

PO Box 475
Rupert, ID 83350

Phone: (208) 531-4100

Fax: (208) 531-4461

I authorize Land View Inc. to investigate and obtain information regarding my employment with the past employer named below, as required by the Federal Motor Carrier Safety Regulations.
Applicant's Signature _____ Date: ____/____/____

Applicant's Name _____ Social Security Number _____ - _____ - _____

Previous Employer: _____ Request Date ____/____/____
Address: _____ Information requested by: Mail
_____ Fax
_____ Phone # (____) _____ - _____ Phone

The individual named above has applied for a position with Land View Inc. As required by the Federal Motor Carrier Safety Regulations, we are requesting information concerning the individual's employment history with your company. We would greatly appreciate your time in completing the information requested below. This information will be held in confidence.

Employed from: ____/____/____ to ____/____/____ Position Held: _____

If driver, type of equipment operated: Tractor Trailer Straight Truck Doubles/Triples
Cargo Tank Other (specify) _____
Reason for leaving: Resigned Terminated Other _____ Eligible for Rehire: Yes No

DOT ACCIDENT INFORMATION

Has this person been involved in any DOT accidents as defined by §390.5 in the last three years?..... Yes No

If yes, please provide the following required information:

1. Accident date: _____ Location of Accident (City/State) _____
Description of Accident: _____
Was the accident preventable? Yes No Number of Injuries: ____ Number of Fatalities: _____

2. Accident date: _____ Location of Accident (City/State) _____
Description of Accident: _____
Was the accident preventable? Yes No Number of Injuries: ____ Number of Fatalities: _____

DRUG AND ALCOHOL INFORMATION:

- 1. Was this person subject to drug and alcohol testing in accordance with FMCSR part 40 and 392? Yes No
- 2. Has this person tested positive for a controlled substance in the last 3 years? Yes No
- 3. Has this person had an alcohol test with a breath alcohol concentration of 0.4 or greater in the last 3 years? Yes No
- 4. Has this person refused (includes verified adulterated and substituted results) to take a required drug test in the last 3 years? Yes No
- 5. Has this person violated other DOT drug and /or alcohol regulation? Yes No
- 6. If the answer to any of the above was yes, did the employee return-to-duty process? Yes No
- 7. Have you received any information from a previous employer that this person violated Any drug and/or alcohol regulations? Yes No

Above information provided by:

Signature _____ Title _____ Date ____/____/____

Please fax this completed form to Chris Sullivan at (208) 531-4461