

Lone Star Milk Transport

217 Baird Lane, Windthorst, TX 76389

(940) 378-2520 ext 232

Fax - 940-378-2204

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Employer	Name of Applicant	
Phone	Contact	Fax
Dates of Employment/Contract		Social Security Number

The above-mentioned individual has completed an application for employment with our company. In accordance with the DOT regulations, we are requesting verification of his/her past work history with you. We have attached a copy of the individual's signature authorizing any information to be released from your files. If you have any questions, please do not hesitate to call. We thank you for your promptness and cooperation in this matter.

PREVIOUS EMPLOYER please fill out:

Are you a DOT regulated entity that is required to abide by Hours of Service Regulations?	YES	NO
Dates of Employment/Contract: _____	Position: _____	
Types of Equipment Operated: _____	Number of States: _____	
DRUG & ALCOHOL		
Alcohol Screens .04% or Greater?	YES	NO
Tested Positive for Controlled Substance?	YES	NO
Ever Refuse Drug or Alcohol Testing?	YES	NO
ACCIDENTS		
# of Preventable Accidents: _____	# of Non-Preventable Accidents: _____	
Accident/s Details: _____		
Date _____ City & St _____	# of Injuries _____	# of Fatalities _____ Hazmat Release _____
Date _____ City & St _____	# of Injuries _____	# of Fatalities _____ Hazmat Release _____

WORK HISTORY

SATISFACTORY

UNSATISFACTORY

If unsatisfactory, please explain: _____

Reason for Leaving: _____

Eligible for Rehire/Contract? YES NO

If no, please explain: _____

CONTACT INFORMATION

Name of person replying and department: _____ Date: _____

APPLICANT: please read the following statement, sign and date.

STATEMENT OF UNDERSTANDING

I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 and allowed by section 383.35 of the Motor Carrier Safety Regulations. I will complete an application complying with federal DOT requirements. I authorize release of any information required by 49 CFR 382.413, including but not limited to any information related to my alcohol and controlled substances testing and training records, by any former employers and hold them harmless of any liability from release of said information.

Signature:

Date:

1st Attempt	Initials	2nd Attempt	Initials	3rd Attempt	Initials
Date: _____		Date: _____		Date: _____	
Spoke with _____		Spoke with _____		Spoke with _____	
Action: _____		Action: _____		Action: _____	