

PO BOX 0339
Jeffersonville, IN
47131-0339



Phone: 812-285-7777
Fax: 866-999-4499

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Name: _____ Social Security No. _____

I hereby authorize you to release to Summitt Trucking LLC any and all information concerning my employment records required by FMCSR Section 391.23 and all information concerning alcohol and controlled substance test results as required by FMCSR Section 382.405 and 382.413.

Applicant's Signature _____ Date _____

***** APPLICANT, PLEASE COMPLETE TOP SECTION ONLY !!! *****

1. Past Employer: _____	Phone _____
2. Employed From _____ to _____	Position _____
3. Type of Equipment Driven	<input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Straight <input type="checkbox"/> Bus <input type="checkbox"/> Other _____
4. Type of Trailer Pulled	<input type="checkbox"/> Flat <input type="checkbox"/> Dry Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tanker <input type="checkbox"/> Twin Trailers
5. Area of Operation	<input type="checkbox"/> Local <input type="checkbox"/> 48 States & Canada <input type="checkbox"/> Other _____
6. Did the Applicant have any Accidents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____ <input type="checkbox"/> Preventable	Cost _____ <input type="checkbox"/> DOT Recordable <input type="checkbox"/> Non-Preventable <u>Details</u> _____
Date _____ <input type="checkbox"/> Preventable	Cost _____ <input type="checkbox"/> DOT Recordable <input type="checkbox"/> Non-Preventable _____
Date _____ <input type="checkbox"/> Preventable	Cost _____ <input type="checkbox"/> DOT Recordable <input type="checkbox"/> Non-Preventable _____
7. Applicant's Reason for Leaving	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other _____
8. Is the Applicant eligible for re-hire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upon Review If No, Explain _____
9. Has this person had a BAT with confirmed breath alcohol concentration of 0.04 or >	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has this person had a controlled substance test with a positive test	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has this person refused (includes verified adulterated or substituted result(s) a controlled substance test and/or alcohol test	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has this person violated other DOT drug/alcohol regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you received information from a previous employer that the applicant violated DOT drug and alcohol regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Comments _____	_____
BY: _____	Date _____
Signature or Name of Person Supplying Information	