



Request for Information from Previous Employer

Dear Sir/Madam:

We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Name: _____ Social Security No: _____

↓ To be completed by previous company ↓

Company Name: _____

Address: _____

Dates of employment: _____ Position: _____

Did he/she drive a motor vehicle for you? _____ Truck Type: _____

Areas of travel: Over the Road _____ Local _____ Both _____

Reason for leaving your company: _____

Is he/she eligible for rehire?: _____ **Accidents:** Complete The following for any accidents included on your accident register that involved the applicant in 3 years prior to the application date shown above, or check here _____ if there is no accident register data for this driver.

| Date | Location | # of injuries | # of Fatalities | Hazmat Spill |
|------|----------|---------------|-----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

1. Has this person ever tested positive for a controlled substance? Yes No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater? Yes No
3. Has this person ever refused a required test for drugs or alcohol? Yes No
4. Has the individual violated other DOT drug and/or alcohol regulations? Yes No
5. Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations? Yes No

If YES, please give Substance Abuse Professional's name, address and phone number for further reference:

Completed by: _____ Date: _____

FAX OR MAIL TO:
3721 HWY 90 EAST
BROUSSARD, LA. 70518
FAX #337-837-6811
Phone# 337-839-6877

I hereby authorize you to release the following information to Venture Transport Logistics, LLC, for the purposes of investigation as required by Section 391.23, 382.413, 382.405 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Signature: X

Date: