



TRANSPORTATION INC.

CORPORATE OFFICE
4700 Dakota Avenue
South Sioux City, NE 68776

Ph: (402) 494-3459
Fax: (402) 494-1760
Web: www.kbtransportation.com

EMPLOYMENT REFERENCE VERIFICATION

You are hereby authorized to give K&B Transportation/Artex, Inc. all information regarding my character, work habits, dates of employment, traffic offenses, credit, experience, and safety record. You are also authorized to release the results of all drug and alcohol tests in accordance with sections 382.413, 382.405, 391.89 and 391.23 of the Federal Motor Carrier Safety Regulations. You and K&B Transportation, Inc. are hereby released from any liability which may result from giving such information in order to enable K&B Transportation, Inc. to comply with the requirements or 382.413 and 391.23 of the FMCSR. I specifically authorize you to release information on any/all alcohol tests with a concentration of 0.04 or greater, positive controlled substance tests, and/or refusals to be tested within three (3) years preceding the date of this request. I authorize you to release any and all information pertaining to my evaluation by a substance abuse professional (SAP), the identity of that SAP, and my participation in any/all treatment or rehabilitation recommended by the SAP, I hereby authorize and direct my current and/or prior employers/lessors to release such information to K&B Transportation/Artex, in personal interviews, telephone interviews, letter, or any other method that ensures confidentiality. I hereby authorize K&B Transportation/Artex to release such information to any of its personnel whose duties require them to assess this application and/or to make recommendations or decisions with respect to it. Under section 391.23(g)(1) you must reply with such information as soon as possible or no later than 30 days from the date of this request. Fax replies to 402-494-1760.

Print Name _____

Social Security # _____

Signature _____

Date _____

SECTION BELOW IS FOR OFFICE USE ONLY

Dates of Employment _____ To _____ As a Company Driver? _____

Owner Operator _____ Other _____ Type of trailer pulled _____

Commodity _____ Areas operated in? _____

PLEASE LIST ACCIDENTS OR CITATIONS RECEIVED DURING EMPLOYMENT

Date	Type	Location	Prev/Non-prev	Cost

Did driver have any late delivery problems? Yes _____ No _____ Comments _____

Did driver have any freight claims? Yes _____ No _____ Comments _____

Did driver have any work-related injuries? Yes _____ No _____ Comments _____

Did driver have any customer or supervision problems? Yes _____ No _____ Comments _____

INFORMATION IS REQUIRED AND MUST BE COMPLETED PER DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS, SECTION 382.413

Did driver ever test positive for a controlled substance in the last three years? Yes _____ No _____

Has driver had an alcohol test with a breath alcohol concentration 0.04 or greater in the last three years? Yes _____ No _____

Has driver ever refused a required test for drugs or alcohol in the last three years? Yes _____ No _____

Did the driver undertake a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to part 382.605 while in your employment? Yes _____ No _____

Did the driver successfully complete the rehabilitation program prescribed by the SAP while in your employment? Yes _____ No _____

Conditions surrounding termination _____ Eligible for rehire? Yes _____ No _____

General comments _____

Company Name: _____ Phone: _____

Mailing Address: _____ Fax # _____

Completed by _____
Print Name

Position/Title _____

Signature _____

Date _____