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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| I, Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Social Security \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ hereby authorize release of information from my previous employer, regarding my safety performance history information, to my prospective employer for investigation purposes as required by FMCSR 391.23 for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Past Employer: |  | Contact Name: |  | | | | Phone#: |  | Fax #: |  | | | | Address: |  | City, State, Zip: |  | | | | Applicant Signature : |  | | | Date : |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Dear Previous Employer:  The above driver has made an application with our Company and states that s/he worked for you from \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you. | | | | | | | | | | | | | | | | | | | | | | |
| 1. Employment dates: | | | | | | \_\_\_/\_\_\_/\_\_\_ | | | to | \_\_\_/\_\_\_/\_\_\_ | | | | 2. Job Title(s): | | | | |  | | | |
| 3. Did s/he drive a motor vehicle? | | | | | | | | Yes  No | | | | If yes, what type: | | | | |  | | | | | |
| 4. 3-YR | | | ACCIDENT HISTORY  No accidents in last 3 yrs. | | | | | | | | | | | | | Tractor & Trailer | | | | | | |
| Date | | City/State | | | # Injuries | | # Fatalities | | | | Tow | | Date | | City/State | | | | | # Injuries | # Fatalities | Tow |
|  | |  | | |  | |  | | | | Y N | |  | |  | | | | |  |  | Y N |
|  | |  | | |  | |  | | | | Y N | |  | |  | | | | |  |  | Y N |
| 5. Was s/he a  company driver,  contactor, or  contractor’s driver? | | | | | | | | | | | | | | | | | | 6. Reason for leaving your company? | | | | |
| Discharged  Resignation  Lay-off  Military Duty  Other: | | | | | | | | | | | | | | | | | |  | | | | |
| 7. General areas traveled? | | | |  | | | | | | | | | 8. Commodities transported? | | | | | |  | | | |
| 9. Would you re-employ this person?  Yes  No  Upon Review | | | | | | | | | | | | | | | | | | | | | | |
| 10.  No safety performance history exists for this driver with our Company. | | | | | | | | | | | | | | | | | | | | | | | |

Applicant Complete

One for each past employer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Completed by: |  | | Title: |  | Date: |  |
| Comments: |  | | | | | |
| **Please return to:** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

Company Name Attention Phone # Fax #

**PROSPECTIVE MOTOR CARRIER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT)** 🞎 Prior Employer not subject to FMCSRs

Date Contacted: \_\_\_\_/\_\_\_\_/\_\_\_\_• 2nd Attempt: \_\_\_\_/\_\_\_\_/\_\_\_\_ • 3rd Attempt: \_\_\_\_/\_\_\_\_/\_\_\_\_ • Received back: \_\_\_\_/\_\_\_\_/\_\_\_\_

🞎 Mail 🞎 Fax 🞎 Mail 🞎 Fax 🞎 Mail 🞎 Fax