

RELEASE OF EMPLOYMENT INFORMATION

I give Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. and its agents or representatives the right to investigate all references and to secure information about my employment and service background including results of controlled substance and/or alcohol testing. I further authorize Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. and its agents or representatives permission to receive consumer reports regarding my employment history, credit worthiness, criminal background, and worker compensation claims from third party agencies such as DAC Services or others. I hereby release from all liability for damages Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I had employment or was leased with a DOT employer/carrier in the past three years 1. I have the right to review information provided by previous employers/carriers 2. The right to have errors in the information corrected by the previous employer/carrier and for that previous employer to re-send the corrected information to Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. 3. The right to have a rebuttal statement attached to the alleged erroneous information, if I cannot agree with my previous employer/carrier on the accuracy of the information. I understand that in order to review information provided by previous employers/carriers I must submit a written request to Roehl Transport Inc/Roehl Refrigerated Transport, LLC. no later than 30 days after being contracted or being notified of denial of entering into a lease agreement.

Printed Name: _____ Date: _____

Applicant's Signature: _____ SS#: _____

APPLICANT SIGN AND DATE ABOVE ONLY



FAX: 715-591-7554 PHONE: 800-826-8367 ext. 2345
JEFF EIBERGEN, OWNER OPERATOR PROGRAM MANAGEMENT

Company: _____ Phone/Fax: (_____) _____ - _____

Address: _____ City _____ State _____

Dates of employment or lease: _____ to _____ and _____ to _____ Full Time Part Time

Position held with company: _____ Driving Experience: OTR Local Team

Equipment driven: Straight Truck Tractor-Semi Trailer type: Van Flatbed Other

Type of operation: Company Driver Owner Operator Driver for Owner Operator

Accidents during employment or lease meeting definition of 390.5? Preventable Non-preventable

Explanation: _____

Cause for separation: Voluntary Quit Discharged Layoff

Service Record: Satisfactory Unsatisfactory Outstanding Other Explanation: _____

Company Policy Violations: Yes No

Eligible for rehire/lease: Yes No Upon Review

D.O.T. COMPLIANCE DRUG/ALCOHOL TESTING (FOR THE PAST THREE YEARS)

In compliance with 49 C.F.R. Sections 382 sub part B, 382.405, 382.413, 391.89, 392.4, 392.5, 40.37 and 40.81 (1).

- Has the applicant ever violated any DOT alcohol/drug requirements while employed or performing in a safety sensitive position? Yes No
- Has this person had an alcohol test with a breath alcohol concentration of 0.04 or greater while employed or leased with your company? Yes No
- Has this person refused a required test for drugs or alcohol while employed or leased with your company? Yes No
- Have you ever received information of this person testing positive or refusing to test for alcohol or a controlled substance from a previous employer or carrier? Yes No
- Has the applicant completed a substance abuse rehabilitation-type program? Yes No

Verbally Completed/Verified by: _____ Position: _____