

DAIM LOGISTICS, Inc Employment Application

PREVIOUS EMPLOYER JOB VERIFICATION / DRUG & ALCOHOL INQUIRY

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last Social Security #

Phone: _____ Fax: _____

City, State, Zip: _____

Previous Employer: _____

Hereby Authorize that: _____

May release and forward information requested below concerning my job verification / drug & alcohol controlled substances testing records to: DAIM Logistics, Inc. 128 Park Dr., Fultonville, NY 12072 (518) 853-1101

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

This information is being required in compliance with §40.25 and §382.405(f) and (h).

Confidential FAX Number: (518) 853-1104

Applicant's Signature Date

SECTION 2: DRUG & ALCOHOL INQUIRY - TO BE COMPLETED BY PREVIOUS EMPLOYER

*If driver was "NOT" subject to Department of Transportation testing requirements while employed, please check here ____ .

Sign below, and return or complete as required.

Under Department of Transportation testing requirements: Yes No

- 1. Has this person had an alcohol test with a result of .04 or higher Alcohol concentration?
2. Has this person had a verified positive drug test?
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?
5. If applicable and the person violated DOT drug/alcohol regulations, do you have documentation of the person's successful completion of DOT return to duty requirements? If yes, please provide details.
6. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? (Please send documentation back with this form if applicable.)
7. If applicable, after successful completion of a SAP program, has this individual subsequently had a refusal to test or a verified positive breath alcohol or drug test

Name: _____ Company: _____

Street: _____

City, State, Zip: _____

Phone _____

**Section 2 & 3 completed by (Signature): _____ Date _____

SECTION 3: JOB VERIFICATION - TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Dates of employment with your company: From: _____ To: _____

2. Position Held? _____ If Driver: Tractor Trailer Straight Truck Twins Other (Specify) _____

3. **(List other details pertaining to the data below on a separate sheet)**

# of Accidents	Date of Accident	City/Town & State Occurred	# of Injuries	# of Fatalities	List Any Haz. Mat Spilled (other than fuel)

4. Was this person's driver's license suspended while in your employment? _____

5. Why did this employee leave your company? Resigned Discharged Laid-off Other _____

6. Is this person eligible for rehire? Yes No

SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to Previous Employer Mailed (Date): _____

1st Attempt: _____ 2nd Attempt: _____ 3rd Attempt: _____

Sent to Previous Employer by: _____

Location: _____

(Location and City)