

**PRE SCREEN APPLICATION - COOL TRANSPORTS DRIVER ELIGIBILITY
REQUIREMENTS**

The Driver Eligibility Requirements listed below are the MINIMUM requirements for all drivers employed by COOL TRANSPORTS. You must read this document, meet the minimum requirements, sign and date it before an application for employment can be given to you.

- A. You must be a minimum of **25 years of age**.
- B. You must possess a valid Commercial driver's license issued by the State of California (or Nevada for Las Vegas drivers, or Arizona for Phoenix drivers).
- C. You must have Tanker and Hazmat Endorsements.
- D. You must have minimum of one (1) year verifiable Commercial Motor Vehicle Class A experience.
- E. You must have a valid Medical Examiners Certificate.
- F. You must be able to read, write, speak and understand the English language.
- G. You must have proof of your eligibility to work in the United States.
- H. There must be no record of the following during the 3 year (36 month) period prior to the date of this application:
 - 1. No Suspended or Revoked drivers license due to motor vehicle convictions.
 - 2. No more than three (3) moving motor vehicle convictions in any type of vehicle.
 - 3. No more than 1.5 points on your DMV printout.
 - 4. No speeding conviction in excess of fifteen (15) miles per hour over the posted speed limit in a Commercial Vehicle.
- I. You must not have any record of involvement in more than one (1) preventable accident in the twelve (12) month period prior to this application.
- J. You must not have any record of conviction for driving in any vehicle while under the influence of alcohol in the 6 years (72 months) prior to date of application.
- K. You must not have any record of conviction for driving in any vehicle while under the influence of drugs or any record of conviction for the transportation, possession or unlawful use of Schedule I, II & IV drugs or other substance as defined by the Department of Transportation.
- L. You must not have any record of refusal to take a drug/alcohol test provided for any legal requirement.
- M. You must be capable of lifting 40 pounds repetitively.
- N. You must be able to take and pass a pre-employment drug screen per DOT requirements.
- O. You must be able to successfully pass the COOL TRANSPORTS road test.
- P. You must be able to work any shift (days, nights or weekends).

_____ **I DO NOT** meet the minimum hiring requirements.

_____ **I DO** meet the minimum hiring requirements and understand that in the event of employment, any untrue or misleading information given may result in termination.

Signed _____

Date _____

MERIT OIL
1405 W. Rialto Ave.
San Bernardino, CA 92410
Phone: (909) 885-3411

COOL TRANSPORTS
1800 S. Riverside Ave.
Colton, CA 92324
Phone: (951) 682-5000

COOL TRANSPORTS
8330 Atlantic Ave.
Cudahy, CA 90201
Phone: (562) 630-6500

APPLICATION FOR EMPLOYMENT

Position applying for: _____ Company applying for: _____

Name: _____ Date: _____

Address: _____ How long at this address? _____
Street City State Zip
If less than 3 years at current address, previous address:

Address: _____ How long at this address? _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____

EMPLOYMENT DESIRED

Are you applying for: Full Time Part Time Temporary(Seasonal)

What days and hours are you available: _____

Are you available to work weekends: Yes No

Are you available to work overtime, if necessary: Yes No

If hired, what date are you available to start work: _____

Salary desired: _____

How did you hear about this position or who referred you: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Merit Oil or Cool Transports: Yes No

If yes, when: _____

Do you have any friends or relatives that have worked or are currently working for Merit Oil or Cool Transports? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

If hired, would you have a reliable means of transportation to and from work: Yes No

Are you at least 18 years old: Yes No

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country: Yes No

Are you able to perform the essential function of the job for which you are applying, either with or without reasonable accommodation: Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of any criminal offense (felony or misdemeanor): Yes No

If yes, state nature of the crime(s), when and where convicted, and the disposition of the case:

(Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed: Yes No

If yes, may we contact your current employer: Yes No

EDUCATION

High School: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

College: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Vocational: _____

Name

Address

City

State

Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Vocational: _____
Name

Address

City State Zip

No. of years completed: _____

Did you graduate: Yes No

Degree or Diploma: _____

Can you speak, write and understand English: Yes No

Do you speak, write or understand any foreign languages: Yes No

If yes, which languages: _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for this position: Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

#1

Name of Employer () _____
Telephone No.

Type of Business _____
Your Supervisor's Name

Address _____
City State Zip
Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#2

Name of Employer () _____
Telephone No.

Type of Business _____
Your Supervisor's Name

Address _____
City State Zip
Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

#3

_____ () _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address City State Zip
 Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
 Position: _____ Duties: _____
 Reason for leaving: _____
 May we contact this employer for a reference: Yes No

#4

_____ () _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address City State Zip
 Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
 Position: _____ Duties: _____
 Reason for leaving: _____
 May we contact this employer for a reference: Yes No

#5

_____ () _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address City State Zip
 Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
 Position: _____ Duties: _____
 Reason for leaving: _____

If there are gaps in your employment history, please explain:

Dates: _____ Reason: _____

Dates: _____ Reason: _____

Dates: _____ Reason: _____

(Note: Attach additional pages if necessary)

Please read carefully, initial each paragraph and sign below.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be ground for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Merit Oil or Cool Transports to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Print Name - Applicant

Applicant's Signature

Date

Application stops here, unless you are applying for a Class "A" Driver. If you are applying for a driver position, please fill out the next section(s).

CLASS "A" DRIVER APPLICATION – CONTINUED
(If you are applying for a Class "A" Driver position, you must fill out this section)

Social Security No: _____ Drivers License No: _____

Date of Birth: _____
(Required for commercial drivers)

Have you ever been injured on the job: Yes No

If yes, explain: _____

Any time lost in the past three (3) years due to injury or illness: Yes No

If yes, explain: _____

List any disabilities that prevent you from doing certain kinds of work: _____

Are you willing to take a physical exam and test for drugs, alcohol or controlled substance as required for this position: Yes No

Have you ever tested positive or refused a drug or alcohol test: Yes No

If yes, explain: _____

#9

Name of Employer _____ Telephone No. _____
()
Type of Business _____ Your Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
Position: _____ Duties: _____
Reason for leaving: _____
May we contact this employer for a reference: Yes No

#10

Name of Employer _____ Telephone No. _____
()
Type of Business _____ Your Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
Position: _____ Duties: _____
Reason for leaving: _____

#11

Name of Employer _____ Telephone No. _____
()
Type of Business _____ Your Supervisor's Name _____
Address _____ City _____ State _____ Zip _____
Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
Position: _____ Duties: _____
Reason for leaving: _____
May we contact this employer for a reference: Yes No

#12

Name of Employer

Type of Business

Address

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

Telephone No.

Your Supervisor's Name

City _____ *State* _____ *Zip* _____

Salary: _____
Starting Ending

#13

Name of Employer

Type of Business

Address

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

Telephone No.

Your Supervisor's Name

City _____ *State* _____ *Zip* _____

Salary: _____
Starting Ending

#14

Name of Employer

Type of Business

Address

Dates of employment: _____ to _____
Starting Ending

Position: _____ Duties: _____

Reason for leaving: _____

May we contact this employer for a reference: Yes No

Telephone No.

Your Supervisor's Name

City _____ *State* _____ *Zip* _____

Salary: _____
Starting Ending

#15

_____ () _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address _____ City _____ State _____ Zip _____
 Dates of employment: _____ to _____ Salary: _____
Starting Ending Starting Ending
 Position: _____ Duties: _____
 Reason for leaving: _____

If there are gaps in your employment history, please explain:

Dates: _____ Reason: _____
 Dates: _____ Reason: _____
 Dates: _____ Reason: _____
 Dates: _____ Reason: _____
 Dates: _____ Reason: _____
 Dates: _____ Reason: _____

DRIVER EXPERIENCE AND QUALIFICATION

List all drivers licenses held in the past three (3) years.

<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any accidents that have occurred in the last three (3) years. If none, write "NONE".

<u>Date of Accident</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any traffic convictions or forfeitures in the last three (3) years except parking violations. If none, write "NONE".

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Note: If more space is required in any these sections, use a separate sheet of paper.)

Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes No

Has any license, permit or privilege ever been suspended or revoked: Yes No

If yes, explain: _____

List equipment you have experience driving:

<u>Class of Equipment</u>	<u>Type(Tank, flat, etc.)</u>	<u>Dates From</u>	<u>Dates To</u>	<u>Total Approx Miles</u>
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor & 2 Trailers	_____	_____	_____	_____
Truck & Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

How many total years have you been driving with a Class "A" license: _____

Have you taken any special courses or training that will help you as a driver: Yes No

If yes, from whom: _____ When: _____

Have you received any safe driving awards: Yes No

If yes, from whom: _____ When: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alt Phone: _____

DISCLAIMER AND SIGNATURE

I hereby certify that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I also certify that I meet all the qualification as required on the Pre-Screen Application.

In the event of employment, I understand that false or misleading information given on my application or during any interview(s) may result in termination.

I further agree that, if hired by Merit Oil or Cool Transports, I will abide by all rules and regulations of the Company.

Print Name

Applicant's Signature

Date



A-Check America, Inc.
P.O. Box 5615
Riverside, CA 92517 USA
Call Toll free: 877-345-2021
Call Direct: 951-750-1501
Fax: 951-750-1301

Authorization for Background Investigation

File # (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, or mode of living in connection with an application of employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment, and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureau, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me, to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive the need to receive a written notice for disclosure of information from any present or former employer who may provide information based upon this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): ____ / ____ / ____ (MM/DD/YYYY)

Social Security Number: ____ - ____ - ____

Driver's License Number: _____ State of Issuance: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a cell and/or alternate phone number and email address where we may contact you.

Cell Phone: (____) ____ - ____ Alternate Phone: (____) ____ - ____

Email Address: _____

Signature: _____ Date: _____

(Please do not type in name; your hand-written signature is required above)

California, Minnesota and Oklahoma Residents Only:	
If a consumer background report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: ____ / ____ / ____

NOTICE: This form is the property of A-Check America, Inc. No alterations to its content may be made without the prior written consent of its author. Any changes made without A-Check's authorization are considered a breach of contract.



A-CHECK

Summary of Consumer Rights Under the Fair Credit Reporting Act

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la
Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A-Check America, Inc.
P.O. Box 5615
Riverside, CA 92517 USA
Call Toll free: 877-345-2021
Call Direct: 951-750-1501
Fax: 951-750-1301

The federal **Fair Credit Reporting Act (FCRA)** promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to: www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened offers” for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.



A-CHECK

Summary of Consumer Rights Under the Fair Credit Reporting Act

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center--FCRA Washington, DC 20580 (877) 382- 4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St., N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name:	Employee SSN or ID Number:
CDL Number:	Issuing State for CDL:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to A-Check Global for provision to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature:	Date:
---------------------	-------

I-A:

New Employer:		Designated Employer Representative:	
Street Address:	City, State:	Zip:	
Email:	Phone Number:	Fax Number	

I-B:

Previous Employer:		Designated Employer Representative:	
Street Address:	City, State:	Zip:	
Email:	Phone Number:	Fax Number	

Section II. To be completed by the previous employer and transmitted by fax to A-Check Global:

II-A. In the 2 years (Pipeline)/3 years (Driver/CDL) prior to the date of the employee's signature (in Section I), for DOT- regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
2. Did the employee have verified positive drug tests? YES NO
3. Did the employee refuse to be tested? YES NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
5. Did a previous employer report a drug and alcohol rule violation to you? YES NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A YES NO

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B:

Name of Person providing information in Section II-A:	Title:
Phone Number:	Date: