

❖ Request for Information from previous employer

I hereby authorize \_\_\_\_\_ to give Wilcox Truck Line, Inc. all information regarding my services, character/conduct and accidents while in your employ and are released from any and all liability which may result from furnishing such information. Pursuant to Section 391.23, please release any information on alcohol tests with a result of 004 or greater, verified positive drug test, any refusals to test (including verified adulterated or substituted drug test results) and other violations of DOT drug & alcohol testing rules for the previous three years. On my own authority I further allow the release of positive drug test results and any refusal to test for the entire length while in your employ.

\*\* Applicant's signature \_\_\_\_\_

\*\* Date \_\_\_\_\_

\*\*\* NOTE: The following information is to be completed by previous employer \*\*\*

\_\_\_\_\_, social security No. \_\_\_\_\_ has made application for a position as driver and states he/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing, in confidence, the information below. Thank you for your cooperation.

- 1) Dates employed: FROM \_\_\_\_\_ TO \_\_\_\_\_
2) Job Title \_\_\_\_\_ Responsibilities \_\_\_\_\_
3) If a driver, please check type of equipment: Tractor/Trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Other \_\_\_\_\_
4) Number of DOT defined accidents in previous 3 years: \_\_\_\_\_ Number preventable \_\_\_\_\_ Fatalities? \_\_\_\_\_
Number of company defined accidents in previous 3 years: \_\_\_\_\_ Number preventable \_\_\_\_\_
Number of company defined accidents during length of employment \_\_\_\_\_ Number preventable \_\_\_\_\_
5) Did applicant have custody of money or valuables? \_\_\_\_\_ Were they properly kept? \_\_\_\_\_
6) How would you rate the applicant (excellent, good, fair, poor) on the following: Attitude \_\_\_\_\_ Dependability \_\_\_\_\_
Driving skills \_\_\_\_\_ Safety habits \_\_\_\_\_ Care of equipment \_\_\_\_\_ Cooperation \_\_\_\_\_
7) Type of separation: Resignation \_\_\_\_\_ Discharge \_\_\_\_\_ Lay Off \_\_\_\_\_ Other \_\_\_\_\_
Reason: \_\_\_\_\_
If separation was voluntary, was notice given? \_\_\_\_\_ Would you re-hire this employee? \_\_\_\_\_
8) Has applicant had a verified positive drug test? Yes \_\_\_\_\_ No \_\_\_\_\_
9) Has applicant had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes \_\_\_\_\_ No \_\_\_\_\_
10) Refused a required drug and/or alcohol test (including verified adulterated or substituted results)? Yes \_\_\_\_\_ No \_\_\_\_\_
11) Has applicant violated any other DOT drug & alcohol testing regulation? Yes \_\_\_\_\_ No \_\_\_\_\_
12) If there are violations, do you have documentation of successful completion of DOT return to duty requirements, including follow-up testing? Please send this documentation with this form, if applicable. Yes \_\_\_\_\_ No \_\_\_\_\_

In answering these questions, include and drug/alcohol testing information obtained from previous employers (sec. 40.25)

If YES to any of the above questions regarding drug and alcohol testing, please provide the SAP referral information:

Name \_\_\_\_\_ Address \_\_\_\_\_
City & State \_\_\_\_\_ Phone Number \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax your reply to 417-863-0903, Attn: Cherie