

REQUEST FOR INFORMATION Previous Employer

I hereby authorize you to release the following information to : _____ for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations	_____ (Prospective Employer)
Applicant's Signature _____	Date _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

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

Name of Applicant: _____

Social Security No.: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____

and states that he/she was employed by you as _____

from (m/y) _____ to (m/y) . _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding _____ (date of application) .

Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer _____ Attention: _____

Street: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us as _____ from (m/y) _____ to (m/y) _____

Was driver involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check one . Yes No

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes No If yes, what type? (circle) Straight Truck Tractor-Semitrailer Bus

Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS:

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.