

Applicant-Please fill in boxed area at top right and signature line bottom left only
AUTHORIZATION FOR THE RELEASE OF INFORMATION

Applicant: complete information in the boxed areas only

Applicant to fill in information here:

Name: _____
Date of Birth: _____
Social Security #: _____

PREVIOUS EMPLOYER INFORMATION:

TO: _____

DRIVER IDENTIFICATION

Name of Previous Employee: _____
 Employed from _____ to _____ and from _____
 until _____ as a _____

SAFETY PERFORMANCE HISTORY

Are the above dates correct? Yes No If not, please specify _____ to _____

Position Held: OVER THE ROAD () REGIONAL () LOCAL () OTHER () _____

DOT Regulated Driver () Non DOT Regulated () NOT APPLICABLE ()

States Driven : NE () SE () NW () SW () MIDWEST () 48 STATES ()

TYPE	EQUIPMENT	TRAILER	COMMODITIES
Company Driver	Tractor/Trailer	Van	General
Owner/Operator	Straight Truck	Reefer	Bulk
Lease Driver	Other	Flatbed	Other
Contract Driver		Tanker	

ACCIDENT DETAILS:

DATE:	DESCRIPTION	DOT Reportable	PREV	NON

No accident register data for this driver
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(2)(d)(ii)).

Reason for leaving employ: Discharged Resignation Lay off Military Duty

Eligible for rehire: Yes _____ No: _____ Upon Review: _____

Any other comments: _____

 Signature of person providing this information Title Date

I hereby release the above addressed company/individual from any liability for furnishing information to the above questions.

► *Applicant to complete information here:*

_____ Signature of Applicant	_____ Date
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Applicant-Please fill in upper right boxes and middle page signature line only

TO: _____

Applicant: Complete below section

From: Kreilkamp Trucking, Inc.
P.O. Box 268
Allenton, WI 53002
Fax: 262-629-1838
Phone: 800-999-7112

Name of Employee _____

Social Security # _____

Date of Birth _____

Applicant: complete information in the boxed areas only

DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY RECORDS REQUEST

In accordance with 49 CFR 382.405 (f) and 382.413 (b) you are hereby authorized and requested to furnish Kreilkamp Trucking, Inc. all information regarding my services; character and conduct while in your employ and you are released from any liability, which may result from giving such information. In order to enable Kreilkamp Trucking, Inc. to comply with the requirements of DOT regulations §391.23(g)(1) and §40.321(b), I hereby consent to Kreilkamp Trucking, Inc. obtaining from my prior employers the information pertaining to my employment, also regarding alcohol tests with a concentration of 0.04 or greater, positive controlled substance test results, and refusals to be tested, with the three (3) years preceding the dates of this signed release. I hereby authorize and direct my prior employers to release such information to Kreilkamp Trucking, Inc. in personal interviews, telephone interviews, letters or any other method that insures confidentiality. I hereby authorize Kreilkamp Trucking, Inc. to make any recommendations or decisions with respect to it. I further authorize Kreilkamp Trucking, Inc. to photocopy this form as many times as required to obtain information from all my previous employers. A copy of this form is as valid as the original.

Applicant to complete information here:

▶ **Applicants Signature:** _____ **Date:** _____ ◀

DRUG/ALCOHOL TESTING

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or applicable DOT regulations is included. Under DOT drug and alcohol testing requirements for the past 3 years:

	<u>Yes</u>	<u>No</u>
1. 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)	_____	_____
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration	_____	_____
3. This person tested positive or adulterated or substituted a test specimen for controlled substance	_____	_____
4. This person refused to submit to a post-accident, random, reasonable suspicion, or a follow up alcohol or controlled substance test	_____	_____
5. This person committed other violations of Subpart B of Part 382, or Part 40	_____	_____
6. This person violated a DOT drug /alcohol regulation and completed a SAP prescribed rehabilitation program in our employ, including returns to duty and follows up tests, if yes, documentation is enclosed	_____	_____
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test or refused to be tested.	_____	_____

Completed by _____ Title _____ Date _____

Release of Information:
Person interviewed from previous employer:

Consent Form:
() Faxed
() Mailed
() Phone Interview