



CITY OF DALLAS

Employer Verification for CDL Drivers

FORMER EMPLOYEE INFORMATION AND RELEASE

NAME: _____ Social Security # _____
(please print)

hereby authorize _____ to release the following requested
(Name of Prior Company)

information to the **CITY OF DALLAS** for the purpose of investigation and qualifying me to drive a commercial motor vehicle as required by the U.S. Department of Transportation and Federal Motor Carrier Safety Regulations Parts 382, 391, 392 and 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature _____ Date _____

NOTE - Regulations of the Department of Transportation (49 CFR Part 40) requires your company to provide us with information concerning the named driver's past drug and alcohol test results, including refusals to be tested.

In the past three years has the previously named applicant ever:

- Tested positive for a controlled substance? YES NO
- Tested with an alcohol concentration of 0.04 or higher? YES NO
- Refused to submit to a DOT required drug and/or alcohol test, including a verified adulterated or substituted result? YES NO
- Had any other violations of DOT drug and/or alcohol testing regulations? YES NO
- Had any violations of drug and/or alcohol regulations from previous employers? YES NO
- Did a previous employer report a drug and alcohol rule violation to you? YES NO

For any YES answer, please provide documentation of the previously named applicants successful completion of DOT return-to-duty requirements (including follow-up tests).

FORMER EMPLOYEE WORK HISTORY

Employed from _____ to _____ as a _____ at average or salary of _____

Did former employee drive a motor vehicle for you? YES NO

If yes please indicate specific type of vehicle(s) and time driven for you:

Tractor/Semi-Trailer; years _____ months _____ Straight Truck; years _____ months _____

Other (Please Specify) _____ years _____ months _____

Any special equipment driven? (such as; Doubles, Tanker, Flat Bed, etc.) Please list: _____

Reason for leaving your employ: Discharged Resigned Laid Off Other

Is former employee eligible for re-hire at your company? YES NO

Your Name _____ Title _____ Telephone #: _____

Your Signature: _____ Date: _____

Please forward response as indicated as soon as possible.
Thank You

MAIL OR FAX TO: CITY OF DALLAS
ATTN: _____
1500 Marilla 6AN
Dallas, Texas 75201

Fax # (214) _____
Any questions, call (214) _____