



# EMPLOYMENT VERIFICATION FORM TRUCK DRIVERS

GENERAL INFORMATION			
Name:		Social Security Number:	
Company Name:		Industry:	
Address:		City:	State: Zip:
Phone:	Employment Dates: Start:		End:

Type	Equipment	Dimensions	Reason for Separation	Eligible for Rehire
OTR	Flatbed	40 ft	Quit Without Notice	Yes
Regional	Dry Van	42 ft	Quit With Notice	No
Local	Double	45 ft	Discharged	Upon Review
Other	Refrigerated	48 ft	Lack of Work	
	Tanker	53 ft	Current - None	
	Other	Other		
Problems with Attitude:    Yes    No			Problems with Attendance:    Yes    No	
Comments:				

### ANY ACCIDENT DETAILS?

If more, please attach additional sheet with all required details.

Date	Prev	N/Prev	HazMat	# of Injuries	# of Fatalities	City, State	Description

### DRUG & ALCOHOL INQUIRY

The above named individual ever:

Had a positive test for a Controlled Substance?	Yes	No
Had a Breath Alcohol Test of 0.04 or greater?	Yes	No
Ever refused to submit to a Drug Screen or Breath alcohol Test?	Yes	No
Violated other drug/alcohol regulations?	Yes	No
Had previous employer notify you about drug/alcohol violations?	Yes	No

### SIGNATORY INFORMATION

Company Representative Name:	Title:	Date:
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