle all that apply) Tractor trailer / Straight truck / Box / Van / Reefer / Flatbed / Other _____

Types of commodities hauled: (please circle all that apply) Coils / Lumber / Pipe / Other _____

Experienced using: (please circle all that apply) V-Boards / Tarps / Edge Protectors / Chains / Straps / Coil Racks

Number of Recordable Accidents: _____ **Type of Accident/s:** _____

Was the applicant at fault? Yes No **Was the applicant ticketed?** Yes No **Reason for leaving:** _____

Is this person eligible for re-hire? Yes No **Were there any disciplinary/safety related/other issues?** Yes No

Additional Comments: _____

Completed by: (Printed Name) _____ Title: _____

Signature: _____ Date: _____ DOT#: _____

~~~Drug/Alcohol Requirements~~~ In compliance with Sec. 40.25 and 382.405(f) and (h), the following information is requested.

**Was applicant subject to DOT testing Requirements?** \_\_\_\_\_ **If "YES", please complete the following section.**

1. Has applicant tested 0.04 or higher on an Alcohol Concentration Test?  Yes  No
2. Has applicant tested positive for a controlled substance?  Yes  No
3. Has applicant refused to be tested for either alcohol or controlled substances?  Yes  No
4. Has applicant violated any other DOT regulation concerning Controlled Substances or Alcohol?  Yes  No
5. Have you received information from a past employer stating any violation of drug/alcohol requirements?  Yes  No
6. If the answer is "YES" to any of these questions, do you have documentation of the applicant completing DOT return to duty requirements and continued monitoring, including follow-up tests?  Yes  No
7. If the answer is "YES" to #6, please provide copies of documentation and the following information:

SAP Name \_\_\_\_\_ Address: \_\_\_\_\_

Completed by: (Printed Name) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DOT#: \_\_\_\_\_

**For Office Use Only:** Submission Date: \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ Method of Submission: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_