

# REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to Prospective Employer: Eastex Crude Trucking, LLC

Attention: John Rau / Kathy Harris Street: 10851 State Hwy 11 W City, State, Zip: Leesburg, TX 75451

jrau@etctrucking.com or

Telephone: (800)443-8580 Fax: (903)856-5228 E-mail: kharris@etctrucking.com

for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations, and in compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ATTENTION APPLICANT: DO NOT WRITE BELOW THIS LINE

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or e-mail.

Applicant Name \_\_\_\_\_ SS # \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Dates employed – from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_

2. Reason for leaving: \_\_\_ Voluntary \_\_\_ Discharged/Termination \_\_\_ Laid Off \_\_\_ Other

3. Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review

4. Job Title: \_\_\_\_\_

\_\_\_ Company Driver \_\_\_ OTR \_\_\_ Single \_\_\_ Tractor Trailer \_\_\_ Van/Reefer

\_\_\_ Owner \_\_\_ OTR Regional \_\_\_ Team \_\_\_ Straight Truck \_\_\_ Flatbed

\_\_\_ Other \_\_\_ Local \_\_\_ Student \_\_\_ Other \_\_\_ Tanker

5. Commodities: \_\_\_\_\_

6. Total Number of accidents/incidents? \_\_\_\_\_ (Verify as much detailed information as possible.)

Date	Description	DOT Recordable	Preventable	Injuries/Fatalities
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## Section 40.25 (g)

If driver **was not** subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_, complete bottom of Section 2, sign, and return.

Driver **was** subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No

4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. Yes No N/A

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes No N/A

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

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

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

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Completed By

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_