

REQUEST FOR REFERENCE:

To: MEADOW LARK TRANSPORT 866-736-5233  
BILLINGS, MT 866-296-9050  
SCOLLETT@MEADOWLARK.COM

FROM: EASTERN EXPRESS, Inc.,  
312 W. 35th Street,  
Griffith IN 46319  
Phone: 800-348-6514  
Fax: 317-522-9009  
applications@easternexpressinc.com

Dear Personnel Manager,

The individual named below has applied at EASTERN EXPRESS, INC. to be qualified as a commercial motor vehicle driver. Your firm is listed by the applicant as a previous employer or State entity holding licensing information. Please reply to this inquiry regarding the mentioned applicant. As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. Please return by fax, email or if mailing, to the above address. Thank you in advance for your cooperation.

- EASTERN EXPRESS

APPLICANT

Name: Jerry Long Social Security #: 228394790  
Date of Birth: 06/07/1986 CDL license # T64320873 State of license: Virginia

REFERENCE DETAILS

Please provide this individuals dates of employment: FROM: 09/19 TO: 03/20

Was this individual a Commercial Motor Vehicle Driver while with your Company?  Yes  No

What kind of equipment was driven:  Tractor Trailer  Straight Truck Other: \_\_\_\_\_  
Trailer Type:  Flatbed  Container  Van  Reefer Other: \_\_\_\_\_ Trailer size: \_\_\_\_\_

What type of commodities were transported?  Steel Coils Other: \_\_\_\_\_

Was he/she qualified as:  Owner/Operator  Driver for an Independent Contractor  Company Driver

Other:  Full Time  Part Time  Casual

Were there any accidents?  Yes  No

If so, how many were preventable?  
Date and description:

Is this driver knowledgeable of DOT Regulations?  Yes  No Hazardous Materials?  Yes  No

Were there any repeated or severe Company Policy Violations?  Yes  No

Were there hours of service or logging violations?  Yes  No

Reason for leaving:  Discharged  Resigned  Lay off Other: \_\_\_\_\_

Is he/she eligible for rehire?  Yes  No If NO, please explain: \_\_\_\_\_

In accordance with 391.23(e), please provide the following Controlled Substance/Alcohol information for any driver qualified within the previous three years:

Has this driver/applicant ever tested positive for controlled substances?  Yes  No

Has this driver/applicant ever tested at a 0.02 or higher alcohol concentration level?  Yes  No

Has this driver/applicant ever refused a controlled substance or alcohol test  Yes  No

If yes to any of the above, was this driver referred to a Substance Abuse Professional?  Yes  No

REFERENCE SIGNATURE

Name of person supplying information: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

AUTHORIZATION

I hereby authorize the above listed company (including DAC and Bureau of Motor Vehicles) to release all records of employment, including assessments of my job performance, ability, fitness, driving history, alcohol testing history and controlled substance history, including pre-employment testing (40.321(b)) (40.25(b)), to each and every company (or authorized agent) which may request such information in connection with my application with said company. I hereby release above listed company from any and all liability of any type as result of providing the above information for the undersigned. In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting. By signing below, I acknowledge that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by Federal Regulations. (49 CFR 390.35)

Applicant's Signature: \_\_\_\_\_ Date Signed: 03/10/2020 Witness' Signature: \_\_\_\_\_