

INQUIRY TO PAST EMPLOYERS

TO: _____ DATE: _____

FROM: Company: Transportation Specialists, Ltd.
Name/ Title: TSL Recruiting Specialist
Street Address: 10001 South 152nd Street
City: Omaha State: NE Zip: 68138

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated below, all liability of you and your company has been released by the applicant.

Please fax back to 402-891-8751.

1. Name of applicant: _____

2. Social Security Number: _____

3. Job applied for: _____

4. Dates of employment: From: _____ To: _____

5. Position: Driver ; Dock ; Office ; Other ; Specify: _____

6. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Bus ; Straight truck ; Other (specify): _____

7. If Tractor Trailer, what type of trailing equipment?: Dry Van ; Reefer ; Flatbed ; End/Side Dump ; Doubles/Triples ; Tank ; Container ; Other (specify): _____

8. What type of driving? Check all that apply: 48-State Intrastate City

9. Number of accidents: _____ Number preventable: _____

Accident Information

Date: _____ Location: _____ Preventable?: _____ DOT Recordable?: _____ Type: _____

Date: _____ Location: _____ Preventable?: _____ DOT Recordable?: _____ Type: _____

10. If the driver has **NOT** been involved in any motor vehicle accidents please check this box:

11. Number of on-the-job-injuries while in your employ: _____ Any recurring injuries?: _____ Any back injuries?: _____

12. Employees General Conduct: Above average ; Average ; Below Average ; Poor ; Satisfactory

13. Why did this employee leave your company?: Resigned ; Discharged ; Laid off

14. Would you re-employ this person?: Yes ; No ; Upon Review Please explain: _____

Remarks: _____

By: _____ Date: _____

Signature of person supplying information

(Detach here for your files)

(Former Employer)

(Date)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

X _____ **X** _____
(Applicant's signature) (Witness's signature)



TRANSPORTATION SPECIALISTS, LTD.

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

Applicant Name: _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CRF Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

_____ YES _____ NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

_____ YES _____ NO

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____



TRANSPORTATION SPECIALISTS, LTD.

RELEASE & DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYER

Date of driver's employment application: _____

Part 1 – To be completed by driver/applicant.

I, _____, hereby authorize _____

driver/applicant's name

previous employer/company name

to release to _____ at Transportation Specialists, Ltd.

company contact

new employer/company name

10001 S. 152nd Street

Omaha, NE 68138

address

city/state/zip

(402) 895-9610

(402) 891-8751

phone

fax

results of any verified positive drug tests; alcohol tests with a result of 0.04 or greater, evidence of refusal to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three years. The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under applicable DOT agency regulations. I request such records be released immediately.

Dated this _____ day of _____,

Name of driver _____

Signature of driver **X** _____

Social Security Number _____ Witness _____

Part 2 – To be completed by previous employer.

YES NO

- 1. Has this person ever tested positive for controlled substances under Part 382 in the past three years during employment with your company? YES NO
- 2. Has this person ever had an alcohol test with a result of 0.04 or greater under Part 382 in the past three years during employment with your company? YES NO
- 3. Has this person ever refused a required test for drugs or alcohol under Part 382 in the past three years during employment with your company? YES NO
- 4. Has the individual violated other DOT drug/alcohol regulations? YES NO
- 5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? YES NO

If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.

SAP name _____ SAP phone (____) _____

SAP address _____ SAP city/state/Zip _____

Name of person releasing information _____ Date _____

Signature of person releasing information _____

**IMPORTANT NOTICE AND CONSENT
REGARDING BACKGROUND REPORTS**

In connection with your application for employment or as an independent owner-operator with Transportation Specialists, Ltd. (“TSL”), TSL may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If TSL uses any information it obtains from FMCSA in a decision to not hire or contract with you or to make any other adverse decision regarding you, TSL will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, TSL will notify you that the action has been taken and that the action was based in part or in whole on this report. TSL cannot obtain background reports from FMCSA unless you consent in writing. If you agree that TSL may obtain such background reports, please read the following and sign below:

I authorize Transportation Specialists, Ltd. to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist TSL to make a determination regarding my suitability as an employee or independent owner-operator.

I further understand that neither TSL nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by TSL and I understand that if I sign this consent form, TSL may obtain a report of my crash and inspection history. I hereby authorize TSL and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)