



**EMPLOYMENT RECORD**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**Job Reference Letter**  
**LINK ROADWAYS INC.**  
**24798 CRESTVIEW CT FARMINGTON HILLS MI 48335**  
**FAX 888-400-7810**  
**PH 248-987-2565**

I hereby authorize you to release the following information to Prospective employer Link Roadways Inc.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

The purpose investigation as required by section 391.23 of the Federal Motor Carrier safety Regulations and in compliance with 40.25(g) and 391, 23(h) release of this information must be made in written from that ensures confidentiality such as e mail fax or letter.

In accordance with section 391.23 we are obligated to gather the following information below from all previous employers of the applicant that employed him/her to operate commercial motor vehicle within the three years preceding (date of application) \_\_\_\_\_. Please complete the information and return it within 30 days as required by section 391.23(g).

Applicants Name \_\_\_\_\_ SS # \_\_\_\_\_  
Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

1 Dates Employed \_\_\_\_\_  
2 Reason for leaving \_\_\_\_\_  
3 Would you rehire \_\_\_\_\_

4 Job Title \_\_\_\_\_  
5 Number of total accidents incidents \_\_\_\_\_ Verify as much detailed information as possible.

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This information is being requested in compliance with 40.25 and 391.23

If the driver was not subject to department of Transportation testing requirements while employed by this employer check here \_\_\_\_\_ complete bottom of section 2 sign and return.

Driver was subject to Department of transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

Yes No

- 1 Has the person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- 2 Has the person tested positive or adulterated or substituted to a test specimen of controlled substance?
- 3 Has the person refused to submit to a post accident, random, reasonable suspicion or follow alcohol or controlled substance test?
- 4 Has the person committed other violations of Subpart B of Part 40?
- 5 Has this person committed other violations of subpart B of Part 382 or Part 40?
- 6 If this person has violated DOT drug and alcohol regulation , did this person complete SAP prescribed rehabilitation program in your employ including return to duty and follow up tests ? If yes please send documentation back with this form.

In answering these questions include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date.

Name \_\_\_\_\_

Cpmpany \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_