

Hammell Transport, Inc - PO Box 189, Hermiston OR 97838 -Ph 800-274-9076
Fax 541-567-7607
email - pmagana@hammelltransport.com

I authorize my previous employers to release to (your company) all employment records including an assessment of my job performance, ability, fitness, dates and results of alcohol / drug tests or my refusal to test and any rehabilitation. I authorize release of safety performance information through PSP. I agree not to file any complaints, claims or legal action against any entity or individual that provides work related information about me or legal action against Hammell Transport for any acts or omissions related to my application.
Print Name: _____
Applicant signature: _____
SS#: _____ - _____ - _____
Date: ____/____/____
Applicant, Do not fill in anything outside this box

Previous Employment Verification
To Fax: _____
To Company: _____
Re Driver: _____
Date Hired: ____/____/____
Last Day Worked: ____/____/____
Terminated: Yes ___ No ___
Eligible for Rehire: Yes ___ No ___
Comments: _____

Driver Class: Company ___ Owner Op ___
Type: Solo ___ Team ___ Approximate Monthly Miles _____
Truck: Tractor-Trailer ___ Straight Truck ___ Other _____
Trailer: Reefer ___ Dry Van ___ Flatbed ___ Other _____
Area Driven: OTR ___ Regional ___ Local ___ Number of States _____

Subject to FMCSR: Yes ___ No ___ Subject to DOT D&A Testing: Yes ___ No ___
How many reportable accidents did driver have while in your employ? If None enter zero
Date ____/____/____ City _____ State ___ Fatalities ___ Injuries ___ Tow-away ___
Date ____/____/____ City _____ State ___ Fatalities ___ Injuries ___ Tow-away ___
Date ____/____/____ City _____ State ___ Fatalities ___ Injuries ___ Tow-away ___

Drugs and Alcohol

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes ___ No ___
2. Did the employee have verified positive drug tests? Yes ___ No ___
3. Did the employee refuse to be tested? Yes ___ No ___
4. Did the employee have other violations of drug or alcohol testing regulations? Yes ___ No ___
5. Did a previous employer report a drug or alcohol rule violation to you? Yes ___ No ___
6. If you answered Yes to any of the questions did the employee complete the Return to Duty process? Yes ___ No ___ or N/A ___ Not applicable. If you answered Yes to # 5 you must provide the report from the previous employer.
7. If you answered Yes to # 6 you must also supply the required Return to Duty documentation. (SAP reports and follow up testing). Number of follow up testing's required: _____

Printed name of person providing this information: _____ Title: _____

Signature _____ Date ____/____/____

Please return to fax: 541-567-7607 or pmagana@hammelltransport.com