

PREVIOUS EMPLOYMENT VERIFICATION

PLEASE RETURN AS SOON AS POSSIBLE TO:

G.L. Williams and Daughter Trucking
Graniteville, SC

803.663.3715
lisa@glwilliamstrucking.com

To Previous Employer _____ Date _____

Applicant Name _____ SSN _____

The person listed above has applied to this company. Your firm is listed by the applicant as a previous employer.
Please complete the following items and return to us as soon as possible.

Carrier Representative:

Dates of Employment from _____ to _____ Position _____

3 Year Accident History

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable?

Why did this employee leave your company? Resigned Discharged Laid Off

Would you rehire this person? yes no

Please Explain: _____

Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information: In the past 3 years, has the individual listed below ever:

Had a verified positive drug test result?

yes no

Had an alcohol test result with a breath alcohol concentration or .04 or greater?

yes no

Refused to submit to an alcohol or drug test?

yes no

Had any other violations of DOT agency drug and alcohol testing regulations?

yes no

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

Substance Abuse Professional _____ Phone Number _____ Date Referred _____

Address _____

Signature of person supplying information _____ Title/Date _____

APPLICANT RELEASE AND CONSENT: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the aboved information.

Applicant Signature / Date _____ Witness Signature / Date _____

FAX _____ PHONE _____ MAIL _____ EMAIL _____