

# Southland Transportation Company

Telephone: 1-800-849-4700

P.O. Box 99 Boonville, NC 27011

Fax: 1-336-367-5053

**\*\*\*\*\* Applicant: Please fill in only the items highlighted. \*\*\*\*\***

TO: (PREVIOUS EMPLOYER) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

The above person has applied to us for employment. Your company was listed as a reference. Please complete the following and return it or fax it to us.

Former Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of employment with your company: From: \_\_\_\_\_ To: \_\_\_\_\_

## DRUG & ALCOHOL INQUIRY

If the above person was employed as a driver for your company, DOT Regulation 382.405(f),(h) require the following information:

In the past 3 years, has the above individual ever:	YES	NO
Had an alcohol test result with a breath alcohol concentration of 0.04 or greater?	___	___
Tested positive for a controlled substance test?	___	___
Refused to submit for an alcohol or controlled substance test?	___	___

If any of the above questions were answered yes, please provide the following:

Substance Abuse Prof. (SAP)	Telephone No.	Date Refused	
_____	_____	_____	
Address	City	State	Zip Code

1. If employed as a driver, type of equipment: Tractor/Trailer \_\_\_ Straight Truck \_\_\_ Other \_\_\_
2. Number of accidents \_\_\_ Preventable \_\_\_ Non-Preventable \_\_\_
3. Employees Conduct: Satisfactory \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor \_\_\_
4. Reason for leaving your employment: Resigned \_\_\_ Discharged \_\_\_ Laid Off \_\_\_
5. Would you re-hire this person? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature of person supplying information)/Title \_\_\_\_\_ Date \_\_\_\_\_

Applicant Consent and Release: I, \_\_\_\_\_ do hereby authorize my previous employer(s) to release and forward all information regarding my alcohol and controlled substance testing (If I was employed as a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment. I hereby release my former employees from any and all liability of any type as a result of providing the above information.

\_\_\_\_\_ Applicant Signature/Date \_\_\_\_\_ Witness Signature/Date

Date response received \_\_\_\_\_ Mail \_\_\_ Fax \_\_\_ Phone \_\_\_