

## PREVIOUS EMPLOYMENT

**This section is be filled out by Applicant.**

I hereby authorize you to release the following information to: **U.S. Placement, Inc.** or its assigns for purposes of investigation:

**- Employment Verification**

For purposes of investigation as required by Section 391.23 and 382.405 of the Federal Motor Carrier Safety Regulation, I hereby authorize you to supply the following information to **U.S. Placement, Inc.** or its assigns:

**- Driving Record/History**

**- Alcohol/Controlled Substance Testing**

**Section 391.23**

**Section 382.405**

You are released from any and all liability which may result from furnishing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be filled out by Requestor.**

I hereby certify that in accordance with the Fair Credit Reporting Act (Public Law 91-508) the information requested below will be used for "permissible purpose" as defined in the Act.

I hereby certify that the applicant named below will receive identification of sources of such information which results in denial of employment.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Return Address: **U.S. Placement, Inc.** (Corporate HQ)  
**1314 Las Olas Blvd.**  
**Fort Lauderdale, FL 33301**  
**Fax: 954-208-7774**

**Dear Sir/Madam:**

The following named person has made an application with our company for the position of: \_\_\_\_\_

Please furnish the applicants employment history below. For drivers, as in accordance with Section 391.23 & 382.405 of the Federal Department of Transportation regulations, please furnish the requestor with the applicants driving record and controlled substance/alcohol testing record.

**Information on your files for this applicant:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Drivers Only)

Address: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**Employment History:**

**General:** Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was his/her overall performance satisfactory? Yes ( ) No ( ) Comment: \_\_\_\_\_

Is he/she eligible for re-hire? Yes ( ) No ( ) Comment: \_\_\_\_\_

**Drivers Only:** Did he/she drive a motor vehicle while in your employ? Yes ( ) No ( )

If Yes, ( ) Van ( ) Straight Truck ( ) Tractor/Semi ( ) Dump Truck ( ) Other

Was he/she a safe driver? Yes ( ) No ( ) Comment: \_\_\_\_\_

Has he/she ever tested positive for a controlled substance within the last 2 years? Yes ( ) No ( )

Has this person ever had an alcohol test with a Breath Alcohol Concentration .04 or greater in the last 2 years? Yes ( ) No ( )

If yes to any of the above, please give the SAP's (Substance Abuse Professional) name, address and phone number below:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_