

PAST EMPLOYMENT VERIFICATION

SCHILLI TRANSPORTATION SERVICES

PO Box 351
Remington, IN 47977
Ph# 800-759-2101 Fax# 219-261-3955

PAST EMPLOYER'S NAME: PHONE #:

ADDRESS: CONTACT:

APPLICANT'S NAME: SS# DATE OF BIRTH

1. Dates of Employment: From: To: AND From: To:

2. What type of position held? If driver, see below

- Type of Driving: () Solo () Team
Type of operation: () Company Driver () Owner Operator () Drive for Owner Operator
Was It: () Over The Road () Regional () Local
Type Equipment: () Tractor-Trailer () Straight Truck () Tri-Axle () Other
Type of Trailer: () Flatbed () Van/Reefer () Dump () Tank
() Lowboy () Other Trailer dimensions/capacity:

Types of commodities hauled: () Lumber () Iron, Steel, Ect. () Coils () Mach'y
() Gen. Freight () Produce () Liquid () Scrap
() Other

3. Number of accidents/incidents while employed:

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

Table with 7 columns: Date, City/Town, State, # of Injuries, # of Fatalities, Hazmat Release Y/N, Vehicles Towed Y/N, Comments. Multiple empty rows for data entry.

4. Was your equipment returned to an authorized location: () YES () NO
5. What was reason for leaving? () Voluntarily Quit () Layoff () Discharged Why?
6. Is driver eligible for rehire? () Yes () No Why?

7. DRUG/ALCOHOL TEST (S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 () Yes () No
Has this person had an alcohol test with a result of .04 or higher alcohol concentration? () Yes () No
Has this person tested positive or adulterated or substituted a test specimen for controlled substance? () Yes () No
Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance? test? () Yes () No
Has this person committed other violations of Sub Part B of Part 382 or Part 40? () Yes () No
Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. () Yes () No
- If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? () Yes () No
In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included: Name Address Phone:

I authorize Schilli Transportation Services (STS), and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize STS and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies such as USIS (formally DAC Services) or other agencies, which may be requested by STS to provide such information. I hereby release from all liability for damages STS and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

X** Applicant's Signature: DATE:

VERIFIED BY: TITLE: DATE: