

HOOVESTOL INC.

3321 Mike Collins Drive, Eagan MN 55121

Phone (651) 452-6262

Fax (651) 452-8853

Inquiry to Former Employer

Section 1: Previous Employee Information and Release

Name: _____ Social Security # _____

I hereby authorize _____ to release the following requested information to Hoovestol Inc. for the purpose of investigating and qualifying me to drive a commercial vehicle as required by the U.S Department of Transportation and Federal Motor Carrier Safety Regulations Parts 382, 391, 392 and 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature _____ Date _____

Section 2: Previous Employee Work History

Employed from _____ to _____ as a _____

Did Previous employee drive a motor vehicle for you? _____

If yes, please indicate specific type (s) and time driven for you;

Tractor/Trailer _____ Straight Truck _____

Other (please specify) _____

Any special equipment used? (Such as: Doubles, Tanker, Flat Bed ,ect.) _____

Was previous employee a safe and efficient driver? _____

List all accidents while employed by your company in the last 3 years. _____

List all violations while employed by your company in the last 3 years _____

Was previous employee's general conduct satisfactory? _____

Reason for leaving: Discharged _____ Resigned _____ Lay Off _____

Other (please specify) _____

Is previous employee eligible for rehire? _____

Section 3: Note Regulations of the department of Transportation (49 C.F.R. Part 40) requires your company to provide us with information concerning the named driver's past drug and alcohol results. Including refusals to be tested.

In the past three years has the previous named applicant ever:

- Tested positive for a controlled substance? Yes or No
- Tested with an alcohol concentration of 0.04 or higher? Yes or No
- Refused to submit to a DOT required drug/alcohol test, including a verified adulterated or substitution result? Yes or No
- Had any other violations of DOT drug/alcohol testing regulations? Yes or No

Your Name: _____ Title _____

Company _____ Date _____

Please fax your response as soon as possible to (651) 452-8853

Thank You