

Employment Verification – Safety Performance History

In Compliance with FMCSR 391.23, please respond to this inquiry as quickly and accurately as possible.

I hereby give permission to release the information noted below as used for employment purposes only.

Applicants signature: _____ Date _____

Applicant's Name _____ Applicant's Social Security Number _____

Employer _____ Dates of Employment from _____ to _____

Phone _____ Position: Driver/Safety-Sensitive _____ Other _____

Fax _____ If multiple periods of employment, please list other dates below

City/State _____

Eligible for Rehire: Yes No Reason for Leaving: Resigned Discharged Other explain _____

Work Record? Satisfactory Company Policy Violations Unsatisfactory Safety Review Late/Missed Stops

Driving Experience? Tractor/Trailer Straight Truck Other Areas Operated in? 48 states Regional Local

DOT Accident History

Complete the following for all accidents, as defined in FMCSR 390.15(b), involving the applicant that occurred within the three year period preceding the date of the employment application.

If None Check Here

Date	City	State	Injuries	Fatalities	Description

Other Accident History

Complete the following for other accidents/incidents involving the applicant that were reported to insurers or retained under internal company policies.

If None Check Here

Date	City	State	Description

Drug and Alcohol Testing History

Complete the following for all DOT tests conducted within the three year period preceding the date of employment application.

****Please make a YES or NO selection for EACH question****

Has applicant had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater? Yes No

Has applicant had a controlled substance test with verified positive result? Yes No

Has applicant refused an alcohol or controlled substance test? Yes No

Has applicant violated any other DOT testing regulations (FMCSA subpart B, part 382, 49CFR PT40)? Yes No

Have you received information from a previous employer that this individual violated DOT testing? Yes No

If this applicant has violated a dot drug and alcohol regulation, did applicant complete as SAP-prescribed rehabilitation program while in your employ including return-to-duty and follow up tests? If yes, please provide documentation) Yes No

If this applicant successfully completed an SAP's rehabilitation program and remained in your employ, did applicant subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? Yes No

Certification of Employment Record

Previous Employer's Signature _____ Date _____

For use by: Payne Trucking Internal Tracking Purposes Only

This form was: Faxed Emailed Mailed Date(s) _____

Sent by: _____ Date _____