



Top Shelf Energy, LLC  
 PO Box 930  
 Devils Lake ND 58301

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

### Prospective Employee – please complete sections 1 & 2

#### Section 1

Previous Employer: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

#### Section 2

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

*You are hereby authorized to give Top Shelf Energy, LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to Top Shelf Energy LLC.*

*I authorize release of the information contained on this form as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. I acknowledge, that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SAFETY PERFORMANCE HISTORY (TO BE FILLED OUT BY PREVIOUS EMPLOYER)**

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_. Please complete the information on the second page of this form and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax mail, or email.

~ Please complete both pages ~

**Top Shelf Energy LLC**  
**Attention: Kay Beck, Safety & Compliance Manager**  
**PO Box 930, Devils Lake, ND 58301**  
**Phone: 701-662-6300 Fax: 701-662-9296**  
**Email: kay@topshelfenergy.com**

Are the above dates of employment correct? Yes: \_\_\_\_ No: \_\_\_\_ If not, please list dates: \_\_\_\_\_

Is the employee eligible for re-hire: Yes: \_\_\_\_ No: \_\_\_\_ Upon Review: \_\_\_\_\_

Reason for leaving: Discharged \_\_\_\_ Resignation \_\_\_\_ Layoff \_\_\_\_ Military Duty \_\_\_\_

Other Remarks: \_\_\_\_\_

Driver operated a:  Straight Truck  Tractor Trailer  Tanker  Other (list) \_\_\_\_\_

Applicant Name \_\_\_\_\_

IF NO SAFETY PERFORMANCE HISTORY INFORMATION IS AVAILABLE FOR THIS DRIVER, PLEASE CHECK THIS BOX TO CONFIRM THE NON-EXISTENCE OF ANY SUCH DATA. PLEASE FILL OUT YOUR CONTACT INFORMATION AND RETURN THIS FORM AS SOON AS POSSIBLE.

<b>Drug and Alcohol Testing Information (for the past 3 years):</b>		
Was the employee subject to a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 while in your employ?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Did the employee test positive for any controlled substance tests (including adulterated or substituted tests)?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Did the employee refuse to submit a random, post-accident, follow-up, or reasonable suspicion alcohol or controlled substance test?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Did the employee have an alcohol test with a result of 0.04 or higher alcohol concentration?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Did the employee violate any other regulations of Subpart B of Part 382 or Part 40?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Did the employee violate the regulations, but complete a SAP prescribed rehabilitation program in your employ? <i>(If yes, please include documentation)</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<b>Accidents:</b> Please check if No Accidents to Report <input type="checkbox"/>					
Date	Location - City, State	Description	# Fatalities/ Injuries	Hazmat?	Preventable?

<b>Please give the following information about this applicant. It will be held in strict confidence.</b>					
Description	Excellent	Good	Fair	Poor	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Info provided by (Signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company DOT #: \_\_\_\_\_

<b>Office Use Only</b>				
Date	Fax	Email	Mail	By