|  |
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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