

WSE TRANSPORTATION, LLC, REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

Applicant's Release: I hereby authorize you to release the following information to WSE Transportation, LLC, for purposes of investigation as required by Title 49, Code of Federal Regulations, Section 391.23 – Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from releasing such information.

Applicant's Signature: _____ Printed Name: _____ Soc Sec #: _____ Date: _____

For All Applicants: Position: _____ Date of Hire: _____ Last Date Worked: _____ Full or Part Time? _____

Satisfactory Performance? **YES** **NO** Reason For Leaving? _____ Eligible for Rehire? _____

IF APPLICANT WAS A COMMERCIAL MOTOR VEHICLE DRIVER, please answer the following questions as required by the Federal Motor Carrier Safety Regulations.

During the previous three (3) year period:

1. Has this person had an alcohol test with a result of 0.04 or higher? **YES** **NO** Date: _____
2. Has this person had a verified positive drug test? **YES** **NO** Date: _____
3. Has this person refused an alcohol or drug test (including verified adulterated or substituted test) **YES** **NO** Date: _____
4. Has this person committed other violation(s) of DOT agency drug and alcohol testing regulations? **YES** **NO** Date: _____
5. If this person has violated a DOT drug and/or alcohol regulation, do you have documentation of the person's successful completion of DOT return-to-duty requirements (including follow-up tests)? **YES** **NO** If "YES", please provide documentation.

During the previous three (3) year period:

1. Total Number of DOT Recordable Accidents? _____ Total Number of Accidents/Incidents? _____ How many were Preventable? _____
2. For **ALL** DOT Recordable Accidents, you are required to provide the following information:

Date of Accident	City/State	# of Injuries	# of Fatalities	HM Released?

Type of Vehicles Operated (Tractors and Trailers)? _____ States/Regions of Operation? _____

Additional Comments? _____

Signature/Name of Person Providing Information: _____ Title: _____ Date: _____

Company Name: _____
 Address: _____
 City/State/Zip: _____

PLEASE RETURN VIA FAX TO:
 662-470-4263