

Lone Star Milk Transport

2716 Commerce St. Wichita Falls, TX 76301
940-285-6309 Ext. 1272 800 701-7919 Fax: 940-761-5848

Employer

Name of Applicant

Phone

Fax

Dates of Employment/Contract

Social Security Number

The above mentioned individual has completed an application for employment with our company. In accordance with the DOT regulations, we are requesting verification of his/her past work history with you. We have attached a copy of the individual's signature authorizing any information to be released from your files. If you have any questions, please do not hesitate to call. We thank you for your promptness and cooperation in this matter.

PREVIOUS EMPLOYER-Please fill out:

Are you a DOT regulated entity that is required to abide by Hours of Service Regulations? YES NO

Dates of Employment/Contract: _____ Position: _____

Types of Equipment Operated: _____ Number of States: _____

DRUG & ALCOHOL

Alcohol Screens .04% or Greater? YES NO

Tested Positive for Controlled Substance? YES NO

Ever Refuse Drug or Alcohol Testing? YES NO

ACCIDENTS

of Preventable Accidents: _____ # of Non-Preventable Accidents: _____

Accidents Details: _____

Date: _____ City & St _____ # of Injuries _____ #of Fatalities _____ Hazmat Release _____

Date: _____ City & St _____ # of Injuries _____ # of Fatalities _____ Hazmat Release _____

WORK HISTORY

SATISFACTORY UNSATISFACTORY

If Unsatisfactory, please explain: _____

Reason for leaving: _____

Eligible for Rehire/Contract ? YES NO

If no, please explain: _____

CONTACT INFORMATION

Name of Person replying and department: _____ Date: _____

APPLICANT: please read the following statement, sign and date. STATEMENT OF UNDERSTANDING

I understand that the information in this form will be used and that prior employers will be contacted for purposes of Investigation as required by 391.23 and allowed by sections 383.35 of the Motor Carrier Safety Regulations. I will complete an application complying with federal DOT requirements. I authorize release of any information required by 49 CFR 382.413, including but not limited to any information related to my alcohol and controlled substances testing and training records by any former employers and hold them harmless of any liability from release of said information.

SIGNATURE: _____ **DATE:** _____

1st Attempt Initials 2nd Attempt Initials 3rd Attempt Initials

Date: _____ Date: _____ Date: _____

Spoke With: _____ Spoke With: _____ Spoke With: _____

Action: _____ Action: _____ Action: _____