

Employment Verification

A2CLogisticsCO
Phone : (833)562-3222
Fax : (312)796-9314

5240 W 47TH ST STE 7 ,Chicago IL 60638
PAST EMPLOYMENT SAFETY HISTORY REQUEST FROM:

A2C LOGISTICS CO.

Your promptness in this matter is appreciated, thank you.

The person named herein has applied to A2C LOGISTICS CO for employment in a safety-sensitive position. I, id-df-ai-first-name id-df-ai-middle-name df-ai-last-name ,the listed applicant below, hereby authorizes the following carrier, A2CLOGISTICS CO, to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to A2CLOGISTICS CO. I hereby release this company, and its employees, officers, directors, and agents from any, and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

Company	Phone	Fax
_____	_____	

Name of Applicant: Social Security Number: _____

Dates of Employment: From ___/___/___ To ___/___/___ Full Time: ___ Part-Time: ___

Position(s) Held: _____ Local: ___ Regional: ___ Over-The-Road: ___

Did this Operator operate commercial motor vehicles greater than 26,000 lbs GVWR? ___yes ___no

Type of Equipment Operated: Dry Van Flatbed Reefer Other (please list):

Reason for Leaving: ___ Voluntary ___ Lay-Off ___ Terminated ___ Retired
If Terminated, why?

Eligible for Rehire? ___ Yes ___ No ___ Upon Review ___ No, Company Policy



Motor Vehicle Accident/Equipment Damage/Incident Inquiry, If no accidents please check box none

Accident Date City, State Did the Accident Involve? Brief Description

- / / Tow Injury Fatality HM Release
- / / Tow Injury Fatality HM Release
- / / Tow Injury Fatality HM Release
- / / Tow Injury Fatality HM Release

Alcohol & Controlled Substance Testing Inquiry

Has this Operator ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration?

yes no

Has this Operator ever had a positive drug test in the past 3 years?

Has this Operator refused a controlled substance test and/or alcohol test within the past 3 years? yes no

Has this Operator violated any other DOT drug/alcohol regulation? yes no

If yes, please explain the violation:

Have you ever received information from a previous employer that this Operator violated any DOT drug and alcohol regulations? yes no

*If the answer to any of the above questions is "Yes", please provide details below:

Reason for test(s): Result of test(s):

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance 49 CFR 382.503? yes No

Any other remarks:

Verification Completed By: _____ Title: _____

Phone Number: _____ Verification Date: _____

First Request Date: ___/___/___ Second Request Date: ___/___/___ Third Request Date: ___/___/___

Fax ___ Mail ___ Phone ___ Fax ___ Mail ___ Phone ___ Fax ___ Mail ___ Phone ___

April 30, 2026

X

X *CChinces*

Signed By Catalin Chinces



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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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