**Prior Employer Check Form Page 1**

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| **Your Company Name: Street Address: Telephone#:**  **Email Address:** | **City: Fax#:** | **State:** |  |
|  |  |  |  |
| **Driver Applicant Name:** |  | **Social Security No.** |  |
| **I hereby authorize and request (Enter Prior Employer Company Name and Address, Telephone & Fax number)**  **to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23**  **and Section 40.25(b) to the above named company. You are released from any and all liability which may result**  **from releasing such information. The Federal Motor Carrier Safety Regulation require that this information be**  **released as part of Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately**  **release this information.**  391.23f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the  requirements of §40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written  consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.  (g) After October 29, 2004, previous employers must:  (g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received  **(Drug and Alcohol Testing Information must be immediately released)**. If there is no safety performance history information to report for that  driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the  driver identification information and dates of employment.  (g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.  (g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.  (g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying  what was provided. | | | |  |

**Driver Signature: Date:**

**Witnessed by:**

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| **The above applicant states that he/she worked for you. Employment dates from to** | | | | | | |
| **1. Type of equipment driven [ ]Straight truck [ ]Tractor semi-trailer [ ]Bus Trailer used. [ ]Van [ ]Flatbed [ ]Refrigerated [ ]Cargo Tank [ ]Triples [ ]Doubles** | | | | | | |
| **2. Was the applicant safe and efficient? [] Yes [] No Remarks:** | | | | | | |
| **3. Did the applicant have any accidents? [ ] Yes [ ] No** | | | | | | |
| **Date** | **Location City, ST** | **Towed** | | **Injury** | | **Fatal** |
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| **4. Reason for leaving your employ. [ ]Discharged [ ]Laid off [ ]Resigned [ ] Other:** | | | | | | |
| **How was the driver in:** | | | **EXCELLENT** | | **GOOD** | **POOR** |
| **Quality of work** | | |  | |  |  |
| **Cooperation with others** | | |  | |  |  |
| **Safety Habits** | | |  | |  |  |
| **Personal Habits** | | |  | |  |  |
| **Driving Skills** | | |  | |  |  |
| **Attitude** | | |  | |  |  |

**Required information from Section 382.413 and 40.259b)**

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| **Controlled Substance and Alcohol Testing Information** |
| 1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ? ( )Yes ( )No |
| 2. Has the above named individual had a controlled substance test with a positive result while in your employ? ( )Yes ( )No |
| 3. Has the above individual refused a controlled substance test or alcohol test while in your employ? ( )Yes ( )No |
| 4. Other violations of DOT Agency Drug and Alcohol testing regulations? ( )Yes ( )No ( )Attached ( )Not Attached |
| 5. Do you have documentation of the employee’s successful completion of the 49 CFR Subpart O return to duty requirements? ( )Yes ( )No-( )Attached ( )Not Attached |
| Signed by: Date: |
| By Prior Employer Official Title: |

**With Reference to question number 5, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing. Name:**

**Street Address:**

**City: State:**

**Phone#:**

**Page 3 NOTE: Failure to furnish information as required by 49 CRF 382.413 & 40.25 will result in the above named individual being removed from any CDL driving position.**

**You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR**

**382.507 under 49 USC 521(b).**

**Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).**

**We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.**

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| **Mailed On:** | **Faxed On:** | |
| **Verified by Phone-Talked to:** | | |
| **Signature:** | | **Date:** |

**PRIOR EMPLOYER CHECK 49 CFR 382.413/40.25 GOOD FAITH EFFORT**

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| COMPANY NAME: STREET ADDRESS:  CITY: STATE: ZIP:  TELEPHONE#: FAX#: |
| **PRIOR EMPLOYER CHECK 49 CFR 382.413/40.25 GOOD FAITH EFFORT** |
| 1. Call the company and record date, name and telephone number of who contacted. Fax the required Release with driver’s signature. Wait 3 days, then go to step 2. |
| 2. Call the company and record date, name, and telephone number of who contacted. Ask if they received the fax. If they say “Yes”, ask for the information that is required. If they say “No”, then go back to step 1. Wait 3 days, then go to step 3. |
| 3. Send a certified letter containing the required Release with the driver’s signature asking for the information that is required. Wait 10 days, then go to step 4. |
| 4. If the company refuses to release the information, record it and send a copy of the driver’s Release with the company’s name on the form and a copy of this documentation to the US DOT-FMCSA NY Division, Leo W. O’Brien Federal Building, Room 815, Clinton Ave. & N. Pearl St., Albany, NY 12207, Tel: 518-431-4145, Fax: 518-431-4140. |

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| DRIVER NAME: | | |
| Date: | Tel: Fax: | Who Contacted |
| 1. |  |  |
| Notes: | | |

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| DRIVER NAME: | | |
| Date: | Tel: Fax: | Who Contacted |
| 2. |  |  |
| Notes: | | |

|  |  |  |
| --- | --- | --- |
| DRIVER NAME: | | |
| Date: | Tel: Fax: | Who Contacted |
| 3. |  |  |
| Notes: | | |

Conducted By:

Date Completed (Info received or sent to USDOT):