

BILL'S EQUIPMENT & SUPPLY, INC.
 125 S Chestnut St Colorado Springs, CO 80905
 PH: 719-634-0298 FAX: 719-634-8092

PREVIOUS EMPLOYER REFERENCE

In accordance with Federal Motor Carrier Safety Regulations prescribed by the U. S. Department of Transportation, Bill's Tool Rental, Inc. must obtain alcohol and substance testing results from previous employer(s) for applicants seeking positions requiring a Commercial Driver License (CDL) and/or Department of Transportation (DOT) drivers. The regulations require, pursuant to a driver's consent (see authorization below), information of positive alcohol test(s) or 0.04 or greater, positive drug test(s), refusal to submit to a drug and/or alcohol test(s), or any violation of DOT's drug or alcohol regulation within the preceding two (2) years. By Federal regulation, this information must be on file in our office within 30 day of hire. Your immediate attention to this matter is greatly appreciated.

Applicant information (to be completed by applicant, please print)

Applicant's name:		Social Security #:	
Company name of previous employer:	Phone:	Fax:	
Street address:	City:	State:	
Previous position title:	Employment dates: From:	To:	

PREVIOUS EMPLOYER RESPONSE

1. Is the employment record with your company correct as stated above?	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Did the applicant drive a CDL motor vehicle for you?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3. In the last two years, did the applicant:		
a. Test positive for alcohol at a level of 0.04 or greater? <small>(If yes, list dates and type of test below.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no
b. Test positive for controlled substances? <small>(If yes, list dates and type of test below.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no
c. Refuse either a drug or alcohol test? <small>(If yes, list dates and type of test below.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no
d. Verified adulterated or substituted drug test results? <small>(If yes, list dates and type of test below.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no
e. Violate any other DOT drug or alcohol testing regulations: <small>(If yes, list dates and type of test below.)</small>	<input type="checkbox"/> yes	<input type="checkbox"/> no
f. Did the employee receive a referral to a Substance Abuse Professional (SAP)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
g. Did the employee successfully complete the DOT return to duty requirements?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Comments

Prepared by: (signature and title)	Date:
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Authorization - information release for prior employer records

My signature below indicates my knowing authorization and voluntary consent to the release of the above information. My signature also serves as a release of both Companies and agents from any legal liability for the release of employment information.

Applicant's signature:	Date:
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