

**Employment and Controlled Substance Inquiry to Previous Employment**  
**Navajo Express, Inc. 1400 West 64<sup>th</sup> Ave. Denver, CO 80221**  
**Attn: Debbie Foss / 1-800-525-1969 x0784 or x711 / Fax: 1-303-487-5020**

To Previous Employer:

Company Name: \_\_\_\_\_ Attn: \_\_\_\_\_

City, State: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone #: \_\_\_\_\_

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I authorize all my previous employers to release all information concerning my employment, including drug and alcohol information to Navajo Express and/or Digby Refrigerated (and its authorized agents) in connection with my application for employment. All parties involved shall not be held liable for the information that they furnish

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**APPLICANT COMPLETE ONLY:**

Applicants Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS EMPLOYER ONLY / FOR NON-DRIVING POSITIONS, PLEASE ANSWER WHAT DOES APPLY TO THE POSITION.**

**Part A**

1. The applicant lists dates of employment with your company from: \_\_\_\_\_ to: \_\_\_\_\_  
Are these correct: \_\_\_\_\_ If not, please furnish correct dates from: \_\_\_\_\_ to: \_\_\_\_\_
2. What type of work did the applicant do?  Driver  Dock  Other- \_\_\_\_\_
3. Type of driver:  Company  O/O  Lease Purchase  Trainee  Other- \_\_\_\_\_
4. Areas of Operation:  Local  Regional  OTR  Other- \_\_\_\_\_
5. Type of equipment:  Straight Truck  Tractor Trailer  Twin Trailer  Other- \_\_\_\_\_
6. # of DOT recordable accidents? \_\_\_\_\_ # of preventable accidents? \_\_\_\_\_ Dates: \_\_\_\_\_
7. Reason for leaving?  Resigned  Laid off  Terminated  Other \_\_\_\_\_
8. Eligible for Rehire?  Yes  No / If no, please explain: \_\_\_\_\_

**Part B**

1. Was applicant subject to Federal Motor Carrier Safety Regulations while in your employ?  Yes  No
2. Was job 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

**Part C**

Information to be supplied by previous employer per 49 CFR Part 382.405 (f) and (h).

1. Has this person ever tested positive for a controlled substance in the last 3 years? YES NO
2. Has this person ever had an alcohol test BAC of .04 or greater in the last 3 years? YES NO
3. Has this person ever refused a required test for drugs or alcohol?  
(Including adulterated or substituted sample?) YES NO
4. Has this person had other violations of DOT agency drug or alcohol testing  
Regulations? YES NO
5. Has this person violated any DOT drug and alcohol return-to-duty requirements  
(Including follow-up testing) required successful SAP completion? YES NO

If **YES** to any of the above questions, please supply the name of the Substance Abuse Professional to who the driver was referred and any paperwork that applies to the instance being reported.

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN WITH THE APPLICATION**