

INQUIRY TO PAST EMPLOYERS ~ Stiles Truck Line – Pasadena, TX

To Company Name: _____ Fax Number: _____

I hereby authorize you to release the requested information on employment, accidents and drug/alcohol to Stiles Truck Line for the purpose of employer investigation as required by Sec 391.23 & 382.413 of the FMCSR. You are hereby released from any and all liability, which may result from furnishing this information.

Applicant Signature: _____ Social Security #: _____

Printed Name of Applicant: _____

1. The applicant named above lists dates of employment with your firm as: _____ to _____. Is this correct? ___Yes ___No
If no, list dates: _____ Was employment: ___Full Time ___Part Time.
2. Was applicant employed as a driver? ___Yes ___No. If yes, please indicate the type of equipment driven:
___Tractor Trailer ___Van ___Reefer ___Tank ___Flat Bed ___Other: _____
3. Circle Areas Pulled: Local – All 48 states – Southeast – Southwest – Northwest – Northeast
4. Number of Accidents ___ / Number of Preventable ___ / Number of Non Preventable ___
___P ___NP Date: _____ Type: _____ Injuries? ___Yes ___No.
___P ___NP Date: _____ Type: _____ Injuries? ___Yes ___No.
___P ___NP Date: _____ Type: _____ Injuries? ___Yes ___No.
5. To your knowledge, was this person's license suspended or revoked while in your employ? ___Yes ___No.
6. Was applicant required to complete daily logs? ___Yes ___No.
7. Was the employee's general conduct satisfactory? ___Yes ___No.
8. Why did the employee leave your company? (Circle all that apply)
Resigned Discharged Laid off Abandoned equipment Company Policy Violations
Other: _____ Would you re-employ this person? ___Yes ___No

CONTROLLED SUBSTANCES AND ALCOHOL TESTING INFORMATION FOR THE PAST 3 YEARS

1. Take a pre-employment Controlled Substance Test? ___Yes ___No.
2. Participate in a Random Testing Program for Controlled Substances & Alcohol,
compliant with Part 40 of the FMCSRs? ___Yes ___No.
3. Fail a Controlled Substances Test or Alcohol Test? ___Yes ___No.
4. Refuse to take any Controlled Substances Test or Alcohol Tests? ___Yes ___No.
5. Has this individual ever violated other DOT drug/alcohol regulations in the past 3 years? ___Yes ___No.
6. Have you received information from a previous employer that this individual ever violated
DOT drug/alcohol regulations in the past 3 years? ___Yes ___No.

3 Year requirement took effect on April 30, 2004

If yes to questions 3, 4, 5, or 6, please provide the SAPs (Substance Abuse Professional) name, address, and phone number:

Remarks: _____

Information provided by: _____ Date: _____

(Signature of person supplying information)

Printed Name: _____ Contact phone: _____

For questions call Safety: 713-472-0861

Fax to Safety: 713-472-0716