

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

ATKINSON FREIGHT LINES CORP.
2950 STATE ROAD
P.O. BOX 984 • BENSALEM, PA 19020
(215) 638-1130 X1 • FAX (215) 638-4535

*** THIS IS COMPLIANCE WITH SECTIONS 391.23, 382.405 (f&h),382.413 (a thru f) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION AS REQUESTED BELOW***

Name: _____

Social Security: _____

Date of Employment: _____ to _____

Position Held: _____

Are the dates of employment with your company correct? _____

What kinds of work did he/she do? _____

What kind of equipment did he/she operate? _____

Any accidents? _____ Non-chargeable _____ Chargeable _____

Any problems with money? _____ Conduct? _____ Equipment? _____

Was his/her CDI ever suspended or revoked? _____ Number: _____

Any on-the-job injuries? _____

Did he/she participate in a drug and alcohol testing program? _____

Has he/she ever tested positive for a controlled substance in the last two years? _____

Has he/she ever refused a required test for drugs or alcohol in the last two years? _____

If YES to 8 thru 11, please provide additional information for further reference.

Would you re-hire? _____

Any additional remarks or comments? _____

Company Representative/Title or Department

Date

You are hereby authorized to give to Atkinson Freight Lines Corp. of PA, all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result in furnishing such information.

Applicant's Signature Date Witness