

Requested By: MJD TRUCKING INC. d/b/a D.B. Trucking Fort Lauderdale Florida, 33335
Reply to Fax: 954-761-9976 **Attention:** Sam or Rocky



**Previous Employment Verification and
Drug & Alcohol Release Form**

Date _____

I _____ hereby authorize release of my information regarding the Department of Transportation regulated drug and alcohol testing records by my previous employer listed below:

| Company | Start Date | End Date |
|---------|------------|----------|
| | | |

Your reply will also be greatly appreciated if you could respond within (2) days, so we can complete our process for employment

Date of employment: from: _____ to: _____

Position held: _____

Type of equipment: Tractor Trailer? YES NO

How many miles driven daily: _____

Reason for leaving: _____

Eligible for re-hire with your company: _____

If "NO" please give reason: _____

How was his/her work record Excellent () Good () Fair () Poor ()

Did the employee have any:

- | | YES? | NO? |
|--|------|-----|
| 1. Alcohol tests with a result of 0.04 or higher alcohol concentration? | () | () |
| 2. Verified positive drug tests? | () | () |
| 3. Refusals to be tested? | () | () |
| 4. Other violations of DOT agency drug and alcohol testing regulations? | () | () |
| 5. Previous employer report a drug or alcohol rule violation to you? | () | () |
| 6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? | () | () |

This information furnished by: _____ Title: _____ Date: _____

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years. Failure to comply is a violation of DOT Regulation and may result in a fine and/or civil liability.

X _____ X _____ X _____
Applicant's Signature Social Security Number Date

Thank You :

Safety dept: MJD Trucking Inc.