

# MCH TRANSPORTATION COMPANY

3180 UTICA STREET

JACKSON, MS 39209

PHONE 1-800-824-5142 FAX 1-601-353-8811

## INQUIRY TO PAST EMPLOYERS

I hereby authorize you to release all information concerning my employment, including Federal Highway Administration {49CFR, sections 40.25, 382.413, 391.23} drug/alcohol results, oral assessments of my job performance, and fitness to each company that may request such information . I hereby release you from any liability of any type as a result of providing the information mentioned below to the above mentioned company or person.

Former Employee Signature

Social Security Number

Date

### TO BE COMPLETED BY EMPLOYER

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

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

Dates of Employment: \_\_\_\_\_ TO \_\_\_\_\_ AND \_\_\_\_\_ TO \_\_\_\_\_

Month/Year      Month/Year      Month/Year      Month/Year

The above individual was employed as:

\_\_\_\_\_ Company Driver      \_\_\_\_\_ Owner/Operator      \_\_\_\_\_ Lease Driver for O/O

The above individual operated:

\_\_\_\_ Van \_\_\_\_ Reefer \_\_\_\_ Flatbed \_\_\_\_ Tanker \_\_\_\_ Bus \_\_\_\_ Other{Specify}\_\_\_\_\_

States or areas individual operated in:\_\_\_\_\_

\_\_\_\_ No Accidents \_\_\_\_ #Preventable Accidents \_\_\_\_ #Non-Preventable Accidents

Details available for accidents:\_\_\_\_\_

\_\_\_\_\_

Reason for leaving:

\_\_\_\_ Resigned \_\_\_\_ Discharged \_\_\_\_ Laid Off

Eligible for re-hire: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Upon Review

Driver has \_\_\_\_ or has not \_\_\_\_ tested positive for controlled substances in last 3 years.

Driver has \_\_\_\_ or has not \_\_\_\_ tested 0.04 or greater on alcohol test in last 3 years.

Driver has \_\_\_\_ or has never \_\_\_\_ refused alcohol or drug test.

Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations? \_\_\_\_ Yes \_\_\_\_ No

By: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_