

# DRIVER'S APPLICATION FOR EMPLOYMENT

Choice Transportation, Inc.  
3421 Truax Court  
Eau Claire, WI 54703

(answer all questions-please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

\_\_\_\_\_  
If yes, explain if you wish.  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATIONS (cont'd) Answer the questions in this section only if applying for a driver position**

**Licenses**

Drivers licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "yes" to A, B, C, attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers-LCV's				
Other				

List states operated in during last five years \_\_\_\_\_  
 List special courses or training that will help you as a driver \_\_\_\_\_  
 List driving awards held and who awards were presented by \_\_\_\_\_

**Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)**

Dates	Nature of accident (head-on, rear end, overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b)(10),(11)

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.  
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO						

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in quantity requiring placarding.

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_  
\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_  
\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_  
\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize to make such investigations and inquiries of my personal, employment, financial or medical history and any other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **Choice Transportation, Inc.**

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

[ ] The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation  
Regulations please furnish the undersigned with the applicant's driving record for the past three years.

[ ] The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation  
Regulations please furnish the undersigned with the applicant's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Number & Street)

(City)

(State)

(Zip Code)

FORMER ADDRESS \_\_\_\_\_

(Number & Street)

(City)

(State)

(Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

**Choice Transportation, Inc.**  
**3421 Truax Court**  
**Eau Claire, WI 54703**

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

**Choice Products USA, LLC**

3421 Truax Court  
Eau Claire, WI 54703

**Request for Information From Previous Employer**

I hereby authorize you to release the following information to Choice Products USA, LLC for purposes of investigation as required by Section 391.23 & 384.413 Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicants Signature*

Name of Applicant: \_\_\_\_\_

SS#: \_\_\_\_\_

1. Employed from \_\_\_\_\_

To \_\_\_\_\_

2. What kind of motor vehicle did he/she drive? \_\_\_\_\_

3. Was it straight truck? \_\_\_\_\_ Tractor/Trailer \_\_\_\_\_ Doubles \_\_\_\_\_ Triples \_\_\_\_\_

4. Why did he/she terminate employment with you? \_\_\_\_\_

Did he/she resign? \_\_\_\_\_ Discharged? \_\_\_\_\_ Laid Off? \_\_\_\_\_

5. Is he/she eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did he/she have any accidents? \_\_\_\_\_ How many accidents? \_\_\_\_\_

How many preventable? \_\_\_\_\_ How many nonpreventable? \_\_\_\_\_

\_\_\_\_\_  
*Name of person completing this form*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

This form was [ ] faxed \_\_\_\_\_ [ ] mailed to previous employer \_\_\_\_\_ [ ] emailed \_\_\_\_\_ [ ] verbal \_\_\_\_\_

by: \_\_\_\_\_

**Choice Products USA, LLC**

3421 Truax Court  
Eau Claire, WI 54703

**Request for Information From Previous Employer**

I hereby authorize you to release the following information to Choice Products USA, LLC for purposes of investigation as required by Section 391.23 & 384.413 Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicants Signature*

Name of Applicant: \_\_\_\_\_

SS#: \_\_\_\_\_

1. Employed from \_\_\_\_\_

To \_\_\_\_\_

2. What kind of motor vehicle did he/she drive? \_\_\_\_\_

3. Was it straight truck? \_\_\_\_\_ Tractor/Trailer \_\_\_\_\_ Doubles \_\_\_\_\_ Triples \_\_\_\_\_

4. Why did he/she terminate employment with you? \_\_\_\_\_

Did he/she resign? \_\_\_\_\_ Discharged? \_\_\_\_\_ Laid Off? \_\_\_\_\_

5. Is he/she eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did he/she have any accidents? \_\_\_\_\_ How many accidents? \_\_\_\_\_

How many preventable? \_\_\_\_\_ How many nonpreventable? \_\_\_\_\_

\_\_\_\_\_  
*Name of person completing this form*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

This form was [ ] faxed \_\_\_\_\_ [ ] mailed to previous employer \_\_\_\_\_ [ ] emailed \_\_\_\_\_ [ ] verbal \_\_\_\_\_

by: \_\_\_\_\_

**Choice Products USA, LLC**

3421 Truax Court  
Eau Claire, WI 54703

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\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicants Signature*

Name of Applicant: \_\_\_\_\_

SS#: \_\_\_\_\_

1. Employed from \_\_\_\_\_

To \_\_\_\_\_

2. What kind of motor vehicle did he/she drive? \_\_\_\_\_

3. Was it straight truck? \_\_\_\_\_ Tractor/Trailer \_\_\_\_\_ Doubles \_\_\_\_\_ Triples \_\_\_\_\_

4. Why did he/she terminate employment with you? \_\_\_\_\_

Did he/she resign? \_\_\_\_\_ Discharged? \_\_\_\_\_ Laid Off? \_\_\_\_\_

5. Is he/she eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did he/she have any accidents? \_\_\_\_\_ How many accidents? \_\_\_\_\_

How many preventable? \_\_\_\_\_ How many nonpreventable? \_\_\_\_\_

\_\_\_\_\_  
*Name of person completing this form*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

This form was [ ] faxed \_\_\_\_\_ [ ] mailed to previous employer \_\_\_\_\_ [ ] emailed \_\_\_\_\_ [ ] verbal \_\_\_\_\_

by: \_\_\_\_\_

**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**  
**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_

First, M.I., Last \_\_\_\_\_

Social Security Number \_\_\_\_\_

hereby authorize that:

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: **Choice Transportation**

Attention: **HR Director**

Street: **3421 Truax Court**

Telephone: **(715) 833-8761 ext. 188**

City, State, Zip: **Eau Claire, WI 54703**

Fax No.: **(715) 855-2421**

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: **(715) 855-2421**

Prospective employer's e-mail address: **hartung@choice-products.com**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations.)

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [ ], sign below, and return.

Under Department of Transportation testing requirements:

**YES NO**

- |   |     |     |
|---|-----|-----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | [ ] | [ ] |
| 2. Has this person had a verified positive drug test?   | [ ] | [ ] |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  | [ ] | [ ] |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?   | [ ] | [ ] |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | [ ] | [ ] |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) [ ] Faxed to previous employer. [ ] Mailed.

Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: [ ] Fax [ ] Mail [ ] E-mail

Date: \_\_\_\_\_

**PREVIOUS EMPLOYER-  
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**

**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**  
**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_

First, M.I., Last \_\_\_\_\_

Social Security Number \_\_\_\_\_

hereby authorize that:

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: **Choice Transportation**

Attention: **HR Director**

Street: **3421 Truax Court**

Telephone: **(715) 833-8761 ext. 188**

City, State, Zip: **Eau Claire, WI 54703**

Fax No.: **(715) 855-2421**

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Prospective employer's confidential fax number: **(715) 855-2421**

Prospective employer's e-mail address: **hartung@choice-products.com**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**YES NO**

- |   |     |     |
|---|-----|-----|
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| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  | [ ] | [ ] |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?   | [ ] | [ ] |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | [ ] | [ ] |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) [ ] Faxed to previous employer. [ ] Mailed.

Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: [ ] Fax [ ] Mail [ ] E-mail

Date: \_\_\_\_\_

**PREVIOUS EMPLOYER-  
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**

**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**  
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First, M.I., Last \_\_\_\_\_

Social Security Number \_\_\_\_\_

hereby authorize that:

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

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Attention: **HR Director**

Street: **3421 Truax Court**

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City, State, Zip: **Eau Claire, WI 54703**

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|---|-----|-----|
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Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) [ ] Faxed to previous employer. [ ] Mailed.

Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: [ ] Fax [ ] Mail [ ] E-mail

Date: \_\_\_\_\_

**PREVIOUS EMPLOYER-  
COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER**