

M.C. TANK TRANSPORT, INC.
REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER/CARRIER

I hereby authorize you to release the following information to M.C. Tank Transport, Inc. for the purposes of investigation as required by Sections 40.25, 382.413, 390.15 and 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date: _____ **Applicant's Signature:** _____

Previous Employer: _____

Telephone #: _____ **Fax #:** _____

The below named individual has made application to our company for a position as a _____
 _____ and states that he/she was employed/contracted by your company as a _____
 from _____
 to _____.

We appreciate your time in completing the information requested below. Thank you for your assistance.

Name of Applicant: _____ **Social Security #:** _____

1. Employed/Contracted from _____ to _____.
2. Position with your company: _____.
3. Indicate type of equipment driven: Tractor-trailer ; Straight Truck ; Twin-Trailers ; Bus ; Other (Specify) _____.
4. Indicate type of trailer(s) pulled: Reefer ; Van ; Flat ; Tanker ; Other _____.
5. List accidents that the applicant was involved in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

6. Was his/her general conduct satisfactory? _____
7. Reason for leaving: Discharged ; Resignation ; Lay Off ; Military Duty

8. Any other remarks: _____

**CONFIDENTIAL RECORD OF ALCOHOL/CONTROLLED SUBSTANCES TEST
INFORMATION**

- | | | |
|----|---|-----|
| 1. | Has this driver had an alcohol test with a concentration of 0.04 or greater within the preceding
No
3 years? | Yes |
| 2. | Has this driver tested positive for a controlled substance within the preceding 3 years?
No | Yes |
| 3. | Has this driver refused a controlled substance test and/or alcohol test within the preceding 3 years?
No | Yes |
| 4. | Has this driver violated other DOT drug/alcohol regulations within the preceding
3 years?
No | Yes |
| 5. | Have you as a company received information from a previous employer that this driver
violated DOT drug and alcohol regulations within the preceding 3 years?
No | Yes |

Signature: _____

Title: _____

Date: _____