



Return form to: **Recruiting, DLI, P.O. Box 75784, St. Paul, MN 55113**
OR Fax to 651-631-5958
Or Telephone 651-631-5918

Employment Reference for a Driver Applicant

Applicant Name: _____ **Applicant SSN:** _____
Previous Employer Name: _____ **Address:** _____
Employer Representative _____ **Phone #:** _____
Requested by (DLI Representative): _____ **DLI Representative's Phone #:** _____

Release of Information

You are hereby authorized to provide to DEDICATED LOGISTICS, INC. all information regarding my services; character and conduct while in your employ, and you are released from any liability, which may result from giving such information. I authorize and direct my prior employers to release such information to Dedicated Logistics, Inc. in personal interviews, telephone interviews, letters, or any other method that insures confidentiality. I hereby authorize Dedicated Logistics, Inc. to release such information to any of its personnel whose duties require them to assess my application or to make any recommendations or decisions with respect to it.

I also authorize release of information by my former employers to DEDICATED LOGISTICS, INC., from my Department of Transportation regulated drug and alcohol testing records. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released regarding drug and alcohol testing is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

APPLICANT SIGNATURE

DATE

Employment Verification

TO EMPLOYER: Please provide the following information about this applicant:

Employment Dates - From: _____ **to** _____ **Position Held: Co.Driver?** Yes No
 Part Time Full Time Owner-Operator Driver for Owner Operator
Equipment: Tractor Trailer Van Tank Flatbed Other _____
List areas in which applicant drove regularly: _____
Accidents: Total Number _____ Preventable _____ Non-Preventable _____
Why did applicant leave your employment? _____
Is applicant eligible for rehire? Yes No If no, why not? _____

Information for 49 CFR Part 40 Drug and Alcohol Testing

In the **three** years prior to the date of the employee's signature above, for DOT-regulated testing ~

- | | |
|---|---|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Did the employee have verified positive drug tests? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Did the employee refuse to be tested? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information for employment verification and drug/alcohol testing: _____

Title: _____ **Phone #:** _____ **Date:** _____