

REQUEST FOR INFORMATION
PREVIOUS EMPLOYER SAFETY PERFORMANCE HISTORY

PREVIOUS EMPLOYER INFORMATION

Company Name

Address

City State Zip Code

Telephone

Facsimile

REQUESTING COMPANY INFORMATION

Company Name

Address

City State Zip Code

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Facsimile

I hereby authorize you to release the following information to:

Company Name / Company Representative

for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date

Applicant's Signature

Company Representative:

The below named individual has made application to this company for a position as a contractor and states that he was employed by you as a _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Thank you for your time and cooperation.

Sincerely, _____
Company Representative

Name of Applicant: _____ SSN: _____ DOB: _____

1. Employed from _____ to _____ as _____.

2. Did he drive a motor vehicle for you? ☐ Straight Truck ☐ Tractor-Trailer
☐ Bus ☐ Other (specify) _____

3. Was he a safe and efficient driver? _____

4. Reason for leaving your employment? ☐ Discharged ☐ Resignation
☐ Layoff ☐ Military Duty

5. Was his general conduct satisfactory? _____

6. Document history of past driving record for the past 3 yrs 390.15(B) (1),(2) as defined in 390.5:

(Please be sure to supply copies of all accident reports required by State or other governmental entities or insurers.)

ACCIDENT HISTORY

Date Of Accident	Location of accident (to include State)	# Of Injuries	# Of Fatalities	Hazmat (other than fuel from CMV involved) released?

Please provide information concerning any other accidents involving the applicant that were reported to the government agencies or insurers or retained under internal company policies.

DRIVER CHARACTERISTICS:

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, tact, ability to get along with others				
Initiative, resourcefulness				
Safety habits				
Driving skills				
Attitude				
Loyalty				

Any other remarks _____

Printed Name: _____

Signature: _____

Title: _____ Date: _____