Phoenix Motor Express Logistics

FORMER EMPLOYER VERIFICATION REQUEST

Phone 602-595-7817 *Fax 602-595-7843*

To:_____Please complete this form and return Phoenix Motor Express Logistics and fax to 602-595-7843.
If you have any questions please call us at 602-595-7817. Thank you for your assistance.
(1st Attempt / 2nd Attempt / 3rd Attempt, Certified Letter Mailed/DOT Notified)

Part1: PREVIOUS EMPLOYEE AUTHORIZATION

NAME: _____Social Security #:_____
(Please Print)

I hereby authorize_____to release the information requested
(Name and Address of Company)

below to Phoenix Motor Express Logistics for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including pre-employment drug test results. Please note you are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 C.F.R Parts 40,382 and 391 to furnish this information. Your quick response to this request will be greatly appreciated.

Previous Employee Signature: _____Date:_____

Part 2: PREVIOUS EMPLOYEE WORK HISTORY per 49 C.F.R. 391.21

Dates of Employment: From ____, ____to _____, ____Additional dates if employee worked multiple times for employer

_____

Did this employee drive a motor vehicle for you: Y N If yes From ___, ___to ___ , ___ From ___,___ to ___, ___

Reason for leaving: Discharged Resigned Laid off other or reason

Part 3: PERFORMANCE AND SAFETY HISTORY per 49 C.F.R 391.23(2)

Please check type of motor vehicle operated: Tractor Semi/Trailer Straight Truck Bus Tanker Doubles Triples
Other (please specify)_____

ACCIDENTS: Please complete the following for any accidents that the applicant was involved in the last 3 years prior to the application date shown above. If none please note:

Date	Location	Injuries	Fatalities	Hazmat Spill	Towed	Preventable

Part 4: DRUG AND ALCOHOL INFORMATION per 49 C.F.R 40.25

Was this applicant in a DOT controlled substance testing program with your company? Y N
Has this person had alcohol tests with a result of .04 or higher? Y N
Has this person tested positive / adulterated / substituted a test specimen for controlled substance? Y N

_____

Has this person refused to submit a post accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? Y N_____
Has this person committed other violations of DOT agency drug and alcohol testing? Y N_____
If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? Y N_____
If yes please send documentation back with this form.
For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
Y N_____
Please include any required DOT Drug & Alcohol testing information obtained from prior employers in the last three years. _____

Print name of person completing form _____ Co. _____Phone_____
City_____ State _____ Zip _____ Date_____
Signature of person completing form_____