



New Hire Application

To be completed by the applicant:

Name: _____

Date: _____

Position Applied For: _____

Cell Number: _____

Alternate Number: _____

Minimum Standards of Acceptance

1. Minimum of 25 years of age.
2. Able to supply 3 years of driving employment history, including names of companies, location, supervisor name, and phone numbers to verify past employment.
3. Two years of driving experience within the last 24 months.
4. Able to meet the ACM Transportation acceptable Motor Vehicle Report (MVR) guidelines (see below).
5. Take and pass company approved DOT guide-lined Road Test.
6. Take and pass pre-employment drug and alcohol screening process.
7. Able to pass DOT approved physical and physical ability test given by company designated physician.
8. Must have TWIC.
9. Must be able to attend company 1-day orientation.

Acceptable Motor Vehicle Reports

1. Clean motor vehicle records
2. One moving violation within the past two years

The following are disqualifying offenses: DWI, DUI, Reckless Operation/Careless Operation, a chargeable rollover, lane change, intersection or rear-end accident.

Once hired, an employee cannot exceed two chargeable moving violations (accidents are included).

Any violation or situation other than listed above must be approved or changed at the discretion of the Safety Department.

I, _____, certify that I have read all Minimum Standards of Acceptance for ACM Transportation. By signing this form, I confirm that I have met all Minimum Standards of Acceptance and would like to continue the application process.

What Hazardous Materials have you hauled? _____

Bulk Quantity Hauled (Please circle one):

Less than 2,500 gallons

Greater than 4,000 gallons

Applicant Signature

Printed Name

Date



PO Box 9
Denham Springs, LA 70727
Phone: 225.664.3311
Fax: 225.664.3217
hrdept@lardoil.com

Driver's Application For Employment

Applicant Name: _____ Date of Application: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and €. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position Applied For:	Date:		Date of Birth: / /
Last Name:	First:	Middle:	Can you provide proof of age? Yes No
Street Address			Phone Number:
City, State, Zip			Social Security Number
Previous Address:			
Are you legally eligible for employment in the United States?		Yes	No
Have you worked for this company before? Yes No		Where?	Dates: From: To:
Position:	Rate of Pay:	Reason for Leaving:	
Are you currently employed?		If not, how long since leaving last employment?	
Who referred you?	Rate of pay expected?	When will you be available to begin work?	
Have you ever been bonded?		Name of bonding company:	
Have you ever been convicted of a felony?			
If the answer to the above question is yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar of employment - all circumstances will be considered			
Is there any reason you might be unable to perform the functions of the job for which you have applied?			
If yes, explain if you wish. _____			

EDUCATION

School	Location of School	Course of Study	Number of Years Completed?	Did you graduate?	Degree or Diploma
Graduate				Yes No	
College				Yes No	
Business/Trade Technical				Yes No	
High School				Yes No	
Elementary				Yes No	

EMPLOYMENT HISTORY:

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (**NOTE:** List employers in reverse order starting with the most recent)

Employer:		Date (mm/yyyy):	
Company Name		From: / /	To: / /
Address		Position Held:	
City, State, Zip		Products Hauled:	
Phone Number ()	Supervisor	Salary:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol tested requirements of 49 CFR part 40?		Yes	No

Employer:		Date (mm/yyyy):	
Company Name		From: / /	To: / /
Address		Position Held:	
City, State, Zip		Products Hauled:	
Phone Number ()	Supervisor	Salary:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol tested requirements of 49 CFR part 40?		Yes	No

Employer:		Date (mm/yyyy):	
Company Name		From: / /	To: / /
Address		Position Held:	
City, State, Zip		Products Hauled:	
Phone Number ()	Supervisor	Salary:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol tested requirements of 49 CFR part 40?		Yes	No

EMPLOYMENT HISTORY:

Employer:		Date (mm/yyyy):	
Company Name		From: / /	To: / /
Address		Position Held:	
City, State, Zip		Products Hauled:	
Phone Number ()	Supervisor	Salary:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol tested requirements of 49 CFR part 40?		Yes	No

Employer:		Date (mm/yyyy):	
Company Name		From: / /	To: / /
Address		Position Held:	
City, State, Zip		Products Hauled:	
Phone Number ()	Supervisor	Salary:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol tested requirements of 49 CFR part 40?		Yes	No

Employer:		Date (mm/yyyy):	
Company Name		From: / /	To: / /
Address		Position Held:	
City, State, Zip		Products Hauled:	
Phone Number ()	Supervisor	Salary:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol tested requirements of 49 CFR part 40?		Yes	No

Accident record for the past 3 years or more (attach sheet if more space is needed). If none, write none.

Dates (mm/yyyy):	Nature of accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Materials Spill
Last Accident _____ / _____				
Next Previous _____ / _____				
Next Previous _____ / _____				

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none. (Attach sheet if more space is needed).

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

List all driver licenses or permits held in the past 3 years

Driver Licenses	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, give details: _____

Driving Experience

Class of Equipment - (circle one)	Circle Type of Equipment	Dates		Approx. No. of Miles (Total)
		From (mm/yy)	To (mm/yy)	
Straight Truck: Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)	/	/	
Tractor and Semi Trailer: Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)	/	/	
Tractor - Two Trailers: Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)	/	/	
Tractor - Three Trailers: Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)	/	/	
Motorcoach - School Bus: (More than 8 passengers) Yes <input type="checkbox"/> No <input type="checkbox"/>	-	/	/	
Motorcoach - School Bus: (More than 15 passengers) Yes <input type="checkbox"/> No <input type="checkbox"/>	-	/	/	
Other: _____		/	/	

List states operated in for the last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List any other courses or training other than show elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY THE APPLIANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

Company Name: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes. These reports are required by Sections 382, 413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

- 1. In connection with your application for employment with ACM Transportation, LLC (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Perspective Employer must provide you within three business days of taking adverse action in oral, written or electronic notification: that the adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

- 2. **I authorize ACM Transportation, LLC , (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**
- 3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
- 4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or a co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer, and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with ACM Transportation (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize ACM Transportation (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

BACKGROUND CHECK CONSENT FORM

DISCLOSURE STATEMENT

In connection with your Application for Employment, **ACM Transportation, LLC** may conduct an investigation into your consumer credit history, character, general reputation, personal characteristics and/or mode of living, including criminal records, by obtaining a consumer report from one or more consumer reporting agencies. The purpose of this notice is to make you aware of this investigation and to explain your rights regarding this investigation, in accordance with the Fair Credit Reporting Act of 1996, 15 U.S.C. 1981-1981u (the "Act").

1. The consumer information obtained will be used only for the permissible purpose of verifying your suitability for employment at **ACM Transportation, LLC** and for any other purpose. It will not be used in violation of any federal, state or local equal employment opportunity law or regulation.
2. You are entitled to learn the nature and substance of the information in your consumer report which is being conducted by the **Sterling Info Systems s, Inc., P.O. Box 35626 Newark, NJ, 07193-5626; (212) 736-5100**, and submitted to **ACM Transportation, LLC**. You may receive a copy for any adverse information found during this investigation by sending a written request to: **Director of Human Resources, ACM Transportation, LLC**. This information will be provided within five (5) business days of receipt of your request.
3. If you are denied employment because of your consumer report, **ACM Transportation, LLC** will provide to you: (a) a copy of consumer report, and (b) written description of your rights under the Act.
4. Please read the following Consent Form carefully. If you consent to this background check, sign where indicated. **ACM Transportation, LLC** will keep on file at all times a copy of this Consent and Disclosure form.

CONSENT TO CONSUMER CREDIT/CRIMINAL BACKGROUND CHECK

I consent to an investigation by and authorize **ACM Transportation, LLC**, or any person or consumer reporting agency it may employ for this purpose, to obtain my consumer report, including my credit history, character, general reputation, personal characteristics and/or mode of living, including criminal records. I release **ACM Transportation, LLC**, its employees and affiliates, and any and all such persons and consumer reporting agencies contacted from any and all liability for any damages flowing from the disclosure of this information and actions taken thereon.

PLEASE PRINT NEATLY IN BLACK INK ONLY.

Full Name: _____ Dept.: _____
(include alias or other maiden names used) *If applicable*

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ DOB: _____ / _____ / _____

Driver's License Number: _____

Location of all areas (counties/parishes or states) resided for last seven (7) years:

Have you ever been convicted of a felony? (Check One.) Yes No

If yes, please explain: _____

Applicant's Signature

Date


SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Recipient Employer: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT) - regulated drug and alcohol testing.

In accordance with 49 CFR §§ 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.

Please complete SECTION 2 below, and on the next page, complete SECTIONS 3 and 4 (if applicable), and then return to the prospective employer shown in SECTION 1.

Applicant: Complete SECTION 1 and submit to prospective employer.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	Social Security Number
	First, Middle, Last	_____/_____/_____
		Date of Birth
hereby authorize:		
Previous Employer:	_____	Email: _____
Street:	_____	Phone: _____
City, State, Zip:	_____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____		
(date of employment application)		
To:		
Prospective Employer:	_____ ACM Transportation	
Attention:	_____ Brooke Wright	Phone: _____ (225) 664 - 3311
Street:	_____ 914 Florida Ave., S.W.	
City, State, and Zip:	_____ Denham Springs, Louisiana 70726	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number:	_____ (225) 664 - 3217	
Prospective employer's confidential email address:	_____ hrdept@lardeoil.com	
		
	Applicant's Signature	Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us.	Yes	No
Employed as (job title) _____	from (mm/yy) _____	to (mm/yy) _____
Did he/she drive a motor vehicle for you?	Yes	No
If yes, what type? (please circle all that apply)	Straight Truck	Tractor-Semitrailer
	Doubles/Triples	Tanker
	Bus	Cargo Tank
	Other: _____	
Completed by:	_____	
Company:	_____	
Street:	_____	
City, State, Zip	_____	Phone: _____
	Signature	Date

If there is no safety performance history to report, check here ___ and return. Otherwise, complete Sections 3 and 4 on the next page before returning.

Employee Name: _____ Date: _____

SECTION 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER				
ACCIDENT HISTORY					
Complete the following for any accidents included on you accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on page 1 or check here <input type="checkbox"/> if there is no accident register data for this driver.					
Date	Location	No. of Injuries	No. of Fatalities	Hazmat spill	
1. _____	_____	_____	_____	_____	
2. _____	_____	_____	_____	_____	
3. _____	_____	_____	_____	_____	
Please provide information concerning an other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____					

SECTION 4:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
DRUG AND ALCOHOL HISTORY				
If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here <input type="checkbox"/> and return.				
Applicant was subject to DOT testing requirements from _____ to _____.				
In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on page 1.				
Within the past 3 years from the application date shown on page 1:				
1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, Including:	YES	NO		
<ul style="list-style-type: none"> • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances test result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213. 				
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such program, check here ____.	N/A	YES	NO	
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or a refusal to be tested?	N/A	YES	NO	

SECTION 5a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER				
This form was (circle one)	Faxed to previous employer	Mailed	Emailed	Other: _____	
By: _____				Date: _____	
Subsequent attempts to contact previous employer (§391.23(c)(1)): _____					

SECTION 5b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER					
Complete below when information is obtained.						
Information received from: _____						
Recorded by: _____	Method:		Fax	Phone	Email	Mail
Date: _____			Other: _____			