

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

To: _____

Tele: _____
Fax : _____

From: Big Level Trucking, Inc.
P.O. Box 306
Wiggins, MS 39577
WK (601) 928-3770 FAX (601) 928-2333

Release from Prospective Employee:

I hereby authorize you to release the following information to _____
for the purpose of investigation as required by sections 391.23 and 40.25 of the Motor
Carrier Safety Regulations. You are released from any liability which may result from
furnishing such information.

Date Applicants Signature

PART 391.23

Verification of past employment on: _____

Social Security Number: _____

Dates listed on application: _____

Please list correct dates if different: _____

What was the applicants job classification _____

If a driver: Type of tractor: _____ trailer: _____

States driven in: _____

Please describe the applicants job performance: _____

Number of Accidents while under your employ: _____

Date: _____ Location: _____ # injured: _____ # fatalities: _____ HM: Y N

Date: _____ Location: _____ # injured: _____ # fatalities: _____ HM: Y N

Date: _____ Location: _____ # injured: _____ # fatalities: _____ HM: Y N

Reason for leaving your employ: _____ Rehire: YES NO

PART 40.25

Has the applicant taken a controlled substance test while in your employ? _____

Has the applicant taken an alcohol test while in your employ? _____

Has the applicant tested positive for a controlled substance within the last 2 years? _____

Has the applicant had a alcohol breath test at .04 or greater within the 2 years? _____

Has the applicant refused a required test alcohol or drugs within the last 2 years? _____

Has the applicant violated other DOT agency drug or alcohol testing regulations? _____

If yes to any, Name and Address of SAP? _____

Name and Title of person furnishing information: _____

Date of Request: _____

Method of request: Phone: _____ Fax: _____ Mail: _____ Email: _____