

Gulf Distributing Company, L.L.C
3378 Moffett Road
Mobile, AL 36607
Office: 251.476.9600
Fax: 251.476.6472

Request for Information from Previous Employer

TO: _____ **ATTN:** _____
PHONE: _____ **FAX:** _____
DRIVER NAME: _____ **SSN:** _____

Employment Information

Dates of Employment: _____ to _____; _____ to _____
Type of equipment operated: Tractor Trailer _____ Straight Truck _____ Other _____
Reason for leaving: _____
Eligible for rehire? (Please Circle) YES / NO

Accident Information:

Date	Preventable?	Injuries?	Fatalities?	Location	Description	Hazmat

Comments: _____

Drug and Alcohol Testing Information for Previous Three Years:

Was this person employed in a safety sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40? (If no, skip this section.) _____ Yes _____ No

Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? _____ Yes _____ No

Has this person tested positive or adulterated or substituted a specimen for controlled substances? _____ Yes _____ No

Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? _____ Yes _____ No

Has this person committed other violations of Subpart B or Part 382 or Part 40? _____ Yes _____ No

If this person 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? _____ Yes _____ No
If yes, please attach documentation.

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? _____ Yes _____ No

Applicant Consent & Release: *I hereby authorize my previous employer(s) to release and forward all information regarding my alcohol and controlled substance testing to Goldring Gulf Distributing in connection with my application for employment. I hereby release my previous employers from any and all liability of any type as a result of providing the requested information.*

Signed: _____ **SSN:** _____ **Date:** _____