

MCH TRANSPORTATION COMPANY

3180 UTICA STREET

JACKSON, MS 39209

PHONE 1-800-824-5142 FAX 1-601-353-8811

INQUIRY TO PAST EMPLOYERS

I hereby authorize you to release all information concerning my employment, including Federal Highway Administration {49CFR, sections 40.25, 382.413, 391.23} drug/alcohol results, oral assessments of my job performance, and fitness to each company that may request such information . I hereby release you from any liability of any type as a result of providing the information mentioned below to the above mentioned company or person.

Former Employee Signature

Social Security Number

Date

TO BE COMPLETED BY EMPLOYER

TO: _____

Name of Applicant: _____

Dates of Employment: _____ TO _____ AND _____ TO _____

Month/Year Month/Year Month/Year Month/Year

The above individual was employed as:

_____ Company Driver _____ Owner/Operator _____ Lease Driver for O/O

The above individual operated:

____ Van ____ Reefer ____ Flatbed ____ Tanker ____ Bus ____ Other{Specify}_____

States or areas individual operated in:_____

____ No Accidents ____ #Preventable Accidents ____ #Non-Preventable Accidents

Details available for accidents:_____

Reason for leaving:

____ Resigned ____ Discharged ____ Laid Off

Eligible for re-hire: ____ Yes ____ No ____ Upon Review

Driver has ____ or has not ____ tested positive for controlled substances in last 3 years.

Driver has ____ or has not ____ tested 0.04 or greater on alcohol test in last 3 years.

Driver has ____ or has never ____ refused alcohol or drug test.

Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations? ____ Yes ____ No

By: _____ Position: _____ Date: _____