

PREVIOUS EMPLOYER RECORD REVIEW TRUCK DRIVER

To: Previous Employer _____
 Contact Name _____
 Address _____
 Telephone _____ Fax _____
 Email _____

From: Prospective Employer _____
 Contact Name _____
 Address _____
 Telephone _____ Fax _____
 Email _____

Good Faith Effort

☐ Mailed _____
☐ Faxed _____
☐ Emailed _____

Notes: _____

Driver Information

Driver Name _____ Date of Application _____
 Name _____ Social Security No. _____
 (Last) (First) (Middle)
 Address _____
 (Street Address)
 _____ Date of Birth _____
 (City) (State) (Zip Code)

The driver named above was employed by our company? YES ☐ NO ☐

{ From _____
 (Month, Year)
 To _____
 (Month, Year)

There is no safety performance history or drug/alcohol testing issues to report: Check here ☐ sign below and return.

There is/are safety performance or drug/alcohol testing issues to report: Check here ☐ Provide information, sign below and return.

List accident record past 3 years:

ACCIDENTS

DATE	NATURE OF ACCIDENT	STATE	FATALITIES	INJURIES

Drug or Alcohol Testing Issues

List any drug or alcohol testing information and/or results:

DATE	NATURE OF ISSUE

Signature _____ Title _____ Date _____