

DOT/FMCSA Previous Employee Investigations & Inquiries

First Name	Middle Name	Last Name	Social Security Number
Current Address		City	State Zip
Driver's License Number	State	Date of Birth	

I hereby authorized the above named company to release any and all information to COMPANY, concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previous employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 investigation and inquiries.

In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including customer, driving, and other reports. This information will, in whole or in part, be obtained from CDTA Your National Compliance Solution, 9275 Sky Park Court, Suite 105, San Diego, CA 888.908.2382. These reports will include information as to my work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving.

APPLICANTS SIGNATURE: X

Date:

Previous Company Name: _____		<i>The information requested is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.</i>
Mailing Address: _____ City: _____ State _____ Zip _____		
Supervisors Name: _____	Position Held: _____	
Period of Employment: FROM ____/____/____ TO ____/____/____ MO. YR. MO. YR.		

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

Description	Excellent	Good	Fair	Poor	Supervision?
Quality of Work					
Cooperation with others					
Safety habits					
Driving Skills					
Attendance Record					

1. Is employment record with your company correct? _____
2. Why did applicant leave? _____
3. If Company policy allowed, would you rehire? _____
4. Did he have custody of money or valuables? _____
5. Qualified in what equipment? _____
6. How many total accidents? _____ How many FMCSA defined recordable accidents? _____
7. Driver's license ever revoked or suspended? _____

COMMENTS: _____

Yes No DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry

	1. Did the employee have an alcohol test with results greater than 0.04 BAC?
	2. Did the employee have a verified positive test result?
	3. Did this employee refuse to be tested?
	4. Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
	5. Did the employee report any drug and alcohol rule violations to you?
	6. If you answered yes to any of the above items, did the employee complete a SAP program and return to duty test?
	7. If answered yes to item #6 please transmit the employees SAP reports, return to duty documentation and any and all follow-up test information or records.
	8. This company did not have a DOT drug/alcohol program during this period.

Comments: _____

Signed: _____ Date: _____

Date Sent /Initial	2 nd Request/Date Initial	3 rd Request/Date Initial
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