

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **Elmore Truck & Trailer Service** for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 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 _____

To: (Previous Employer)

_____ Telephone Number _____

_____ Fax Number _____

Dear Sir/Madam:

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

We appreciate your time in completing, in confidence, the information requested below. Please fax this form back to 507-943-3415 Thank you for your courtesy.

Sincerely,
Marlin Dahl

Name of Applicant: _____ Social Security Number: _____

Employed from _____ to _____ as _____.

Did he/she drive a motor vehicle for you? _____, Straight Truck? _____, Tractor-Semi-trailer? _____, Bus? _____. Other (Specify) _____

Was he/she a safe and efficient driver? _____

Reason for leaving your employ: Discharged ___ Resignation ___ Lay off ___ Military Duty ___

Was his/her general conduct satisfactory? _____

Problems With Attendance Yes No

Accidents in the last five-years _____ Preventable _____ Unpreventable

Preventable Accident Detail _____

Eligible for rehire? Yes No

The individual listed above has made application to this company for employment as a driver of a commercial motor vehicle. In compliance with the Federal Motor Carrier Safety Administration Regulation at 49 § CFR 40.25, please provide the following information.

In the past two (2) years, has the above named individual ever:

Had an alcohol test result with a breath alcohol concentration of 0.04 or greater?.....Yes No

Tested positive on a controlled substance test?.....Yes No

Refused to submit for an alcohol or controlled substance test?.....Yes No

If any of these questions were answered YES, please provide the following Substance Abuse Professional (SAP) information:

SAP Name: _____ Telephone Number: _____

SAP Address: _____ Date Referred: _____

SAP City/State/Zip _____ Fax Number: _____

_____ Signature
Title
Date