

Request for Information- DQF From Previous Employer 300

Former/Current Employer Liability Waiver

I, _____, hereby authorize you to release all information regarding my employment at _____, to _____ for purposes of investigation and inquiry, including written and oral assessment of my job performance, ability and fitness, and controlled substance and alcohol test results in connection with my application for employment with the above stated company. I hereby release you from any and all liability of any type as a result of providing the above information to the above mention company/person.

Applicant's Signature: _____ Date: _____

Name/Address of Previous Employer

Name/Address of Prospective Employer

This form was (Check appropriate box)

- ☐ Mailed, Date: _____
☐ Faxed, Date: _____
☐ Emailed, Date: _____
☐ Received by Phone, Date: _____
Name of Person Contacted: _____

Name of Applicant: _____

Date of Birth: _____ Social Security #: _____

The individual named above has made application to this company for employment as a truck driver and states that he/she was employed by you as a _____ from _____ to _____.

1. Is employment dates record with your company correct as stated above? Yes/ No
If No, please states dates employed _____
2. What kind of work did applicant do? _____
3. If employed as a driver, specify equipment driven. _____
4. Number of Accidents? _____. Number Preventable? _____. Details? _____
5. Was applicant's driver's license ever suspended or revoked? _____
6. Commodities transported? _____. Areas driven in? _____
7. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____
8. Was applicant's general conduct satisfactory? Yes/No Comments? _____
9. Is applicant competent for the position he/she is seeking? Yes/No Comments? _____
10. Would you re-employ? Yes/No Comments? _____
11. Was there any physical condition including work comp claims? _____
12. Any remarks or comments? _____