

REQUEST FOR WRITTEN INFORMATION FROM PREVIOUS EMPLOYER

Motor Carrier requesting Info: E & D Transport Inc. 316 West Walnut, Griggsville, IL 62340
Phone # 217-371-0502 Fax # 217-833-2105

I _____, hereby authorize my previous employer to release the
requested information regarding my previous DOT regulated employment.

Social Security # _____
Drivers signature _____ Date _____

Previous Employer:
Name: _____ Telephone Number _____

Location: _____
Street City State Zip

Contact: _____
Print Name Title

The above individual has made application to this company for employment as a driver of a commercial motor vehicle. In accordance with 49 CFR part 40.25 we are requesting the following information. Please complete the applicable portions of this form and return to E & D Transport Inc. at the address above or to the fax number listed.

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
- 2. Did the employee have verified positive drug tests? YES NO
- 3. Did the employee refuse to be tested? YES NO
- 4. Did the employee have other violations of DOT agency drug and Alcohol testing regulations YES NO
- 5. Did a previous employer report a drug and alcohol rule violation YES NO
- 6. If you answered "Yes" to any of the above items, did the employee complete the return-to-duty process N/A YES NO
- 7. If the employee violated a DOT Drug and Alcohol Regulation, please forward documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up-tests).

I certify that the above information is accurate to the best of my knowledge.

Signature Title Date

To be completed by E & D Transport
This form was faxed to previous employer mailed E-mailed Other Date _____

Complete below when information is obtained
Information received from _____

Method: Fax Mail E-mail Other Date _____ Recorded by: _____