

REQUEST FOR REFERENCE:

To: MEADOW LARK
BILLINGS, MT

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: Luther hill Social Security #: 225-06-5083
Date of Birth: 11 18 1969 CDL license # T66306216 State of license: Va

REFERENCE DETAILS

Please provide this individuals dates of employment: FROM: 09/17 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

Luther Hill

Date Signed: 04/09/2020

Witness' Signature: