



P O Box 249, White, GA 30184

800-443-0768 FAX 678-792-5072

Employment Verification, Accident Information, and Alcohol Controlled Substance Testing Information, in compliance with 40.25g, 391.23b and 390.15b (3 year history)

To Previous Employer: \_\_\_\_\_ Application Date: \_\_\_\_\_

Applicant Name: X \_\_\_\_\_ Social Security # X: \_\_\_\_\_

DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (If I was employed as a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment. I hereby release my former employers from any and all liability of any type as a result of providing the above information. I further authorize, without reservation, Kennesaw Transportation, Inc. to contact, and receive information from DAC Services regarding my previous driving history.

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employment dates: from \_\_\_\_\_ to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Did He/She driver for you? \_\_\_ What type of vehicle? Tractor-Trailer \_\_\_ Straight Truck \_\_\_ Other \_\_\_\_\_

What was the reason given for leaving your employ? \_\_\_\_\_ Discharged \_\_\_ Resignation \_\_\_ Lay Off \_\_\_

Is He/She eligible for rehire? \_\_\_\_\_ Additional Comments: \_\_\_\_\_

Please give any/all accident information on this driver, including dates, accident types, preventable/non-preventable/DOT reportable, etc. \_\_\_\_\_

Alcohol Testing Results (3 Year History)

- 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? Yes No (If yes, please send documentation back with this form.)
- 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 refuse to be tested? Yes No

Company Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_