

REQUEST FOR INFORMATION ON FORMER EMPLOYEE

Applicant's Name: _____

YOU ARE HEREBY AUTHORIZED TO GIVE **RIVERSIDE CONTRACTING , INC.** ALL INFORMATION REGARDING MY SERVICES, CHARACTER AND CONDUCT WHILE IN YOUR EMPLOY AND YOU ARE RELEASED FROM ANY LIABILITY WHICH MAY RESULT FROM GIVING SUCH INFORMATION. IN ORDER TO ENABLE RIVERSIDE CONTRACTING , INC. TO COMPLY WITH THE REQUIREMENTS OF 49 CFR, I HEREBY CONSENT TO RIVERSIDE CONTRACTING, INC. OBTAINING FROM MY PRIOR EMPLOYERS THE INFORMATION PERTAINING TO MY EMPLOYMENT REGARDING ALCOHOL TESTS WITH A CONCENTRATION OF 0.04 OR GREATER, POSITIVE CONTROLLED SUBSTANCE TEST RESULTS, AND REFUSALS TO BE TESTED, WITHIN THE TWO YEARS PRECEDING THE DATE OF THIS SIGNED RELEASE. I HEREBY AUTHORIZE AND DIRECT MY PRIOR EMPLOYERS TO RELEASE SUCH INFORMATION TO RIVERSIDE CONTRACTING, INC. IN PERSONAL INTERVIEW, TELEPHONE INTERVIEWS, LETTERS, OR ANY OTHER METHOD THAT INSURES CONFIDENTIALITY. I HEREBY AUTHORIZE RIVERSIDE CONTRACTING , INC. TO RELEASE ANY SUCH INFORMATION TO ANY OF IT'S PERSONNEL WHO'S DUTIES REQUIRE THEM TO ASSESS THIS APPLICATION OR TO MAKE ANY RECOMMENDATIONS OR DECISIONS WITH RESPECT TO IT. I FURTHER AUTHORIZE RIVERSIDE CONTRATING , INC. TO PHTOCOPY THIS FORM AS MANY TIMES AS REQUIRED TO OBTAIN INFORMATION FROM AL MY PREVIOUS EMPLOYERS. AC COPY OF THIS FORM IS AS VALID AS THE ORIGINAL.

Applicant's Signature: _____ Date: _____

LOWER PORTION TO BE FILLED OUT BY PREVIOUS EMPLOYER

Name of Company: _____ Phone: _____

Address: _____ Fax: _____

Period of Employment: Per applicant: From: _____ To: _____
Per employer: From: _____ To: _____

What position held: _____

Was Driver Part time Full time Company Driver Owner/Operator
 Driver for O/O N/A

Equipment: Tractor/Trailer Van Reefer Tanker Flatbed

Accidents: Total Number Preventable Non-preventable

Why did applicant leave your employ? _____

If discharged, please explain: _____

Is applicant eligible for rehire? YES NO

DRUGS/ALCOHOL

Has this person tested positive for a controlled substance during the previous 2 years? _____

Had this person had an alcohol test with a reading greater than .04 during the previous 2 years? _____

Had this person refused a required test for drugs or alcohol during the previous 2 years? _____

If "yes" to any of the above questions, please give the SAP'S name, address and phone number for further reference.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Ethics Excellent Good Fair Poor Very Poor

Quality of Work	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Was the applicant's general conduct satisfactory? _____

Is the applicant competent for a driving position? _____

Any problems with customer relations, supervisors, or abuse of equipment? _____

Additional Comments: _____

Filled out by: _____

Date: _____

Thank you for your time.
 Riverside Contracting, Inc.