

DRIVER APPLICANT INFORMATION RELEASE

To: _____
Attn: Driver Personnel/Safety
Phone: _____
Fax: _____

From: Schilli Transportation Services
Driver Personnel/Safety
Phone: (219) 261-2101
Fax: (219) 261-3955

Pursuant to 49 CFR, I hereby authorize the release of all information requested below, including drug and alcohol test results, to be furnished to SCHILLI TRANSPORTATION SERVICES, INC. I hereby release all employers, schools, health care providers, and other persons from any liability in responding to this inquiry and releasing information in connection with my application.

Applicant: FILL IN THIS SECTION ONLY

X _____
Applicant Name (printed)

X _____
Applicant Signature

X _____
Social Security #

X _____
Date

Dates of Employment: From _____ to _____

Based upon a review of your company's drug and alcohol test records:

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? Yes No

Has this individual had a controlled substance test with a positive result in the past 3 years? Yes No

Has this individual refused (includes verified adulterated or substituted test results) a controlled substance test and/or alcohol test within the past 3 years? Yes No

Has this individual violated other DOT drug/alcohol regulations? Yes No

Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations? Yes No

Traffic citations on record? _____ Dates _____ Charges _____

Accidents? Yes No # Preventable _____ # Non-Preventable _____

Date _____ Details _____

Date _____ Details _____

Date _____ Details _____

Date _____ Details _____

Has applicant ever been convicted of a felony? Yes No

Did applicant have any problems with customers? Yes No

Was applicant's license ever suspended or revoked? Yes No

Did applicant ever abuse custody of money or valuables? Yes No

Was applicant considered cooperative and dependable? Yes No

Were loading and unloading schedules made on time? Yes No

Did applicant have a good safety attitude toward logs/equipment? Yes No

Is applicant eligible for rehire? Yes No

Reason for leaving: Resigned/Quit Dismissed Leave of Absence

Other State reason _____

Name of Person Supplying Information _____ Date _____

Signature _____ Title _____