



**PREVIOUS DRIVING VERIFICATION**

Fax Back to: 651-437-5422

**Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

I, \_\_\_\_\_ have applied for a driving position and/or lease to with Walbon & Company in Rosemount, MN. I have given your company as a reference to comply with FMCSR 391.23(a)(2). By signing on this date, I hereby release from any and all liability my former company any and all consequences I may suffer as a direct or indirect result of any safety, accident, performance and drug/alcohol information released to Walbon & Company.

**Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Dates of Qualification:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Position Held:** Company: \_\_\_\_\_ O/O: \_\_\_\_\_ **Fleet Driver:** \_\_\_\_\_

**Equipment Operated:** \_\_\_\_\_ **Area Driven:** \_\_\_\_\_

Tractor/Trailer \_\_\_\_\_ Flatbed \_\_\_\_\_ OTR \_\_\_\_\_

Straight Truck \_\_\_\_\_ Tanker \_\_\_\_\_ Reg \_\_\_\_\_

Double/Triple \_\_\_\_\_ Other \_\_\_\_\_ Loc \_\_\_\_\_

**Trailer Length:** \_\_\_\_\_ **Kept Logs?:** YES or NO

**Preventable/Non-Preventable Accidents/Incidents:** If none check here: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Description:** \_\_\_\_\_ **Cost \$:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Description:** \_\_\_\_\_ **Cost \$:** \_\_\_\_\_

***Was this driver in a safety sensitive function?: YES or NO***

**Separation Details:**

**Voluntary:** \_\_\_\_\_ **Terminated:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Available for Re-Qualification:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **Upon Review:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Prepared By:**

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**DOT#** \_\_\_\_\_ **Date** \_\_\_\_\_



**PREVIOUS DRIVING VERIFICATION(CONT)**

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**Name:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_

In the three (3) years prior to the date of this verification for D.O.T. regulated testing:

- |  |     |    |
|--|-----|----|
| 1. Did he/she have an alcohol test with a result of 0.04 or higher?                          | YES | NO |
| 2. Did he/she have a verified positive drug test?  | YES | NO |
| 3. Did he/she refuse to be tested?   | YES | NO |
| 4. Did he/she have any other violations of D.O.T. drug/alcohol testing?                      | YES | NO |
| 5. Did he/she have a previous employer report a drug/alcohol violation?                      | YES | NO |
| 6. If you answered "YES" to any above items, did he/she complete the return-to-duty process? | YES | NO |

If you answered "YES" to item 5, you must provide the previous employers report.  
If you answered "YES" to item 6, you must provide return-to-duty documentation.

Prepared By:

Name \_\_\_\_\_ Position \_\_\_\_\_

DOT# \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!**  
**Walbon & Company**  
**Safety Compliance**

