

## Inquiry to Past Employer

Venezia Incorporated
PO Box 909
Royersford, PA 19468
Fax# 610-495-7080

Applicant's Name(print) \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You are hereby authorized to give to Venezia, Inc. all information regarding my services; character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable Venezia, Inc. to comply with the requirements of 49 CFR, 40.311, 382.413, I hereby consent to Venezia, Inc. obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the two (2) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to Venezia, Inc. in personal interviews, Telephone interviews, letters or any other method that insures confidentiality. I hereby authorize Venezia, Inc. to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it. I acknowledge, that I have the right to due process as identified in 49 CFR 391.23 to correct information submitted under this authorization.

➔ Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Former Employer:** Please provide the following information about this applicant.

Name of Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Held: \_\_\_\_\_ Company driver \_\_\_\_ Owner Operator \_\_\_\_ Driver for Owner Operator \_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_

Equipment: Tractor & Trailer-Vans 48' \_\_\_\_ 53' \_\_\_\_ Tractor & Trailer-Tank \_\_\_\_ Flatbed \_\_\_\_ Other \_\_\_\_

List areas in which applicant drove regularly: \_\_\_\_\_

Was the driver in any DOT Accidents per 49 CFR 390.5 during the previous three (3) years? (The 3 year period starts with the accidents, which occurred on or after 4/29/2003). Yes \_\_\_\_ No \_\_\_\_

If Yes, provide the following data elements for each as required by 49 CFR 390.15 (b) (1)

Date	City/Town/State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Spilled	Description

**All Other Accidents:** Total number \_\_\_\_\_

Date _____	Preventable: Y or N _____	Description _____
Date _____	Preventable: Y or N _____	Description _____
Date _____	Preventable: Y or N _____	Description _____

Why did applicant leave your employ? \_\_\_\_\_

Is applicant eligible for rehire? Yes \_\_\_\_ No \_\_\_\_ If no, why? \_\_\_\_\_

<b>In accordance with part 382.405 (f) and 382.413 (a) (b) (c) (d) (e) (f):</b>	Yes	No
Has this person ever had an alcohol test concentration of 0.04 or greater in the past two years?	___	___
Has this person ever tested positive for a controlled substance in the past two years?	___	___
Has this person ever refused a required test for drugs or alcohol in the past two years?	___	___
Has this person violated other DOT drug or alcohol regulations in the past two years?	___	___
Have you received information from a previous employer that this person violated drug or alcohol regulations in the past two years?	___	___

Additional comments: \_\_\_\_\_

Signature: _____	Title: _____	Date: _____
1st Attempt	2nd Attempt	3 <sup>rd</sup> Attempt
Date _____	Date _____	Date _____
Time _____	Time _____	Time _____
Method _____	Method _____	Method _____
Contact _____	Contact _____	Contact _____
4 <sup>th</sup> Attempt	5 <sup>th</sup> Attempt	
Date _____	Date _____	
Time _____	Time _____	
Method _____	Method _____	
Contact _____	Contact _____	

Under 49 CFF 391.23, failure to provide the above information should be reported to US DOT (FMCSA) following procedure specified in 49 CFR 386.1

Venezia Incorporated

## Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

### Due Process Rights

The driver/applicant has the right to be notified of:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number

\*Applicant's who want to review investigative information provided by their previous employer(s) must submit a written request to Venezia Inc. Applicant must arrange to pick up the records within 30 days after being employed or being notified of denial of employment.