

JIM PALMER TRUCKING, INC  
9730 DERBY DRIVE  
MISSOULA, MT 59808

PERSONAL AND CONFIDENTIAL  
PAST EMPLOYMENT VERIFICATION  
PHONE: 406-721-5151 FAX#: 800-619-1015

Recruiter: \_\_\_\_\_

I understand that per FMCSR's part 391 the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40.382 & 383. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers as described in the FMCSR Part 391.23. I give Jim Palmer Trucking, its agents and/or representatives authorization to investigate all references and give Jim Palmer Trucking permission to receive consumer reports regarding my employment history, motor vehicle record, credit worthiness, criminal background and worker compensation claims from third party agencies such as DAC services. I authorize you to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to Jim Palmer Trucking (or their authorized agents) which may request such information in connection with my application for employment with said company. I release said company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant: \_\_\_\_\_ Job Applying For: OTR Driver

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

**APPLICANTS DO NOT WRITE BELOW THIS LINE**

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Dates if incorrect: From \_\_\_\_\_ To \_\_\_\_\_ Position: OTR Regional Local Other: \_\_\_\_\_

Full-time  Part-time  Type of License: \_\_\_\_\_ State: \_\_\_\_\_ Any Tickets? Y / N License Suspension: Y / N

Reason for Leaving: Quit with notice \_\_\_\_\_ Quit without notice \_\_\_\_\_ Discharged \_\_\_\_\_ Lack of Work \_\_\_\_\_

Eligibility for rehire: Yes No Upon Review Discharged/Reason: \_\_\_\_\_

Solo Team Tractor/Trailer Straight Truck 53' Van Reefer Tanker Flatbed Doubles/Triples Other: \_\_\_\_\_

**ACCIDENTS: NONE**  Please give the following information for any accidents included on your accident register (390.15 b) & (391.23 d) that involved the applicant (regardless of fault) which occurred in the previous three years. Please provide other accident information involving the applicant which is retained under other internal company policies.

Date	City/State	Description of Accident	# of Injuries	# of Fatalities	DOT	Preventable	HazMat Spill	Towed
Vehicle					Y/N	Y / N	Y / N	Y / N
_____	_____	_____	_____	_____	Y/N	Y / N	Y / N	Y / N
_____	_____	_____	_____	_____	Y/N	Y / N	Y / N	Y / N

Comments: (customer relations, logs, supervision or equipment abuse): \_\_\_\_\_

**DRUG AND ALCOHOL TESTING RESULTS FOR PREVIOUS 3 YEARS**

Please provide the following Drug and Alcohol information as required by FMCSSR Part 391.23 & 40.25 Date if Yes

- Has this person had an alcohol test with a B.A.C. of 0.04 or greater? YES  NO  \_\_\_\_\_
- Has this person tested positive for a controlled substance? YES  NO  \_\_\_\_\_
- Has this person refused to be tested (including verified adulterated or substituted drug test results)? YES  NO  \_\_\_\_\_
- Has this person violated any other provision of DOT testing Part 382 or Part 40? YES  NO  \_\_\_\_\_
- Have you received information from a previous employer that this person violated any DOT drug and alcohol regulations? YES  NO  \_\_\_\_\_
- If this person did violate a DOT drug and/or alcohol regulation, did they successfully complete a SAP rehabilitation referral? YES  NO  \_\_\_\_\_
- If this person did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result?) YES  NO  \_\_\_\_\_
- If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.

PAST THE 3 YEAR REQUIRED PERIOD  Applicant was NOT subject to DOT testing requirements while employed

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_