



Columbia Heights, MN 763-782-6858 Anoka, MN 763-712-5661
Saint Paul, MN 651-917-5387 Richfield, MN 612-764-3951
NEW LOCATION Elmhurst, Illinois 630-279-2997

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

I hereby authorize my former employer to release the following information to Labor All Personnel for purposes of investigation as required by section 391 and 382 of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability that may result from furnishing such information.

Date _____

Applicant's Signature _____

APPLICANT'S STOP AT THIS LINE

FORMER EMPLOYER, PLEASE PROVIDE THE FOLLOWING INFORMATION. WE APPRECIATE YOUR TIME.

Company: _____ Fax: _____

1. Driver's Name: _____ SS#: _____

2. Dates of Employment: From _____ to _____

3. Which motor vehicle did he/she drive for you? Straight Truck, Tractor/Trailer, Bus.

4. What states or areas did he/she regularly drive in? _____

5. Was he/she dependable and on-time? Yes No

6. Was his/her overall work satisfactory? Yes No

7. Reason for leaving your employ: Discharged Resigned Layoff Other

8. Is he/she eligible for rehire? Yes No If no, please explain: _____

9. Accidents: Total Number _____ Preventable _____ Non-preventable _____

10. Please explain any tickets or license suspensions while in your employ: _____

11. Please comment on work ethic and attitude: _____

12. In the past three years did he/she: test 0.04 or greater for alcohol Yes No
test positive for controlled substance Yes No
refuse to be tested for drugs or alcohol Yes No
fail drug test for a previous employer Yes No

If yes to any above, please provide Substance Abuse Professional's name and phone number.

PLEASE RETURN VIA FAX:

EMPLOYER SIGNATURE _____ TITLE _____ DATE _____