

# REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to  
for the purposes of investigation as required by Section 391.23  
of the Federal Motor Carrier Safety Regulations

\_\_\_\_\_  
(Prospective Employer)

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

Mailed, Date \_\_\_\_\_

Faxed, Date \_\_\_\_\_

Emailed, Date \_\_\_\_\_

Received by Phone, Date \_\_\_\_\_

Name of Person Contacted \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to this company for a position as \_\_\_\_\_

\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_

\_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_.

Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

### SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

### SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer  Bus

Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.**