

# PAST EMPLOYMENT VERIFICATION

Sent to: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Previous Employer

Requested by: **TransAm Trucking, Inc.** Phone: **1-800-370-9609** or **913-324-7110**  
**15910 South 169 Hwy, Olathe, KS 66062** Fax: **1-800-782-8140** or **913-324-7049**

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

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Resigned: Yes No Discharged: Yes No

If Discharged, why? \_\_\_\_\_

Eligible for Rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon Review \_\_\_\_\_ If No, please explain: \_\_\_\_\_

Equipment: Type of Tractor/Truck: \_\_\_\_\_ Trailer Length: \_\_\_\_\_  
Refrigerated \_\_\_\_\_ Flatbeds \_\_\_\_\_ Vans \_\_\_\_\_ Tanker \_\_\_\_\_ Other \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

Areas of Operation: \_\_\_\_\_

Overall Performance: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

### Accident information below requested in accordance with FMCSR Part 391.23. (Accidents within last 36 months.)

Accidents: # Preventable: \_\_\_\_\_ Description: \_\_\_\_\_

# Non-Preventable: \_\_\_\_\_ Description: \_\_\_\_\_

### Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)

Tested positive for controlled substance in last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Ever refused a required test for drugs or alcohol in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Violated other D.O.T. drug/alcohol regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received information from a previous employer that this individual has violated D.O.T. drug/alcohol regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give type of test, date of test, and SAP information (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Person Providing Information Title

1.) I hereby authorize the above-mentioned employer/school to release all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment to TransAm Trucking, Inc. (or their authorized agents) which may request such information in connection with my application for employment with TransAm Trucking, Inc.

2.) In conformity with 49 CFR part 40, I hereby authorize the above-mentioned employer/school and their agents to furnish TransAm Trucking, Inc. the above-requested information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 and any information the above-mentioned employer/school and/or their authorized agents have received regarding violations of 49 CFR part 40 from my previous employers covered by D.O.T.

3.) I hereby release the above-mentioned employer/school and their authorized agents from any and all liability of any type as a result of providing the above-requested information to TransAm Trucking, Inc.

By signing below, I certify that I have read and fully understand Parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with TransAm Trucking, Inc.

It is expressly acknowledged, understood and agreed that the information provided by the applicant regarding the applicant's employment during the previous three (3) years in accordance with Section 391.21(b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of Section 391.23 of the FMCSR. The applicant has certain due process rights under the FMCSR regarding the information received as a result of these investigations, as described below.

Applicant's Due Process Rights: 1) The right to review information provided by previous employers; 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to TransAm Trucking, Inc.; and 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, must submit a written request to the Safety Compliance Manager of TransAm Trucking, Inc., which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. TransAm Trucking, Inc. will provide this information to the applicant within five (5) business days after receiving the written request. If, however, TransAm Trucking, Inc. has not yet received the requested information from the previous employer(s), then it will provide the information to the applicant within five (5) business days after it receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of TransAm Trucking, Inc. making them available, TransAm Trucking, Inc. will consider the driver to have waived the request to review the records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Witness