



AMERATRANS, LLC

Moving America's Products

**REQUEST INFORMATION
FROM PREVIOUS EMPLOYER**

Driver's Name: _____

Driver's CDL #: _____

Current Address: _____

Street

City/State

Zip

Position Sought with Ameratrans: Class A CDL

Former Employer:

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

Former Employer Please Return Form to:

Ameratrans, LLC

10801 Starkey Road, Suite 104-243

Seminole, FL 33777

Phone: (727) 329-8303 Fax: (727) 289-7882

Employment History

The above referenced individual states that he/she was employed by you as a (please check ONE):

___ Commercial Motor Vehicle Driver ___ Truck Driver ___ Bus Driver ___ Other (specify) _____
from (dd/mm/yy) _____ to (dd/mm/yy) _____. Please reply to the inquiry below regarding
this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

Name of Carrier Official: _____

Signature of Carrier Official: _____ **Date:** _____

1. Is the employment record with your company correct as stated? ___ Yes ___ No _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? ___ Passenger Car ___ Straight Truck ___ Bus
___ Tractor-Semi-trailer ___ Other (specify) _____
4. Was the applicant a safe and efficient driver? ___ Yes ___ No _____
5. Give the dates of vehicle accidents in which he/she was involved: _____
6. Reason for leaving employment? ___ Discharged ___ Laid Off ___ Resigned
7. Was the applicant's general conduct satisfactory? ___ Yes ___ No _____
8. Is the applicant competent for the position sought? ___ Yes ___ No _____
9. Did the applicant drink any alcoholic beverages while on duty? ___ Yes ___ No _____

Alcohol and Drug History

Has the above named driver, _____

1. ...had an alcohol test with a result of 0.04 alcohol concentration or greater? Yes ___ No ___
2. ...verified positive for a controlled substances test result? Yes ___ No ___
3. ...refused a required test for alcohol or drugs during the past 12 months? Yes ___ No ___

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transport.

Name: _____ Phone: _____

OR check here ___ if it is unknown if the driver received treatment.

Authorization to Release

I, _____, do hereby authorize Ameratrans, LLC, to contact my previous employer(s) in accordance with current DOT regulations as set forth in 49 CFR 382.413 in order to obtain the information above for the preceding two years.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's Signature: _____

Date: _____