

**EMPLOYMENT VERIFICATION / WORK HISTORY**

From: Bunker Hill Trucking LLC

Ph#: (504)273-9211 Fx#: (504)648-1163 Email: BunkerHillTrucking@gmail.com

\*Must complete 1 form for each employer over the past 3 years, including current employer.

**Section#1: To be completed by Driver**

\* Driver Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

Current/Previous Employer's Info:

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Position: \_\_\_\_\_

\* I \_\_\_\_\_ (Driver/Applicant) hereby authorize that the company listed above may release and forward information pertaining to my current and/or previous employment history, along with any drug and alcohol testing records to prospective employer Bunker Hill Trucking LLC. This release is in accordance with DOT Regulation 49 CFR Part 40 and Part 41.

\* \_\_\_\_\_ (Driver/Applicant Signature) \_\_\_\_\_ (Date)

**Section#2: To be completed by Employer**

\*Employment Dates: \_\_\_\_\_ Position Held: \_\_\_\_\_

\*Has the driver ever refused a required DOT drug or alcohol test? \_\_\_\_\_

\*Has the driver ever tested positive on a DOT required drug test? \_\_\_\_\_

\*Has the driver ever tested at or above 0.04 on a DOT required alcohol test? \_\_\_\_\_

\*Has the driver violated any other provisions of the DOT drug and alcohol testing regulations? \_\_\_\_\_

\*Have you received info from any previous employers that this individual violated DOT drug and alcohol regulations? \_\_\_\_\_

\*Date the driver was last tested for alcohol? \_\_\_\_\_

\*Date the driver was last tested for drugs? \_\_\_\_\_

Section#2 questions completed by:

\_\_\_\_\_ (Signature/Date) \_\_\_\_\_ (Name/Title)