

# INQUIRY TO PAST EMPLOYERS

FROM: Prospective Employer

TO: Previous Employer

Company **Elliott Truck Line, Inc.**

Company \_\_\_\_\_

Name **Todd Fimple**

Name \_\_\_\_\_

Street **532 S. Wilson, P.O. Box 1**

Street \_\_\_\_\_

City/St **Vinita, OK 74301**

City/St \_\_\_\_\_

Personnel Mgr:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver below, the applicant has waived any/all claims of liability against your company for information submitted in response to this inquiry.

**Name of applicant:** \_\_\_\_\_

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

**Social Security No.** \_\_\_\_\_

**Job applied for:** \_\_\_\_\_

1. This applicant lists dates of employment with your firm from: \_\_\_\_\_ to: \_\_\_\_\_ Is this correct?

\_\_\_\_\_

If no, please explain

2. What kind(s) of work did he/she do?

3. If employed as a driver, indicate type of equipment driven

4. Was he/she subject to the FMCSRs while employed with your company?

5. Was the job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol & controlled substance testing requirements as required by 49 CFR part 40;

6. Number of accidents \_\_\_\_\_; Number in which driver was cited \_\_\_\_\_; Number chargeable \_\_\_\_\_

1. Date of accident: \_\_\_\_\_; Location of accident: \_\_\_\_\_; Number of injuries: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_; Was hazardous material released (other than a fuel tank): \_\_\_\_\_

2. Date of accident: \_\_\_\_\_; Location of accident: \_\_\_\_\_; Number of injuries: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_; Was hazardous material released (other than a fuel tank): \_\_\_\_\_

3. Date of accident: \_\_\_\_\_; Location of accident: \_\_\_\_\_; Number of injuries: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_; Was hazardous material released (other than a fuel tank): \_\_\_\_\_

7. To your knowledge, was his/her operator's license ever suspended while in your employ?

\_\_\_\_\_

If so, please explain

8. Did the applicant pose either repeated and/or sever disciplinary problems concerning ON-TIME DELIVERIES \_\_\_\_\_, LOGS \_\_\_\_\_, CARE OF EQUIPMENT \_\_\_\_\_, ATTITUDE \_\_\_\_\_, COMPANY POLICIES \_\_\_\_\_, PAPER WORK \_\_\_\_\_, or OTHER \_\_\_\_\_?

Explain

9. Reason applicant left your employ. Resigned \_\_\_\_\_; Discharged \_\_\_\_\_; Laid off \_\_\_\_\_.

10. **WOULD YOU RE-EMPLOY THIS PERSON?** \_\_\_\_\_ Comments:

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Date

\_\_\_\_\_  
(Signature of person supplying information)

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***WAIVER***

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(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, Ability, and fitness, to each and every company which may request such information in connection with my application for employment with said company. I hereby release you from any/all liability of any type as a result of providing the above mentioned information to the above mentioned person/company.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Witness's signature)