



Previous Employment Verification

Date: _____

Company sent to: _____

Address: _____

Telephone _____

Fax: _____

From: Kathy Strittmater
Center for Transportation Safety
6000 E. 58th Avenue
Commerce City, CO 80022
Tele: (303) 227-0131, x208

Attn: Human Resources / Safety Dept.

You have my permission to release and forward any information pertaining to my employment, alcohol and controlled substance testing records to **CENTER FOR TRANSPORTATION SAFETY.**

Name of Applicant – Please Print

Date: _____

Applicant's Signature

SSN: _____

- Employed with your company from _____ to _____ Are these dates correct? Yes If not, please list correct dates _____.
- Was this applicant employed as a driver? Yes No. If yes, what kind of equipment did he / she drive? (____) Tractor-Trailer (____) Van (____) Reefer (____) Flatbed (____) Other
- Please list any accidents: Preventable Non-Preventable Details: _____
- Was this person's commercial drivers' license (CDL) suspended while in your employ? No Yes If yes, please explain: _____
- To your knowledge, did this person receive any citations while in your employ? No Yes
- Reason the employee left your company? ____ Resigned ____ Discharged ____ Reduction in Force
____ Company policy violation ____ Other
- Is this applicant eligible for rehire? No Yes

Controlled Substance and Alcohol Information

During his / her employment with your company or within the last 36 months, did this employee have?

- Any alcohol test with a result of 0.04 or higher alcohol concentration? No Yes
- Any verified positive controlled substance test? No Yes
- Any refusals to be tested? No Yes
- Any other violations under DOT controlled substance and alcohol regulations? No Yes

If yes to any of the above questions, please provide documentation of successful completion of DOT Return to Duty requirements (include follow up tests). If you do not have this information, please provide the name, phone number and address of the Substance Abuse Professional (SAP) the employee was referred to:

Signature of person supplying the above information: _____ Date: _____