

AB _____
DS _____
INT _____
RT _____
BG _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Regional _____
HAZ _____
PLCB _____
Indy _____
TWIC _____

Applicant Name _____ Date of Application _____
(print)

Company XTL, INC.
Address 3200 SOUTH 70TH STREET
City PHILADELPHIA State PA Zip 19153

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 (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

_____ Street City State & Zip Code How Long? _____
yr./mo.

_____ Street City State & Zip Code How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to 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 [as described in the attached job description]?

If yes, explain if you wish.

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. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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: _____

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

(This form is not required for DOT compliance)

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.
P.M. On _____ Day _____ Month _____ Year

Time

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness: _____
Company Representative Date

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25 (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain safety-sensitive transportation work covered by Dot agency drug and alcohol testing rules during the past two years. If the employee admits that he or she has a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____
(print)

The prospective employee is required by Sec.40.25 (j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test. Administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: yes no

- 2) if you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: yes no

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. IN the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date of which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Acknowledgement

Name (print): _____

Social Security No.: _____

Address: _____
Street

City State Zip Code

Signature: _____

Date of Birth: _____

Manual Order Form



Screening and
Selection Services

CUST # 1057235 REQ ID# N/A
COMPANY NAME: XTL, INC
REQUESTOR TIM SPIELMAN
PHONE # (215) 365-6200
Need call back? No

ORDER ENTRY

APPLICANT INFORMATION

(Required information in bold)

WORKERS' COMP _____
(NEED RELEASE?) _____

CRIMINAL COURT RECORD
 STATEWIDE _____
 COUNTY _____

CIVIL _____
(<,>) _____

FEDERAL
 CRIMINAL/CIVIL
(List cities for search) _____
 BANKRUPTCY
(List cities for search) _____

DRIVING RECORD 
 CREDIT RECORD(need address)

Trans Union (Default)
 TRW
 Equifax

NAME LINK

REFERENCE VERIFICATIONS (Please have customer fax in release and write on back of form)
WORK

PERSONAL
 EDUCATION
 CREDENTIAL

Required Information: Company name, city/state, phone #, contact name, dates, title,
reason for leaving

Required Information: Reference name, phone number

Required Information: Institution name, city/state, degree received, major

Required Information: Type of license and state issued in

LAST _____ FIRST _____ M.I. _____ X

Other names used _____ X

Address _____ X

City _____ State _____ Zip code _____ X

Social Security Number _____ X

Date of birth _____ X

State issued _____ LIC# _____

MAIL _____

FAX To (215)365-3847

ADP Select _____

ADP fax
1-800-237-4011

Driver/Applicant Authorization to Release Drug and Alcohol Test Information

In conformity with sections 382.405(f), 382.413, and 382.401(b) of Title 49 of the Code of Federal Regulations, I hereby authorize the companies listed below to furnish Selection.com the following information concerning drug and alcohol tests, including pre-employment tests: all company tests conducted during the past 2 years: (i) the dates on which I had a confirmed positive test for drugs, and the drug(s) involved; (ii) the dates on which I had a confirmed alcohol test result of 0.04 or greater, and the blood alcohol content (BAC) recorded; (iii) the dates on which I refused to be tested for drugs and/or alcohol.

I understand that I am authorizing each company listed below to furnish the results from all tests each company was required to conduct by DOT and, except as I may otherwise direct a company in writing, to furnish results from all (non-DOT tests) which the company conducted under its own authority. Additionally, in the event any company listed below furnishes Selection.com with information concerning the above referenced items (i), (ii) or (iii), I also authorize that company to release and furnish: (iv) the dates of my negative drug and/or alcohol tests during the past two years; and (v) the name and phone number of any substance abuse professional (SAP) who evaluated me during the past two years, in accordance with section 382.413(g).

I fully understand that my authorization to release such information does not guarantee or commit the company to which I have applied to obtain from Selection.com all, or any, of the information that I have authorize to be released.

Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____

(Attach additional forms if needed)

By signing below, I certify that I have read and fully understand this release form. I further certify that all of the information I have furnished on this form is true and complete. I also certify I have listed every company I worked for as a driver during the past two years, every company I took a pre-employment drug test for during the past two years, and every company I took a pre-employment alcohol test for during the past two years.

Print Name _____	Applicant Signature _____
Social Security Number _____	Today's Date _____

For Employer Use Only

Administrator _____	Company Name _____
Address _____	City/State/Zip _____
Phone Number _____	Fax Number _____

CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: _____ SOCIAL SECURITY NO.: _____

ADDRESS: _____
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance information must be maintained in a confidential file.

	Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
1. Application for Employment (15-F)	_____	_____	_____	_____
2. Fair Credit Reporting Act Disclosure Statement (16-F-A or 116-FS-C2)	_____	_____	_____	_____
3. Request for Check of Driving Record (16-F) (List State Agencies written to)	_____	_____	_____	_____
_____	_____	_____	_____	_____
4. Request for Information from Previous Employer(s) (17-F) (List each company written to)	_____	_____	_____	_____
_____	_____	_____	_____	_____
5. Medical Examiner's Certificate (651-FS-L2) NOTE: Medical Examination Report form should be maintained in a confidential file	_____	_____	_____	_____
6. Record and Certificate of Road Test (13-F)	_____	_____	_____	_____
7. Certificate of Compliance (90-F)	_____	_____	_____	_____
8. Driver's Statement of On-Duty Hours (644-F or 645-F)	_____	_____	_____	_____
OTHER DOCUMENTS				
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Inquiries to previous employers (Past 2 years) for Part 382 drug and alcohol test information (849-F)	_____	_____	_____	_____
2. Pre-Employment Test - Controlled Substances (Employer copy of Chain of Custody Form and Test Result)	_____	_____	_____	_____
3. Certificate of Receipt - Company Drug and Alcohol Policy	_____	_____	_____	_____
4. Previous Pre-employment Employee Alcohol and Drug Statement (886-F)	_____	_____	_____	_____
OTHER DOCUMENTS				
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

THIS FORM IS NOT REQUIRED TO BE MAINTAINED FOR DOT COMPLIANCE

XTL, Inc.
 3200 South 70th Street
 Philadelphia Pa, 19153
 (215) 365-6200 (Ext. 123)
 (215) 365-3847 (Fax)



We Deliver.

www.xtlonline.com

To (Previous Employer): _____

Date: _____

Applicant's Name: _____

Social Security #: _____

The person named above has applied to this company for employment. Your firm is listed by the applicant as past employer. Please complete the following items. Please return this to our company as soon as possible.

Carrier Representative: _____

Title: _____

Dates of Employment with your company: From: _____ to _____ Position: _____

If the above applicant was employed as a driver with your company, Dept. of Transportation regulation S 382.405m (f) and (h) 391.23(a)2 require that you provide the following information.

Drug and Alcohol Inquiry:

In the past three years, has the above individual ever:

YES

NO

a) Had an alcohol test with a breath alcohol concentration of 0.04 or greater? _____

b) Tested positive for a controlled substance test? _____

c) Refused to submit for an alcohol or controlled substance test? _____

d) If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional Name _____

Telephone Number _____

Date Referred _____

Address _____

City, State _____

Zip Code _____

1. If employed as a driver, what type of equipment operated: Tractor Trailer: _____ Straight Truck _____ Bus _____
 Other, specify: _____

2. Number of Accidents: _____ Number Preventable: _____

3. Was this employee's conduct: Superior _____ Average _____ Below Average _____ Poor _____

4. Why did this employee leave your company? Reassigned _____ Discharged _____ Laid Off _____

5. Would you re-employ this person? Yes _____ No _____ Please explain: _____

Remarks: _____

Signature of person supplying information _____

Title / Date _____

Applicant consent and release: I, _____, do hereby authorize my previous employers to release and forward all requested information regarding my alcohol and controlled substance testing (if I was employed as a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment, hereby release my former employers from any all liability of any type as a result of providing the above information.

Applicant Signature _____

Date _____

Response Received: _____ Via: Mail _____ Phone _____ Fax _____