

PAST EMPLOYMENT BACKGROUND CHECK

TO (PREVIOUS EMPLOYER) _____ DATE: ____/____/____

APPLICANT NAME: _____ S.S.N. _____

The person named above has applied to this company for employment. The applicant lists your firm as past employer. Please complete the following items:

Dates of employment with your company: From: _____ To: _____ Position _____

☐ DOT Regulated Driver
☐ Non-DOT Regulated Driver

DRUG AND ALCOHOL INQUIRY

If the above applicant was employed as a driver with your company, Department of Transportation regulation section 382.405(f) and (h) require that you provide the following information:

☐ 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: _____

If any of the above questions were answered yes, please provide the following:

Substance abuse professional's full name _____ Telephone _____

Date referred _____ Address _____ City/State/Zip _____

SAFETY PERFORMANCE HISTORY

☐ There is no safety performance history to report.

Driver operated a: ☐ Straight Truck ☐ Tractor-Semi trailer ☐ 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	No. of Injuries	No. 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)).

Signature of person supplying information: _____ Title/Date: _____

APPLICANT CONSENT AND RELEASE



I, _____, DO HEREBY AUTHORIZE MY PREVIOUS EMPLOYERS TO RELEASE INFORMATION FROM MY DRUG AND ALCOHOL RECORDS IN ACCORDANCE WITH DOT REGULATION 49 CFR PART 40, SECTION 40.25. I ALSO AUTHORIZE RELEASE OF ALL OTHER RECORDS OF EMPLOYMENT INCLUDING JOB PERFORMANCE TO MOTOR CARRIER CONSULTANTS, INC. 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 REQUESTED INFORMATION.



APPLICANT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

PUBLISHED BY: MOTOR CARRIER CONSULTANTS, INC
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