



INQUIRY TO PREVIOUS EMPLOYER

Release & Documentation of Testing Information by Previous Employer Safety Performance History Investigation

§382.413 §40.25 §391.23

FMCSR §391.23(c)(3) & §386.12 – ALL failure to respond to this inquiry is recorded & reported.

Section I: To be signed by the applicant, completed by the previous employer, & transmitted to the company

Driver's Name: _____ **Driver's SS #** _____
PRINT

I hereby authorized my current & previous employers to furnish any & all information requested for previous employer verification to the employer listed, represented by Thompson DOT Safety & Compliance. This includes all information relating to every accident on my record & all information concerning my employment & pre-employment, alcohol & controlled substance testing records in accordance with 49 CFR Part 391.23, 382.413 & 40.25.

Driver's Signature X _____ **Date** ____/____/____

A. Previous Employer: _____ Representative: _____
 Address: _____ Phone # _____ Fax # _____

B. Carrier Name: **JMC EXPRESS INC** Company Representative: **Thompson DOT Safety and Compliance**
 Address: **3035 BELLBROOK CENTER DRIVE**
 Phone # **870.400.2222** Fax # **901-259-0565 T.Safety**

Section II: To be completed by the previous employer and transmitted to the new employer.

A. Position Held: _____ Period of Employment-From: _____ to: _____, From: _____ to: _____
 Type of equipment driven: Tractor Trailer other
 Reason for leaving your employment: Laid off Resigned Discharged:
 If discharged please explain _____
 Would he/she be eligible for rehire? Yes No If "No", please explain: _____

List all accidents in the last 3-years prior to the applicant's signature:

Date of accident	City or town	State	# of injuries	# of fatalities	H/M released

For DOT-regulated testing:

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

Note: Previous employer, if you answered "YES" to any item for DOT regulated testing, you must also transmit a copy(s) of the appropriate documentation (e.g., CCFs, MRO results report, BSTFs, SAP reports, follow-up testing) record to the new employer.
 No regulated history available for driver named in Section I.

Name & Signature of person providing information: _____ **Title:** _____

Please return this page via fax to **(901) 259-0565**
 Thank you for your immediate attention.

Phone (____) _____ **Date:** ____/____/____