

PAST EMPLOYMENT VERIFICATION  
SAFETY PERFORMANCE HISTORY RECORDS/PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION REQUEST

**SECTION 1 AUTHORIZATION**

I, (Print Name) \_\_\_\_\_ Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First, M.I., Last)

Hereby authorize:  
Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 2 & 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_ (Date of Employment Application)

To:  
Prospective Employer: **Tiger Lines, LLC** Attn: **Jo Vanotti**  
Street Address: **P.O. Box 1120** Phone: **209-334-4100**  
City, State, Zip: **Lodi, CA 95241-1120**

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: **209-333-0609**  
Prospective employer's confidential email: **jvanotti@tigerlines.com**

Your signature authorizes your previous employer to provide information regarding the sections below: Accident/Drug & Alcohol History

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23.

**SECTION 2 ACCIDENT HISTORY**

The applicant named above was employed by us:  Yes  No  
Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  Bus  
 Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Section 2 completed by (Signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?        | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Section 3 completed by (Signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 PROSPECTIVE EMPLOYER - RECEIPT INFORMATION**

Complete the following when the requested information is obtained from previous employer:

Information received from: \_\_\_\_\_  
Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone  
Date Recorded: \_\_\_\_\_  Other \_\_\_\_\_

(PREVIOUS EMPLOYER- COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER)

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Section 2 completed by (Signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 DRUG AND ALCOHOL HISTORY**

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1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?		YES	NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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