

# DRIVER ENROLLMENT AND TERMINATION FORM



**IMPORTANT:** This form must be completed immediately upon DOT employee hire or termination and faxed to (541) 789-4724 or emailed to [michelle.anderson2@asante.org](mailto:michelle.anderson2@asante.org). You may also send it to the address at the bottom of this page.

Company: \_\_\_\_\_ Today's date: \_\_\_\_\_

Company representative: \_\_\_\_\_ Phone: \_\_\_\_\_

**1**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

DL # \_\_\_\_\_ State: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of pre-employment drug test: \_\_\_\_\_ Location: \_\_\_\_\_

Hire date: \_\_\_/\_\_\_/\_\_\_ OR termination date: \_\_\_/\_\_\_/\_\_\_

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**2**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

DL # \_\_\_\_\_ State: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of pre-employment drug test: \_\_\_\_\_ Location: \_\_\_\_\_

Hire date: \_\_\_/\_\_\_/\_\_\_ OR termination date: \_\_\_/\_\_\_/\_\_\_

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**3**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

DL # \_\_\_\_\_ State: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of pre-employment drug test: \_\_\_\_\_ Location: \_\_\_\_\_

Hire date: \_\_\_/\_\_\_/\_\_\_ OR termination date: \_\_\_/\_\_\_/\_\_\_

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**4**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

DL # \_\_\_\_\_ State: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of pre-employment drug test: \_\_\_\_\_ Location: \_\_\_\_\_

Hire date: \_\_\_/\_\_\_/\_\_\_ OR termination date: \_\_\_/\_\_\_/\_\_\_

**ASANTE EMPLOYER SERVICES**  
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