

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to Oklahoma Tire Recyclers, LLC for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box):
 Mailed, Date _____
 Faxed, Date _____
 Emailed, Date _____
 Received by Phone, Date _____
Name of Person Contacted _____

Name of Applicant: _____
Social Security No: _____ Date of Birth: _____

Dear Sir/Madam:

The above-named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding ____ (date of application). Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: Oklahoma Tire Recyclers, LLC, Attn.: Nicole Zoellner
100 Old Trail Road, Bristow, Oklahoma 74010

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____.

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here. _____

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify)

2. Reason for leaving your employ: Discharged Resignation Layoff Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

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

Any other remarks: _____

Signature: _____ Title: _____ Date: _____