



# Integrated Waste Solutions

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**The individual listed below has applied for a position with our company:**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Did he/she drive motor vehicle for you?  Y  N Straight Truck?  Y  N

Tractor-Semi trailer?  Y  N Bus  Y  N

Other  Y  N Type \_\_\_\_\_

Was he/she a safe & effecient driver?  Y  N

Accidents : \_\_\_\_\_ # Preventable: \_\_\_\_\_ # Non-preventable \_\_\_\_\_

Date : \_\_\_\_\_ Prev/Non-prev \_\_\_\_\_ Description : \_\_\_\_\_

### Any problems with:

Attendance:  Y  N Attitude:  Y  N

### Reason for separation:

Quit \_\_\_\_\_ W/Notice \_\_\_\_\_ W/out Notice \_\_\_\_\_ Layoff \_\_\_\_\_ Discharged \_\_\_\_\_

Eligible for Rehire:  Y  N \_\_\_\_\_ Upon Review

NOTE: Failure to furnish information as requested by 49CFR part 40 is a violation of DOT Regulations and may result ion a fine or civil liability.

Has this person had an alcohol test with results of 0.04 or higher alcohol concentration?  Y  N

Has this person had a verified positive drug test?  Y  N

Has this person refused to be tested including verified adulterated or substituted drug?  Y  N  
Results?

Has this person committed other violations of DOT Agency drug & alcohol testing?  Y  N

Have you received any Drug or Alcohol violations from previous employers on this applicant?  Y  N

### COMMENTS:

Prepared by: \_\_\_\_\_ Position/Title

I hereby authorize you to release the above information concerning my employment history to IWS/MSS for the purpose of investigation as requested by 391.23 and allowed by Section 383.35 of the FMCSR. I hereby release you from all liability which may result from furnishing such history.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_