LYNN TRANSPORTATION, INC.
2125 W. B-R Townline Rd.
Beloit, WI 53511

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you, a DOT-regulated employer for whom I have worked in the last 3 previous years, to release the following information to *Lynn Transportation, Inc.* for the purposes of investigation as required by 49 CFR Parts §391.23, §382.413, and §40.25(g) of the Federal Motor Carrier Safety Regulations. This information includes DOT drug and alcohol (including pre-employment testing) records, accident, and employment information. You are released from any and all liability which may result from furnishing such information. You are **REQUIRED** by federal regulation to respond to this inquiry within **30 days**.

_____ _____ _____
Applicant's Printed Name Applicant's Signature Date

_____ _____ _____
Social Security Number Date of Birth Application Date

Part 1—Previous Employer

The individual named above has applied to our company for a commercial driver position and states that he/she was employed by your company as a(an) _____ from _____ to _____.

_____ _____
Previous Employer Name Phone

_____ _____
Street Address City, State, Zip

_____
Email Address

We appreciate your time in completing, in confidence, the information requested below. Please return this form via mail to the address above, or email _____. Attention: _____.

Part 2—Employment History

1. The applicant named above was employed by us. Yes □ No □ If yes, position: _____
2. Dates of employment: from (m/yr): _____ to (m/yr): _____
3. Did he/she drive a motor vehicle for you? No □ Straight Truck □ Tractor-Trailer □ Bus □ Other: _____
4. If tractor-trailer, what type of trailer? Dry Van □ Flatbed □ Reefer □ Hopper □ Dump □ Doubles/Triples □ Tanker □ Container □ Other: _____
5. Type of driving: Local □ Regional □ OTR □
6. Was he/she on time and dependable? Yes □ No □
7. Reason for leaving: Discharged □; reason_____ Resigned □ Layoff □ Other: _____
8. Is he/she eligible for re-hire? Yes □ No □ If no, please explain: _____
9. Please advise of any work-related injuries or illnesses: _____
10. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.:
    _____

Part 3—Accident History

1. Did he/she have any DOT reportable accidents in the past 3 years? No □ Yes □ If no, skip to Part 4
2. If yes, please provide details below.

	Date	Location	Property Damage	Fault	# Injuries	#Fatalities	Hazmat Spill
a.	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____	_____

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

Part 4—Drug and Alcohol History

1. Was he/she subject to DOT testing requirements while employed? No □ Yes □ If no, skip to Part 5
2. If yes, in the past three years did he/she:
   a. Test 0.04 or higher for alcohol concentration? No □ Yes □
   b. Test positive or adulterated or substituted a test specimen for controlled substances? No □ Yes □
   c. Refused to submit an alcohol or a controlled substance test? No □ Yes □
   d. Commit other violations of Subpart B of Part 382, or Part 40 (Drug/Alcohol Prohibitions)? No □ Yes □
   e. Fail a drug or alcohol test for a previous employer (to your knowledge)? No □ Yes □
3. If yes to any of the above questions did he/she:
   a. Complete a SAP-prescribed rehabilitation program, including return-to-duty and follow-up tests? No □ Yes □ If yes, please send documentation back with this form.
   b. Test 0.04 or higher, a verified positive drug test, or refuse to be tested after successfully completing a SAP's rehabilitation referral and remaining employment? No □ Yes □

Part 5—Verification Information

_____ _____
Printed Name Signature

_____ _____
Title Date