



Disposal Service, Inc., 1245 Shawmut Ave., New Bedford, MA 02745

REQUEST FOR INFORMATION – From Previous Employer

I hereby authorize you to release the following information to ABC Disposal Service, Inc. For the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ Date: _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

- Mailed, Date: _____
 - Faxed, Date: _____
 - Emailed, Date: _____
 - Received by Phone, Date: _____
- Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____
_____ and states that he/she was employed by you as _____
_____ from (m/y) _____ to (m/y) _____.

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 on the reverse side of this form and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax mail, or email.

ABC Disposal Service, Inc.
Attention: Donna Burns, Human Resource Manager
1245 Shawmut Avenue, New Bedford, MA 02745
Phone: 508-995-0544, ext. 106
FAX: 508-996-6323
Email: dburns@abcdisposal.com

~ Please complete reverse side ~

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated: _____, This response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

Corrected Copy, Replaces Response Dated: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: _____ DOT Regulated Driver
 Social Security No.: _____ Date of Birth: ____/____/____ non-DOT Regulated Driver
 Employed from _____ to _____ as _____

PREVIOUS EMPLOYER INFORMATION

Company Name: _____ Phone Number: _____
 Contact Name: _____ Email: _____
 Street: _____
 City, State, Zip: _____

PROSPECTIVE EMPLOYER INFORMATION

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Attention: Donna Burns, Human Resource Manager
1245 Shawmut Avenue
New Bedford, MA 02745
Phone: 508-995-0544 FAX: 508-996-6323
Email: dburns@abcdisposal.com

This form was (check appropriate box)
 Mailed, Date: _____
 Faxed, Date: _____
 Emailed, Date: _____
 Relayed by Phone, Date: _____
 Name of Person Contacted: _____

SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.
 Driver operated a: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples
 Other (Specify) _____ Driver did not operate a motor vehicle.
 Reason for leaving employ: Discharged Resignation Lay Off Military Duty

ACCIDENTS:

Date	Location	Number of Injuries	Number of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

No accident register data for this driver.
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided. Under DOT drug and alcohol testing requirements for the past 3 years:

	Yes	No
1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO, skip this section).	<input type="checkbox"/>	<input type="checkbox"/>
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.	<input type="checkbox"/>	<input type="checkbox"/>
3. This person tested positive or adulterated or substituted a test specimen for controlled substances.	<input type="checkbox"/>	<input type="checkbox"/>
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.	<input type="checkbox"/>	<input type="checkbox"/>
5. This person committed other violations of Subpart B of Part 382, or Part 40.	<input type="checkbox"/>	<input type="checkbox"/>
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed.	<input type="checkbox"/>	<input type="checkbox"/>
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.	<input type="checkbox"/>	<input type="checkbox"/>

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other Applicable DOT regulations is included.

Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

D.O.T.
DOCUMENTS CHECKLIST FOR ALL CDL DRIVERS

- 1. Application for Employment**
(have applicant fill out in its entirety; make sure it is signed and dated)
- 2. Medical Examiner's Certificate**
(photo copy of card from applicant)
- 3. Copy of Driver's License / CDL**
(photo copy of applicant's license)
- 4. Driver History**
(Driving record from the Registry of Motor Vehicles – not more than 30 days old)
- 5. Inquiry to Previous Employers**
(Applicant must sign and provide social security number on "**Request for Information – From Previous Employer**") form(s) – enough forms for every employer to cover the last three (3) years.