



(802) 626-8769
 (802) 626-5306 fax

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER

To Previous Employer: _____
 Address: _____

PERSON FOR WHOM INFORMATION IS REQUESTED

 (Name) Social Security Number Date of Birth

RELEASE	
<p>I hereby authorize you to release the following information to Karl R. Johnson Trucking, Inc. for investigation as required by 49 CFR Parts 391.23, 382.413 and 40.25 of the FMCSRs regarding my previous employment including alcohol and controlled substance testing results.</p>	
_____ Signature	_____ Date

SECTION 1 - DRIVER IDENTIFICATION

The applicant named above was employed by us Yes No (circle one)
 Employed as: _____ from (m/y) _____ to (m/y) _____
 Was this person a safe and efficient driver? _____
 Types of vehicles driven? T/T _____, S/Truck _____, Bus _____, Other _____
 Was this person required to complete driver logs? Yes No (circle one)
 How was log completion? Good Fair Poor (circle one)

SECTION 2 - SAFETY PERFORMANCE HISTORY

If there is no safety performance history to report, check here

- Did this person drive a motor vehicle for you? Yes No (circle one)
- Please complete the following for any accidents included on your accident register (390.15 (b)) that involved this person in the 3 years prior to the application date shown above, or if nothing to register, complete with N/A.

Date	Location	Tow Y or N?	No. of Injuries	No. of Fatalities	Hazmat Spill

SECTION 3 - DRUG TESTING INFORMATION

- Was this person involved in a safety-sensitive position subject to drug and alcohol testing under Part 40? Yes No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? **Yes** **No**
2. Has this person tested positive for controlled substances?
3. Has this person refused a test for alcohol or controlled substances?
4. Has this person committed violations of Subpart B of Part 382, or Part 40?
5. If this person violated a DOT drug and alcohol regulation, did this person complete a SAP- prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation on the back of this form
6. Did this person successfully completed a SAP's rehabilitation referral and remained employed, did this person subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or a refusal to be tested?

SECTION 4 - ADDITIONAL INFORMATION

Was conduct satisfactory? Yes No (circle one)
 Eligible for re-employment? Yes No (circle one)

Remarks: _____

Previous Employer Official: _____
Signature

_____ _____
Title Date

Please return information by FAX or Mail and mark as "Confidential". Please return to the attention of the Safety and Compliance Department. PLEASE NOTE: Previous employers MUST respond within 30 days according to the new regulations of the FMCSA.

Karl R. Johnson Trucking, Inc.
P.O. Box 1508
Lyndonville, Vermont 05851
(802) 626-8769 (802) 626-5306 fax