

REQUEST FOR PAST EMPLOYMENT HISTORY

* Please sign and date bottom of page only.

TO: _____
Phone #: _____
Fax #: _____

FROM: Pioneer Payroll Services, Inc.
3068 Highland Drive
Hudsonville, MI 49426
(616)667-5100/(616)667-5141 – fax#

DATE: _____

The individual listed, _____, has applied with us for employment. Your company is listed as a past employer. Please complete the following items at your earliest convenience. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its' agents) for information submitted in response to this inquiry. **You may fax your response to (616) 667-5141, Attn: Human Resources. Thank you.**

DATES OF EMPLOYEMENT: From _____ To _____

POSITION HELD: _____

TYPE OF VEHICLE OPERATED: Tractor/Trailer___ Straight Truck___ Other (please specify)_____

NUMBER OF ACCIDENTS: Preventable___ Non-Preventable___ Amount of Damage _____

TO YOUR KNOWLEDGE, WAS THIS PERSON'S CHAUFFEUR/OPERATOR'S LICENSE SUSPENDED WHILE IN YOUR EMPLOY? _____ IF SO, PLEASE EXPLAIN: _____

REASON FOR LEAVING YOUR EMPLOY: Discharged___ Laid Off___ Resigned___

Remarks: _____

ELIGIBLE FOR REHIRE: Yes___ No___ Remarks: _____

In compliance with the Department of Transportation Regulation 382.405, if the above applicant was employed with your company as a driver, please provide the following information:

In the past three years has the above individual ever:

1. tested positive for a controlled substance? Yes___ No___
2. had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes___ No___
3. refused a required test for drugs or alcohol? Yes___ No___
4. violated any other DOT drug and alcohol testing regulations to your knowledge? Yes___ No___
5. have you ever received information from a previous employer that this individual has violated any DOT Drug and Alcohol testing regulations? Yes___ No___

If you answered yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Please disclose any information you received from previous employers who were required to perform DOT drug and alcohol test (382.413) _____

COMPLETED BY: _____ TITLE: _____ DATE: _____

APPLICANT CONSENT & RELEASE:

I hereby authorize the company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness and drug/alcohol information, to each and every company (or their authorized agents) that 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/company.

Applicant Signature/Date

Witness Signature/Date