

CONFIDENTIAL

Prospective Employer:

David Fedewa
 Grand Rapids Transport, Inc.
 P.O. Box D
 Grand Rapids, MI 49501

Phone: 616-669-8822
 FAX: 616-669-9193
 Date Requested: ___/___/___
 Date Received : ___/___/___

Previous Employer:

Supervisor Name:
 Company Name:
 Address:
 City/State/Zip:
 Phone:

Applicant Name:
 Social Security #:
 Date of Birth:
 Dates Employed: Fm: ___/___/___ to ___/___/___
 Fm: ___/___/___ to ___/___/___
 Fax:

Request for information from Applicant's previous employer pursuant to 49 CFR 391.23 (d)(e) and 49 CFR 40.25:

I hereby authorize information from my Department of Transportation regulated drug and alcohol testing records {in accordance with 49 CFR 40.25} and other information {in accordance with 391.23(d)(e) including but not limited to accident information specified in 390.15(b)(1)(2)} to be released by my "Previous Employer" (listed above) to Grand Rapids Transport, Inc. at its address listed above. The information requested includes all of the information in the Section below titled "To be completed by the previous employer and faxed or mailed to Prospective Employer listed above":

X _____ / /
 Applicant's Signature (APPLICANT, DO NOT WRITE BELOW THIS LINE) Date of Request

TO BE COMPLETED BY THE PREVIOUS EMPLOYER AND FAXED OR MAILED TO PROSPECTIVE EMPLOYER LISTED ABOVE
 391.23(d)(1) general driver identification and employment verification information. 49 CFR 391.23(d)(2) accident (as defined in 49 CFR 390.5) data elements specified in 49 CFR 390.15 (b)(1)(2). Per 390.15(b)(2), you must include copies of all accident reports required by State of other governmental entities or insurers.

Reason for leaving: _____ Eligible for Rehire? _____ Salary/ CPM: _____
 In what states did applicant drive CMV? _____ Position: Owner Operator / Fleet Driver / Other _____

- YES NO The Applicant's Name, SSN, D.O.B and Dates Employed as listed above are correct. If "NO" note below:
- Notes:
- YES NO Applicant was subject to FMCSR's while employed by above employer.
- YES NO Job designated as safety sensitive per any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.
- YES NO Previous employer has records meeting the data elements as specified in 49 CFR 390.15(b)(1) for accidents involving the driver that occurred in the three-year period preceding the Application Date listed above, any accidents as defined by 49 CFR 390.5, or any accidents the previous employer may wish to provide that are retained pursuant to 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information. **If "YES" to above, list all motor vehicle accidents involved in for 3 years preceding date application submitted.**

Dates of Accident	City / State	Nature of Accident (Head-on, rear-end, rollover, etc)	Preventable	Hazmat	Fatalities	Injuries
Last: ___/___/___			Y / N	Y / N	#	#
Prev: ___/___/___			Y / N	Y / N	#	#
Prev: ___/___/___			Y / N	Y / N	#	#

49 CFR 391.23(e) and 49 CFR 40.25 Compliance with DOT Drug and Alcohol regulations

Within the three years prior to the above Application Date:

- YES NO (1) Did driver violate any alcohol or controlled substances prohibitions under 49 CFR part 40 or 382?
- YES NO (2) Did driver fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 382.605 or part 40, subpart O?
- (3) If driver successfully completed a SAP's referral and remained in the employ of the referring employer, did the driver have any:
 - YES NO (i) Alcohol tests with a result of 0.04 or higher concentration;
 - YES NO (ii) Verified positive drug tests;
 - YES NO (iii) Refusals to be tested (including verified adulterated or substituted drug test results).
- YES NO (4) Did a previous employer report a drug and alcohol rule violation to you?

If you answered "YES" to item 4, you must provide the previous employer's report. It is not a violation of Part 40 or DOT agency rules if you provide, in addition, information about the employees DOT drug and alcohol tests obtained from former employers that dates back more than two years ago. You must also transmit any return-to-duty documentation (e.g., SAP reports, Follow-up tests)

Signature: _____ Date: ___/___/___

Print Name and Title: _____ Phone: _____