

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 companies for which I worked (as an employee or contractor), or to whom I applied for work in the past. 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: _____ Zip: _____

Dates of Employment : From _____ To _____ From _____ To _____ **Full-time Part-time**

Description of Employee's Position _____

Type of Driving: Circle all that apply **OTR** **Regional** **Local** Any Tickets _____ License Suspension _____

Circle all that apply Solo Team Tractor/Trailer Other: _____

Reason for Leaving: Quit with notice Quit without notice Discharged Other: _____

Eligibility for rehire: **Yes No Upon Review** Discharged/Reason: _____

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

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
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N	Y/N

DRUG AND ALCOHOL TESTING RESULTS FOR PREVIOUS 3 YEARS

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

1. Has this person had an alcohol test with a B.A.C. of 0.04 or greater? YES NO _____
2. Has this person tested positive for a controlled substance? YES NO _____
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? YES NO _____
4. Has this person violated any other provision of DOT testing Part 382 or Part 40? YES NO _____
5. Have you received information from a previous employer that this person violated any DOT drug and alcohol regulations? YES NO _____
6. If this person did violate a DOT drug and/or alcohol regulation, did they successfully complete a SAP rehabilitation referral? YES NO _____

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

Completed by: _____ Title: _____ Date: _____