

REQUEST FOR VERIFICATION OF EMPLOYMENT AND SAFETY PERFORMANCE HISTORY

FROM: John Veriha Trucking, Inc – Recruiting PO Box 456 - Marinette, WI 54143

Return Fax: 888-750-1649

I, (print name) hereby authorize you to release to John Veriha Trucking, Inc., all records of my employment. Including, assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SSN: \_\_\_\_\_ JOB APPLYING FOR: \_\_\_\_\_

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

Applicant worked for you as a \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If Employed or Leased as a driver, please answer the following: Company Driver  Owner/Operator  Other

Did this employee operate a CMV as a part of his/ her job? Yes  No

Type: OTR  Regional  Short haul  Local  Equipment: Van  Dump  Flatbed  Reefer

Commodities transported: \_\_\_\_\_ Area of operations: \_\_\_\_\_

Accidents? YES:  NO:

1. Preventable: YES  NO  DOT Recordable: YES  NO  Description: \_\_\_\_\_

2. Preventable: YES  NO  DOT Recordable: YES  NO  Description: \_\_\_\_\_

3. Preventable: YES  NO  DOT Recordable: YES  NO  Description: \_\_\_\_\_

Why did this employee leave your company? Quit  Discharge  Layoff  Other

Would you re-hire this person? YES  NO  If NO, please explain: \_\_\_\_\_

Did this person return all company property in a timely manner? Yes  No

Did this person give proper notice upon leaving? Yes  No  Problems with Attendance? Yes  No

Did this person pick up and deliver on time? Yes  No

Additional comments: \_\_\_\_\_

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 3 YEARS

1. Alcohol tests with a result of 0.04 or greater? YES\_\_ NO\_\_ If yes, please give date(s): \_\_\_\_\_

2. Verified positive controlled substances test results? YES\_\_ NO\_\_ If yes, please give date(s): \_\_\_\_\_

3. Did applicant ever refuse to be tested? YES\_\_ NO\_\_ If yes, please give date(s): \_\_\_\_\_

4. Was rehabilitation completed as required? YES\_\_ NO\_\_ If yes, please give date(s): \_\_\_\_\_

5. Any other violations of DOT agency drug or alcohol testing regulations? YES\_\_ NO\_\_ If yes, please give date(s): \_\_\_\_\_

6. Have you ever been notified of a positive drug or alcohol test from any previous employer about this employee? YES\_\_ NO\_\_ If yes, please give date(s): \_\_\_\_\_

Person providing the above information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted.