

REQUEST FOR INFORMATION – From Previous Employer

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

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. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____
 If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____
 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: _____

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.**

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION