

INQUIRY TO PAST EMPLOYERS

From – Prospective Employer

Company -
Mailing -
City, State, Zip –

TO – Previous Employer

Company
Name
Street
City State Zip

Personnel Manager:

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 regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope. Very Truly Yours,

Name of applicant:

Social Security No.

Job applied for:

- 1. This applicant lists dates of employment from your firm from: to: Is this correct? Yes No
If no, please explain:
2. What kind(s) of work did he/she do? Driver (type of vehicle); Dock; Office; Shop, Other (Specify)
3. If employed as a driver, indicate type of equipment driven. Tractor trailer; Straight truck; Twin-Trailers; Bus
Other (Specify)
4. Number of recordable accidents; number of accidents in which applicant was ticketed; number of accidents in which the applicant was at fault (please explain) Date of each accident
Attach additional forms if needed.
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? If so, please explain:
6. (Respond only if checked*) [] Was this person bonded while with your company? If so, were there any circumstances that were reported to the bonding company?
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds?
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes, No. If so, please explain
9. Why did this employee leave your company? Resigned; Discharged; Laid off
10. Would you re-employ this person? Yes; No. Please explain
11. Remarks:

By: (Signature of person supplying information) Date

(Detach here for your files)

WAIVER

(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 (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness' signature)