



6311 Stoner Dr. Greenfield, In 46140
Office: 866-543-1234 Fax: 317-891-6183
http://onlinetransport.com

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_
D.O.B. \_\_\_\_\_

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of all my Employment records and DOT regulated drug and alcohol testing records by the DOT-regulated employer listed below. I understand that information/documents released pursuant to this regulation is limited to the following DOT-regulated testing including pre-employment testing results occurring during the previous three(3) years: (i) alcohol test with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including adulterated and/or substituted tests). In order to enable Online Transport Inc. to comply with the requirements of 49CFR 382.413, Part 390, 40, 40.321 (b) & 382, I hereby authorize you to release all records regarding my employment and DOT regulated drug and alcohol testing and hereby release all previous employers from any and all liability which may result from furnishing such information. I also acknowledge that this information will be used in determining my eligibility to be hired and that I have a right to review this information and rebut any errors in these statements from my previous employers as described in FMCSR Part 391.23.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPLICANT SIGN HERE: \_\_\_\_\_

APPLICANTS DO NOT WRITE BELOW THIS LINE

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver was qualified under Federal Department of Transportation as:

Type of work Team Driver Equipment Operated Areas Driven Commodities
( ) Company Driver ( ) 1st seat ( ) Tractor Trailer ( ) Local ( ) General
( ) Driver for OVO ( ) 2nd seat ( ) Straight Truck ( ) OTR ( ) Other
( ) Owner Operator ( ) Dry Van ( ) 48' ( ) 53' ( ) Regional # of states \_\_\_\_
( ) Other

Full Time ( ) Part Time ( )

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_
Additional dates: \_\_\_\_\_ To \_\_\_\_\_

During the employment period indicated above, company records indicate that this individual was involved in \_\_\_\_\_ accidents, of which \_\_\_\_\_ were found to be preventable, per FMCSR 390.5

P ( ) NP ( ) Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries or Fatalities? Y/N
P ( ) NP ( ) Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries or Fatalities? Y/N
P ( ) NP ( ) Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type: \_\_\_\_\_ Injuries or Fatalities? Y/N

Was any hazardous material released on the above accidents? Y/N

Did the above individual have any late pick-ups/deliveries? ( ) YES ( ) NO How many? \_\_\_\_\_
Did the above individual have any log Problems? ( ) YES ( ) NO What type? \_\_\_\_\_
Did the above individual have any Customer Complaints? \_\_\_\_\_
Did the individual leave? ( ) Voluntary ( ) Involuntary If so, why? \_\_\_\_\_
Eligible for rehire? ( ) YES ( ) upon review ( ) NO If so, why? \_\_\_\_\_
Workman's Comp Claims? ( ) YES ( ) NO If yes, what type?: \_\_\_\_\_

In compliance with Federal DOT Regulations 49 C.F.R. Sections 40.25,382.405, & 382.413:

\_\_\_\_The above individual was NOT in your employee during the past 3 years as prescribed by Federal DOT Regulations.

\_\_\_\_As per Federal DOT Regulations, the above individual tested as follows during the previous three years:

- a. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? ( ) YES ( ) NO
b. Has this individual had a controlled substance test with a positive result in the past 3 years? ( ) YES ( ) NO
c. Has this individual refused a controlled substance test and/or alcohol within the past 3 years? ( ) YES ( ) NO
d. Has this individual ever had an adulterated or substituted drug test verified? ( ) YES ( ) NO
e. Has this individual ever violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulations? ( ) YES ( ) NO
f. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? ( ) YES ( ) NO

Verified by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Online Representative: \_\_\_\_\_ Date: \_\_\_\_\_