REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: **J K WILLIAMS LLC**

To _____ **Date:** _____

Social Security Number: _____

_____ has made application to this company for a position as a driver and states that he/she was employed as a: _____ from: _____ to: _____

Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience we are asking that you fax this back at your earliest convenience. Our fax number is 785-690-7387.

DRUG & ALCOHOL

1	Did the employee have alcohol tests with a result of 0.04 or higher?	YES	NO
2.	Did the employee have verified positive drug tests?	YES	NO
3.	Did the employee refuse to be tested?	YES	NO
4.	Did the employee have other violations of the DOT agency drug and alcohol testing regulations?	YES	NO
5.	Did a previous employer report a drug & alcohol rule violation to you?	YES	NO
6.	If you answered "yes" to any of the above items, did the employee complete the return-to duty process? N/A	YES	NO

ADDITIONAL INFORMATION REQUESTED

7.	Was the applicant a safe and efficient driver?	YES	NO
8.	Is the employment record with your company correct as stated above?	YES	NO
9.	Is the applicant elgible for rehire?	YES	NO
10.	Was this applicant involved in any vehicle accidents while employed by your company?	YES	NO

Please provide the dates of **vehicle accidents** in which he/she was involved: _____

_____

11. Type of equipment the applicant drove/pulled? Passenger car: _____ Straight Truck: _____ Tractor-Trailer: _____ Other(specify): _____

12. Reason for leaving your employment: Discharged: _____ Laid Off: _____ Resigned: _____

Remarks: _____

Date: _____ Signature: _____

Title: _____ Name Printed: _____

AUTORIZATION to release INFORMATION from PREVIOUS EMPLOYER

You are hereby authorized to give to **J K WILLIAMS LLC** all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above-named company. In accordance with DOT Reg 49 CFR Part 382.413, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carrier listed above.

_____ (Signature of Applicant)

_____ (Date)