KINDLY ANSWER ALL AREAS OF THIS VERIFICATION OF EMPLOYMENT

Date: _____
To: _____
Attn: _____

Tel. #_____
Fax #_____
Mail _____

From: Oakley Transport, Inc.
P. O. Box 4170
Lake Wales, FL 33859
Telephone (863) 638-1435
Fax (863) 638-1927

BACKGROUND INQUIRY TO PAST EMPLOYER

The person named below has applied to this company for employment. Please reply regarding this applicant.

NAME OF APPLICANT_____

SOCIAL SECURITY NUMBER_____

Dates of employment at your company
From:_____ To:_____

Job Title or Description
_____

WHAT TYPE OF EQUIPMENT WAS DRIVEN (please note type of trailer)? ***Accidents: Total Number_____***

_____ Tractor-Trailer ____ Tanker
_____ Reefer ____ Dry Van
_____ Flatbed ____ Other _____

Please supply dates, brief description, whether preventable or non-preventable _____
_____

STATES OR REGIONS DRIVEN IN: _____

General conduct of Employee: _____ Satisfactory
_____ Unsatisfactory

Would you re-employ? ___ Yes
___ No
___ Upon Review

If no, Why? _____

Why did this person leave your Company? ___Resigned
___Discharged
___ Other

If discharged, Why? _____
_____

ALCOHOL OR CONTROLLED SUBSTANCE:

Pursuant to section (2) of 382.413 of the Federal Motor Carriers Safety Regulations: **Kindly answer ALL 5 questions below**

---

a. Has this person tested positive in the past 3 years for a controlled substance? ____Yes ____ No

b. Has this person tested greater than .04 blood alcohol concentration in the past 3 years? ____ Yes ____ No

c. Have there been any other violations of DOT agency drug and alcohol regulations? ____ Yes ____ No

d. Has this person refused to take a required drug or alcohol test in the past 3 years? ____Yes ____No

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

BY : _____ TITLE:_____ DATE: _____
Signature of person supplying information

I hereby authorize this company to release all records of employment pursuant to FMCSR 391.23, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above-mentioned person. I also authorize the release of any alcohol and drug information pursuant to section (2) of 382.413, "Alcohol and Controlled Substance Testing."

Applicant signature: _____ Date _____