INQUIRY TO PAST EMPLOYERS

То:	Date	
From: Company		
Name & Title		
Address		
City	State	Zip
Human Resources Manager: The person named below has applied to this company for employme employer. Will you kindly reply to this inquiry respecting this applica all liability of you and your company has been released by the applic we have enclosed a stamped self-addressed envelope. Thanking you	ent. Your firm is listed b ant? As you will note fro ant. For your convenie	y the applicant as a past om the waiver stated below, nce in replying by return mail,
Name of applicant:		
Social Security Number Job Applied For		
1. This applicant lists dates of employment with your firm from:		s is not correct, please
2. What type of work did he/she do for you? (Please be specific)		
3. If employed as a driver, please indicate type of equipment driven	, tractor trailer, straight	truck, van, etc.
Accidents Number of Preventable Accident	ts	
Number of CDL drug/alcohol test taken/ Number	r shown as positive	/
5. To your knowledge, as this person's driving license suspended wi	hile in your employ?	
If so, please explain		
6. How would you rate this person's performance?		
7. Why did this employee leave your company?		
8. Would you rehire this person? Please explain;		
Ву:	[Date
(Signature of person supplying information)		
<u>Detach here for yo</u>		
(Former Employer) I hereby authorize this company to release all records of employmer ability, and fitness, to each and every company (or their authorized a connection with my application for employment with said company. liability of any type as a result of providing the above mentioned info	nt, including assessment agents) which may requ I hereby release this co	lest such information in opportunity of the second se

(Applicant's Signature)

