

Past Employment Verification



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Cleveland, OH 44115
Ph(216)348-9973
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I understand that per FMCSR's part 391 the following information will be requested from all previous companies for which I worked (as an employee or contractor), or to whom I applied for work in the past. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers as described in the FMCSR Part 391.23. I give Buckeye Intermodal, LLC, its agents and/or representatives authorization to investigate all references and give Buckeye Intermodal, LLC permission to receive consumer reports regarding my employment history, motor vehicle record, credit worthiness, criminal background and worker compensation claims from third party agencies such as DAC services. I authorize you to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to Buckeye Intermodal, LLC (or their authorized agents) which may request such information in connection with my application for employment with said company. I release said 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 Name:

Applicant Signature:

APPLICANTS DO NOT WRITE BELOW THIS LINE

Previous Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment: From: _____ To: _____

Description of Employee's Position:

Type of Driving: Circle all that apply OTR, Regional, Local

Tickets? ____ License Suspension? ____

Circle all that apply Solo Team Tractor/Trailer Other: _____

Reason for Leaving: ____ Quit with notice ____ Quit without notice ____ Discharged ____ Other: ____

Eligibility for rehire: **Yes / No / Upon Review / Discharged**

Reason for discharge: _____

ACCIDENTS: _____ NONE (Please give the following information for any accidents included on your accident register (390.15 b) & (391.23 d) that involved the applicant (regardless of fault) which occurred in the previous three years. Please provide other accident information involving the applicant which is retained under other internal company policies).

Date	Description of Accident	# of Injuries	# of Fatalities	DOT Preventable	HazMat Spill	Towed
_____	_____	_____	_____	Y / N	Y / N	Y / N
_____	_____	_____	_____	Y / N	Y / N	Y / N
_____	_____	_____	_____	Y / N	Y / N	Y / N

DRUG AND ALCOHOL TESTING RESULTS FOR PREVIOUS 3 YEARS

Please provide the following Drug and Alcohol information as required by FMCSSR Part 391.23 & 40.25
Date if Yes

1. Has this person had an alcohol test with a B.A.C. of 0.04 or greater? YES / NO _____
2. Has this person tested positive for a controlled substance? YES / NO _____
3. Has this person refused to be tested? YES / NO _____
4. Has this person violated any other provision of DOT testing Part 382 or Part 40? YES / NO _____
5. Have you received information from a previous employer that this person violated any DOT drug and alcohol regulations? YES / NO _____
6. If this person did violate a DOT drug and/or alcohol regulation, did they successfully complete a SAP rehabilitation referral? YES / NO _____

PAST THE 3 YEAR REQUIRED PERIOD. Applicant was NOT subject to DOT testing requirements while employed _____

Completed by: _____ Title: _____ Date: _____