

# DOT EMPLOYMENT VERIFICATION (Background Check)

Printed Name \_\_\_\_\_ Social Security \_\_\_\_\_

**Applicant Complete**  
One for each past employer

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed below, to the POTENTIAL motor carrier. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

**I worked for this company from the dates of \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_**

Past Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Employer: The above driver has made application with our Company and states that s/he worked for you in the past. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors and use another sheet if necessary. Thank you.

1. Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ 2. Job Title(s): \_\_\_\_\_

3. Did s/he drive a motor vehicle?  Yes  No If yes, what type: \_\_\_\_\_

4. **3 YEAR ACCIDENT HISTORY**  No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

5. Was s/he a:  company driver  contractor  contractor's driver

6. Reason for leaving your company:  Discharged  Resignation  Lay-off  Military Duty  Other:

7. Would you re-employ this person?  Yes  No  Upon Review \_\_\_\_\_

**In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have:**

8. Alcohol tests with a result of 0.04 or higher?  Yes  No

9. Verified positive drug tests?  Yes  No

10. Any refusals to be tested?  Yes  No

11. Other violations of DOT agency drug & alcohol testing regulations?  Yes  No

12. Did a previous employer report a drug and alcohol rule violation to you?  Yes  No

13. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?  
 Yes  No  Uncertain

14.  No safety performance history exists for this driver with our company

**If "YES" to #12, you must provide the previous employer's report. If you answered "YES" to #13, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).**

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return to:** \_\_\_\_\_

**Past Employer Complete**