



# AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER CONTINUED

## TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Did the applicant listed above drive a motor vehicle for your company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please specify type(s) of vehicle:

Straight Truck \_\_\_\_\_ Cargo Tank \_\_\_\_\_  
Tractor-Semi Trailer \_\_\_\_\_ Doubles/Triples \_\_\_\_\_  
Bus \_\_\_\_\_ Other (specify) \_\_\_\_\_

Did the employee have a safety performance history or accidents to report? Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded "No" please sign and date the form and return it to the address listed above. If you responded "Yes" please complete the additional questions listed below before returning the signed form.

### ACCIDENTS:

Please list any accidents included on your accident register (49 CFR part 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Please provide information regarding any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

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Completed by:  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

