

COMPANY: \_\_\_\_\_

FAX (417) 866-9100

Wil-Trans

ATTN: \_\_\_\_\_

101 South Cartage Lane Strafford, MO 65757

PHONE: (888) 945-8726

Effective :4/29/2004, FMCSA Docket # 97, Requires the previous employers to go back THREE years to confirm employment, accident involvement (and details), alcohol & controlled substance involvement.

INQUIRY TO PAST EMPLOYER

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____
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Dates of employment at your company:  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Job Title or Description: \_\_\_\_\_

If it was a driving job what type of equipment:  
\_\_\_\_ Tractor Trailer \_\_\_\_\_ Tanker  
\_\_\_\_ Refer \_\_\_\_\_ Dry Van  
\_\_\_\_ Flatbed \_\_\_\_\_ Other

Accidents: Total Number: \_\_\_\_\_  
Please supply dates, brief description, whether preventable or non-preventable:  
\_\_\_\_\_  
\_\_\_\_\_

Number of states driven in: \_\_\_\_\_

General Conduct of Employee: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Why did this person leave your company? \_\_\_\_\_ Resigned  
\_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Discharged  
\_\_\_\_\_ Other

Would you re-employ? \_\_\_\_\_ Yes  
\_\_\_\_\_ No  
\_\_\_\_\_ Upon Review  
If discharged, Why? \_\_\_\_\_

If no, Why? \_\_\_\_\_

**ALCOHOL OR CONTROLLED SUBSTANCE:**

Pursuant to section (2) of 382.413 of the Federal Motor Carriers Safety Regulations:

- a. Has this person tested positive in the past 3 years for a controlled substance? \_\_\_ Yes \_\_\_ No
- b. Has this person tested greater than .04 blood alcohol concentration in the past 3 years? \_\_\_ Yes \_\_\_ No
- c. Have there been any other violations of DOT agency drug and alcohol regulations? \_\_\_ Yes \_\_\_ No
- d. Has this person refused to take a required drug or alcohol test in the past 3 years? \_\_\_ Yes \_\_\_ No
- e. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past 3 years? \_\_\_ Yes \_\_\_ No

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of person supplying information.

I hereby authorize this company to release all records of employment pursuant to FMCSR 391.23, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above-mentioned person. I also authorize release of any alcohol and drug information pursuant to section (2) of 382.413, "Alcohol and Controlled Substance Testing."

**Applicant signature:** \_\_\_\_\_

Date: \_\_\_\_\_