

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 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 consumer reporting agencies such as HireRight and/or other sources as the Carrier deems necessary. 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 with a DOT employer in the past three years: 1. I have the right to review information provided by previous employers 2. The right to have errors in the information corrected by the previous employer 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 on the accuracy of the information. I understand that in order to review information provided by previous employers I must submit a written request to Roehl Transport Inc / Roehl Refrigerated Transport LLC no later than 30 days after being employed or being notified of denial of employment.

Printed Name: _____

Date: _____

Applicant's Signature: _____ SS# _____

APPLICANT SIGN AND DATE ABOVE ONLY!



Company: _____

Address: _____

Phone/Fax: _____

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

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

Equip. driven: Straight Truck Tractor-Semi

Trailer type: Van Flat Other

Fax: 715-591-7541
Phone: 800-826-8367

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

Accidents during employment meeting definition of 390.5? preventable non-preventable

Explanation: _____

Accidents during employment not meeting definition of 390.5? preventable non-preventable

Explanation: _____

Cause for separation: Vol. Quit Discharged Layoff

Work Record: Satisfactory Unsatisfactory Outstanding Other: Explanation _____

Company Policy Violations: Yes No

Eligible for rehire: Yes No Upon Review

Has this person failed a hair follicle drug test administered by your company? Yes No

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 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 with your company? Yes No
- Has this person refused a required test for drugs or alcohol while employed 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? Yes No
- Has the applicant completed a substance abuse rehabilitation-type program? Yes No

Verbally Completed/Verified by: _____ Position: _____

Date: _____