

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to TLV Logistics, LLC for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. **A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS (FMCSR 40.321).**

Date Applicant's Signature Applicant's Printed Name

Previous Employer Name: _____ Fax #: _____
Address: _____ Phone #: _____

The individual named below has applied to our company, or one of our client companies, for a position as a Commercial driver and states that he/she was employed by your company as a(n) _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to TLV Logistics, LLC 877-240-2050 or email TLVLogisticsLLC@hotmail.com

1. Name of applicant: _____		SS#: _____
2. Employed from: _____		to: _____ as(n): _____
3. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____		
4. If a tractor-trailer, what type of trailer? <input type="checkbox"/> Dryvan <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container		
5. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR		6. Were DOT Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was he/she an on-time and dependable driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Was his/her overall work record satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military		
10. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____		
11. Please advise of any injuries, illnesses or prescribed medications:		
12. Please advise of dates and details of any DOT reportable accidents or tickets (specify # of injuries, fatalities, property damage, hazardous spills, etc.):		
13. Do you know of any reason why this person could not perform all the required duties of this position?		
14. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.:		
15. In the past <u>3 years</u> did he/she:		
test 0.04 or greater for alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
test positive for Controlled Substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
refuse to be tested while in your employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
violate any other Drug/Alcohol prohibitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
To your knowledge fail a drug or alcohol test for a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES to any of the above questions, please provide date test was failed or refused _____		
If YES to the above, did the driver follow the mandatory treatment steps? _____		
Person providing verification, please sign this form:		
SIGNATURE: _____	TITLE: _____	DATE: _____