

## Previous Employer Driver Inquiry

### PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, \_\_\_\_\_  
FIRST M.I. LAST SOCIAL SECURITY NUMBER

Do hereby authorize my:

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

Prospective Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

APPLICANT'S SIGNATURE

DATE

\_\_\_\_\_

### PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

1. The applicant named above was employed by us from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive a motor vehicle for you?  Straight Truck  Tractor/Semi-trailer  Bus  
 Passenger Vehicle  Other
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Was the applicant involved in any accidents?  Yes  No If so, include dates (d/m/y), and brief explanation: \_\_\_\_\_
6. Was the driver ever placed out-of-service for hours of service violations?  Yes  No Explanation: \_\_\_\_\_
7. Did the applicant misuse alcohol or use a controlled substance?  Yes  No
8. Was the applicant's general conduct satisfactory?  Yes  No
9. Reason for leaving your employ:  Discharged  Laid Off  Resigned
10. Remarks: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23**