



DEAN'S TOWING

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PAST EMPLOYMENT VERIFICATION

Former Employer: _____ Phone: _____
Location: _____ State: _____
Name of Supervisor: _____ Position: _____
Applicant's Name: _____ SSN: _____

Was this applicant required to follow the Federal Motor Carrier Safety Regulations? Yes / No

** If you answered YES then complete questions 2 through 8. If NO, then complete questions 9 and 10. **

- Applicant indicated employed as a _____ from _____ to _____
Dates correct? _____ If not, what are the correct dates? _____
- Reason for leaving your company: discharged laid off resigned other _____
How was the driver in: **Excellent** **Good** **Poor**
Quality of work
Cooperation with others
Safety Habits
Personal Habits
Driving Skills
Attitude
- What type of driver was he / she? Company: _____ Owner/Op: _____ Driver for a fleet owner: _____
- What type of freight did he / she haul? _____
- What type of equipment did he / she operate? _____
- What regions did he / she operate in? _____
- Was the applicant safe and efficient? YES / NO remarks _____
- Did he / she have any accidents while employed with your company? YES / NO
If yes, how many? _____ How many were DOT reportable? _____
Dates and descriptions of accidents: _____
- How did he / she maintain the equipment operated? _____
- Did he / she make on time pick ups and deliveries?

- Why did the applicant leave your company? _____
- Is he / she eligible for rehire? YES / NO if not, why? _____

Additional Comments: _____

Name of person interviewing: _____ Date: _____

Name of person being interviewed: _____ Date: _____

I hereby authorize and request (enter prior Employer Company Name and Address, Telephone & Fax Number)

to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 and Section 40.25(b) to the above named company. You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulation require that this information be released as part of Driver Qualification Process. Per 49 CFR Section 40.25 (h), you are required to immediately release this information.

391.23f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of 40.321(b) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(g) After October 29, 2004, previous employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (**Drug and Alcohol Testing Information must be immediately released**). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Applicant's Signature

Date