



Employment Verification Release

TMT Logistics, Inc.

P.O. Box 112- Napoleon, Ohio 43545
419-592-1041, **800-748-0394**

Fax this completed form to: 419-592-0487, Attn: HR
Along with completed Application and Driver Notification Release

Applicant Name _____ Social Security Number _____

You are hereby authorized to give to TMT Logistics, Inc., all information regarding my services, character and conduct while in your employ. You are released from any liability, which may result from giving such information. In order to enable TMT Logistics, Inc. to comply with the requirements of 49C.F.R. 391.21 and 382.413. I hereby consent TMT Logistics, Inc. to obtain from my prior employers the information pertaining to me. I also authorize the specific release of information they are required to maintain by 49 C.F.R. 382.401 (b) (1) I) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested within the two years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to TMT Logistics, Inc. in personal interviews, telephone interviews, letters, and any other material that insures confidentiality. I hereby authorize TMT Logistics, Inc. to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Applicant Signature _____ Date _____

Do Not Write Below This Line. Office Use Only

Name of Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position Held _____ Period of Employment _____

Driver Yes No Part Time Company Driver Owner/Operator Drove for Owner/Operator

Equipment Tractor: Day Cab Conventional Sleeper / Tractor Trailer: Van Reefer Tank Flatbed Other

List States in Which Applicant Drove Regularly _____

List types of Commodities Applicant Hauled _____

LOGS: Did Applicant have ANY Log Problems? Yes No If YES, Describe _____

ACCIDENTS: Total Number _____ Preventable _____ Non-Preventable _____

Dates, Description and Damage Estimate: _____

Traffic Violation Tickets? Yes No List the date and type of violation _____

License(s) Suspended? Yes No List the date and type of suspension _____

Type of Driver Licence _____ State _____ Number _____

Why did applicant leave your employment? _____

Is Applicant eligible for re-hire? Yes Upon Review No If NO, please explain _____

Any positive controlled substance test results? (if yes, complete * below) Yes _____ No _____

Any alcohol test results indicating and alcohol concentration of 0.04 or greater?* Yes _____ No _____

Any refusal to take a drug or alcohol test required under 49 C.F.R. Part 391/382?* Yes _____ No _____

* If Yes to any above: Type of Test _____ Date of Test _____

Any rehab completion under direction of SAP/MRO? _____

Comments (any problems with customer relations, supervision, or abuse of equipment?) _____

Person Providing Information _____ Title _____ Date _____