



112 Spruce Street
 Elizabethville, PA 17023
 Phone: (717) 362-8117

RELEASE: Having made application to the company indicated above and desiring that they be informed as to my previous record, I hereby authorize them to investigate my past record and educational qualifications, and to ascertain any and all information which may concern my record, whether same is of written record or not. I also release my employers and all persons whomsoever from any damage on account of furnishing said information.

Date: _____ Applicant Signature: X _____

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

TO: _____ Cut along this line

The below named individual has applied to us for employment. Will you kindly answer as many of the following questions as possible? We will appreciate your early consideration, since the applicant cannot be employed until this information is received. The signed release may be retained for your records. **YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENCE.**

_____ SSN: _____ professes to have worked for you from _____ to _____ as _____

What are the dates and position according to your records?

From _____ to _____ as _____

1. Why did the applicant leave your service? _____
2. If you had a suitable opening, would you re-employ this person? _____ If no, why not? _____
3. How was attendance record? _____ Days missed per year _____ Reason _____
4. Did applicant have any questionable habits which would conflict with the work? _____
5. Did above named former employee of your company remain DOT qualified for the entirety of his/her employment? _____
 If no, explain: _____
6. Would you place applicant in a position of trust? _____
7. Would you recommend applicant as a good public contact? _____
8. Is applicant related to you? _____ In what manner? _____
9. Do you know of any past/present criminal history on this person? _____ Yes _____ No
 Explain: _____

Pursuant to 382.409 of the Federal Motor Carriers Safety Regulations, please provide information from your records concerning the following:

1. Has this employee tested positive in the past two years for a controlled substance? Yes () No ()
2. Has this employee tested greater than .04 blood alcohol concentration in the past two years? Yes () No ()
3. Has this employee ever refused to take a required drug or alcohol test in the past two years? Yes () No ()

IF APPLICANT WAS A DRIVER:

		Over-the-Road	Local P/D	States Operated In
10. What type of equipmet was operated?	Straight Truck	_____ Yrs.	_____ Yrs.	_____ 48
	Tractor Semi Trailer	_____ Yrs.	_____ Yrs.	_____ Eastern US
	Tractor Double Trailer	_____ Yrs.	_____ Yrs.	_____ Western US
	Dry Box/Reefer/Flatbed	_____ Yrs.	_____ Yrs.	_____ Other

Circle One:

11. Chargeable Accidents:	Date	Nature of Accident (Head-on, up-set, backing, etc.)	Amount of Property Damage
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

12. Any other comments regarding applicant: _____

Signed: _____ Title: _____ Date: _____