

LCI Concrete, Inc.

Quality Ready-Mix

Macomb / Beardstown

4055 W. Jackson, Macomb, IL 61455

309-837-1259 Fax: 309-833-4993

CONFIDENTIAL REQUEST FOR INFORMATION On DOT Safety-Sensitive Former Employees (DFW06) (FMCS)

Notice to all Applicants for Commercial Drivers License (CDL) Positions:

In compliance with DOT regulations 49 CFR Part 40 and Part 382, as a condition of employment in a DOT safety-sensitive position, all applicants being considered for employment in a CDL position or for transfer to a CDL position must provide the names and addresses of previous employers for whom they performed DOT regulated safety-sensitive duties 2 years prior to the date of this application.

Provide the following information as completely as possible. We MUST be able to contact your previous employers for the past 2 years.

	Employer	Address	Telephone Number	Fax Number
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____
4.	_____	_____	_____	_____
	_____	_____	_____	_____

You must also sign the **Consent for Release Authorization** at the bottom of Page3 of this form in order to be placed in a DOT safety-sensitive position with LCI Concrete, Inc.

CONFIDENTIAL REQUEST FOR INFORMATION
On DOT Safety-Sensitive Former Employees (DFW06) (FMCS)

REQUESTED BY: Pat Meridith, Primary DER
 LCI Concrete, Inc.
 4055 W. Jackson St., Macomb, IL 61455

Phone: 309-837-1258
 Fax: 309-833-4993

TO: _____ Phone: _____
 _____ Fax: _____

RE: _____ SS #: _____
 (Name of Applicant)

has applied to LCI Concrete, Inc. for a safety-sensitive function under DOT regulations. **PLEASE NOTE:** 49 CFR Part 40.25 and 49 CFR Part 382.405(h) mandates that previous employers must immediately provide information regarding any violations found. Pursuant to 49 CFR Part 40.25 and 49 CFR Part 382.413, we request that you provide the information below.

PLEASE COMPLETE THE FOLLOWING: (Referencing the last 2 years)

1. Was this person an employee of yours at any time during the last 2 years? Yes No
 If yes, provide dates of employment? From _____ To _____
2. Was he/she employed in a DOT safety-sensitive function: Yes No
 If yes, what position? _____
3. Was he/she subjected to alcohol testing or controlled substance testing pursuant to 49 CFR Part 40? Yes No
4. Did he/she test positive at any time for alcohol concentration of 0.04 or greater? Yes No
5. Was he/she verified positive for controlled substances covered under 49 CFR Part 40? Yes No
 If positive, was he/she referred to a substance abuse professional? Yes No
6. Did he/she see a substance abuse professional? Unknown Yes No
7. If yes, was treatment recommended and completed? Unknown Yes No
8. If yes, did he/she undergo a return-to-duty test indicating a verified negative result? Yes No
9. Did he/she refuse to take a required alcohol or drug test (including verified adulterated or substituted drug test results)? Yes No
10. If yes, which test did he/she refuse?

<input type="checkbox"/> Reasonable suspicion alcohol	<input type="checkbox"/> Reasonable suspicion controlled substance
<input type="checkbox"/> Random alcohol	<input type="checkbox"/> Random controlled substance
<input type="checkbox"/> Follow-up alcohol	<input type="checkbox"/> Follow-up controlled substance
<input type="checkbox"/> Post-accident alcohol	<input type="checkbox"/> Post-accident controlled substance

SIGNATURE _____
 TITLE _____

DATE _____

APPLICANT: DO NOT WRITE ABOVE THIS LINE -----

APPLICANT CONSENT FOR RELEASE AUTHORIZATION

With my signature below, I am authorizing you to release information regarding any DOT alcohol and/or controlled substance program and/or testing while I was in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding 2 years from the date below. A copy of this release form shall have the same force and effect as the original.

APPLICANT: List previous employers (during the last 2 years) on first page of this form.

This request is specific and to be released only to **LCI Concrete, Inc.** Authorization of this release will expire once the requested information has been sent to LCI Concrete, Inc. This authorization may not be used to provide information to any other persons. I certify all former DOT employer information provided by me is correct.

Applicant's Printed Name _____ Date: _____

Applicant's Signature _____

Witness Printed Name _____ Witness Signature _____