



Paul Transportation, Inc. Corporate:
PO Box 5006, Enid, OK 73702
Phone: 580-977-2980; Fax: (580) 977-2979

Driver Recruiting:
4317 SW 36th St, Oklahoma City, OK 73119
Phone: 580-977-2921; Fax: 405-440-2390

PREVIOUS EMPLOYMENT INFORMATION REQUEST

To: _____ ATTN: _____ Fax: _____

RETURN COMPLETED FORM TO: FAX NO. 405-440-2390

Applicant: _____ (printed name) Social Security Number: _____
has applied with your company for a driving position. We are providing the following information regarding past employment and drug alcohol testing pursuant to 49 CFR, Section 40.25, per signed authorization.

Employment Dates: From: _____ To: _____ Additional Dates: From: _____ To: _____

Type of Driver: [] Company [] O/O

Experience (check all that apply): Flatbed ___ Van ___ Reefer ___ OTR ___ Regional ___ Local ___

Reason for Leaving: [] Resigned [] Laid Off [] Terminated*

*Explain: _____

Eligible for Rehire: [] Yes [] No* [] Upon Review

*Explain: _____

All DOT Reportable Accident, Preventable or Non-preventable, for the last three (3) years:

Accident is defined as an occurrence involving a CMV operating on a highway either in intra state or inter-state commerce which results in a fatality, bodily injury to a person who immediately receives medical treatment away from the scene; and one or more vehicles have to be towed away from the scene of the accident.

The following accidents occurred while the driver was employed by this company:

Table with 4 columns: Date of Accident, City/Town & State where accident occurred, No Injuries, No Fatalities. Includes three rows of blank lines for data entry.

Has the applicant:

- 1. Had an alcohol test with breath concentration of 0.04 or greater in the past three years? ___ Yes ___ No
2. Had a controlled substance test with a verified positive result in the past three years? ___ Yes ___ No
3. Refused a controlled substance and/or alcohol test, or had a verified adulterated or Substituted test results within the past three years? ___ Yes ___ No
4. Had a violation of DOT agency drug and alcohol testing regulation? ___ Yes ___ No
5. Violated DOT drug and alcohol return-to duty requirements (including follow-up testing) requiring successful completion? ___ Yes ___ No
6. Has the driver successfully completed a SAP rehabilitation referral and remained in the employ of the referring employer? ___ Yes ___ No

Please identify the Substance Abuse Professional you referred the driver to if tested positive or refused testing. Please supply the name, address and telephone and/or fax number.

Verified by: _____ Date: _____
(Name and Title)

I authorize my previous employer to complete the employment background investigation in accordance with state and federal laws and to release any information related to my alcohol and controlled substance test results and hold them harmless of all liability from release of said information.

Applicant's Signature: _____ Date: _____