

Driver Name: _____

1. This applicant lists dates of employment with your Company from: _____ to: _____ Is this correct? Yes No
If no, please explain: _____
2. What kind of work did applicant do? Driver Type of vehicle _____, Dock , Office , Shop , Other , (Specify): _____
3. If employed as a driver, please indicate type of equipment driven: Tractor trailer , Straight truck , Twin – trailers , Bus , Other (Specify): _____
4. Number of recordable accidents: _____; number of accidents in which applicant was ticketed: _____
Number of accidents in which the applicant was at fault: _____ (please explain): _____

Date of each accident: _____
5. To your knowledge, was this person’s chauffeur/operator’s license suspended while in your _____
employ? _ If so, please explain: _____
6. Is there anything in the applicant’s history that could suggest he or she not be trusted to handle company funds?

7. Did the applicant pose either repeated and/or severe disciplinary problems? Yes , No . If so, please explain:

8. Why did this applicant leave your company? Resigned , Discharged , Laid off , Military duty .
9. Would you re-employ this person? Yes No Please explain: _____

10. Remarks: _____

If driver was *not* subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results?)	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug & alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & alcohol regulation, do you have documentation of the employee’s successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this document back with this form if applicable.)	<input type="checkbox"/>	<input type="checkbox"/>

(Signature of person supplying information)

(Date)

(Title of person supplying information)