



**Motor Carrier Attachment 11**

**Accident Driver DQ File Page 23**

**Chattanooga, Tennessee 06/26/2015**

**HWY15MH009**

**( 2 pages)**

Jun 17 15 05:03p

Cool Runnings Express

6068779232

P.1

## REQUEST FOR EMPLOYMENT INFORMATION FORM

ATT:		ATTEMPT MADE:
DRIVER NAME:		SSN:
COMPANY NAME:		PHONE:
ATT:		FAX:
RETURN TO:		COOL RUNNINGS EXPRESS, Inc.
RETURN FAX:		PHONE:

The individual listed above has applied for a driving position with Cool Runnings Express, Inc.  
 Check all that apply

Employment dates		From:	To:	If incorrect list dates:	
		3/6/02	7/29/13		
Type:	X	Equipment:	X	Trailer:	X
OTR	X	Tractor Trailer	X	49 FT.	X
Regional		Flatbed		42 FT.	
Local	X	Double/Triples		45 FT.	
		Tanker	X	48 FT.	
		Straight Truck		53 FT.	
		Drop Deck-LB		Other	
			Reason for Separation:		
			Quit without notice		
			Quit w/notice		
			Discharged		
			Lack of Work		
			Current Hire		
			Problems with Attitude		
			Eligible for Rehire:		
			Yes		
			NO		
			Upon Review		
			If no Explain:		
			Problems with Attendance		

If Other Please Describe:

Problems with Logs?	YES	NO	X	If yes Describe:
Tickets or Suspensions?				If yes Describe:

## \*\*\*\*\*Accident Detail And Totals\*\*\*\*\*

Date	Prev	Non	Hazmat	No. of	No. of	City	St	Damage	Description
dd/mm/yyyy	X	Prev X	X	Injuries	Fatalities			Amt.	
2/26/2011	X			0	0	London	KY		Swerved to avoid deer
2/25/2011	X			1	0	London	KY		Misjudged Clearance

\*\*\*\*\*Please make a YES - NO - NA selection for each question\*\*\*\*\*

	YES	NO	NA
Did individual perform a safety sensitive function in any DOT regulated mode subject to alcohol drug requirements?	X		
Undergone an Alcohol Test with a concentration result of 0.04 or greater?		X	
Undergone a Controlled Substance Test in which a positive result was verified?	X		
Refused to undergo either a DOT Drug or Alcohol Test?		X	
Had an adulterated or substituted drug test verified?		X	
Violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulation?		X	
Did a previous employer report a drug and alcohol rule violation to you? If you answered yes, you must provide the previous employer's report per 40.25.		X	
Did driver successfully complete return-to-duty requirements following violation of a DOT drug and alcohol regulation? If yes please provide documentation of successful completion.		X	

I have applied to Cool Runnings Express, Inc. for employment and I desire that they be fully advised of my Employment record, Safety Performance History and Drug/Alcohol test records with my former employers. I have been informed of my rights under 391.23(i). I respectfully request that you furnish the above information concerning my employment with your organization and I hereby release you from all liability for providing the information requested.

\_\_\_\_\_  
 Driver

6-16-15  
 Date

Is there a rebuttal statement attached (Yes) or (No) Contacts for rebuttals or corrections ( )

VERIFICATION COMPLETED BY:

Print name

Signature

Title/Position

Date

6/18/15