



9950 Union St.
Jurupa Valley, CA 92509
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PREVIOUS EMPLOYER - REQUEST FOR INFORMATION

DRIVER'S INFORMATION HERE

First Name _____ M.I. _____ Last Name _____ Social Security Number _____
Current Address _____ City _____ State _____ ZIP Code _____
Driver's License Number _____ State _____ D.O.B. _____ / _____ / _____ (_____) _____ - _____
Telephone Number _____

I hereby authorize (Previous Employer's Name) _____ to release any and all information to Rosstavi Freight Transport, Inc. concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previously employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Administration (FMCSA), Part 391.23 investigation and inquiries. In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, driving, and other reports. Further, I understand that you might be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as notable criminal activity & claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

By signing below, I acknowledge that I have read and understood the above statement.

APPLICANT'S SIGNATURE: X _____ Date: _____

APPLICANT: DO NOT WRITE ON THIS AREA

Previous Company Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Telephone Number: _____
Period of Employment: FROM: _____ TO: _____ Position Held: _____

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

Is the employment record with your company correct as stated above? Yes _____ No _____ Other _____
What kind(s) of work did the applicant do? _____
Did the applicant drive motor vehicle for you? Passenger car _____ Straight Truck _____ Bus _____ Tractor-Semitrailer _____ Other (Specify) _____
Was the applicant a safe and efficient driver? Yes _____ No _____ Other _____
Give the dates of vehicles accidents in which he/she was involved: _____
Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____ Remarks: _____
Was the applicant's general conduct satisfactory? _____
Is the applicant competent for the position sought? _____
Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Driving skills	_____	_____	_____	_____	_____
Attendance Record:	_____	_____	_____	_____	_____

Date: _____ Print Name: _____ Signature: _____ Position: _____