

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Safety Administration at 651-291-6150, during business hours.

TO: _____ DATE: _____
Former Employer's Name

Mailing Address

City/State/Zip

Telephone # _____ Fax # _____

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company: PCi Roads
Address/City/State/Zip: 14123 42nd St. NE, St. Michael, MN 55376
Telephone #: 763-497-6100 Fax #: 763-407-6188
Contact Person & Title: Jeremy Johnson Coordinator

NAME OF APPLICANT: _____ SSN: _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ____ / ____ / ____ to ____ / ____ / ____
YES NO If NO, please explain: _____
- If employed as driver, please remove answer the following: Company Driver? Owner/Operator? Other? _____
Type of truck(s) and/or truck/tractors(s) operated: _____
Commodities transported: _____ Area of Operation: _____
- Accidents? YES NO If YES, please give dates(s) and brief description of each accident: _____

- Why did this employee leave your company? _____
- Would you re-employ this person? YES NO If NO, please explain: _____

- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES NO If yes, please give date(s): _____
- Verified positive controlled substances test results? YES NO If yes, please give date(s): _____
- Refusals to be tested? YES NO If yes, please give date(s): _____
- Was rehabilitation completed as required? YES NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____