

Past Employment Reference

Company Contact: _____ Phone: _____

Date Contacted: ___/___/___ Contact Person: _____ Position: _____

1 Verification: _____'s application indicates that he/she was
Applicant's Name
 employed as _____ at your company from _____ to _____.
Job Description

If the information provided is correct, check N/A, or if incorrect, supply correct dates in space provided.

N/A _____

2 Equipment Operated: Tractor/Trailer _____ Type of Trailer: Van _____ Tank _____
 Straight Truck _____ Reefer _____ Flatbed _____
 Other _____ Other _____

3 Commodities Hauled: _____

4 Areas of Operation: New England _____ Midwest _____ Canada _____
 Northeast _____ Northwest _____ Mexico _____
 Southeast _____ Southwest _____ Other: _____

5 Accidents (please list any the driver was involved in):

Date	Type	City, State	Prev./Non-Prev.	Injury	Fatal	HM Spill?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

6 Citations:

Date	Type	State	DUI	Suspension	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7 Qualification:

Was this driver physically qualified? Yes No
 Was this driver ever disqualified? Yes No *If Yes, Reason:* _____

8 General:

Any other violations or company infractions? _____

Would you rehire this driver? Yes No
 Operator's License #: _____ State: _____

9 Previous employers from your records:

