

# 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 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 with a DOT employer in the past three years 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: 800-818-9712**  
**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

## 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: \_\_\_\_\_