

INQUIRY TO PREVIOUS EMPLOYER

From: Ed Miller Houff Transfer, Inc PO Box 220 Weyers Cave, VA 24486

Phone 540-234-9233

Fax 540-234-9659

To:

The person identified below is seeking employment with our company as a commercial truck driver and has listed your firm as a previous employer. Please reply to this inquiry respecting this applicant. Please note that the applicant has signed a waiver statement below and has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Thank you for your help.

Applicant SSN CDL# State

Address:

1 This applicant list dates of employment with your firm From To Is this correct? Yes No
If incorrect, list the dates you show:

2. What was the primary type of work the applicant did for your company? OTR driver (stayed out 4 or more nights a week); Regional driver (stayed out over-night once or twice a week); Local driver (returns to terminal daily); Other work (not driving)

3. Was the applicant reliable and able to make customer deliveries on time? Yes No

4. Were there any notable customer complaints or issues? Yes No

5. Did the applicant get along well with supervisors and dispatchers? Yes No

6. In the last 12 months the applicant was with your company, were there any problems with absenteeism? Yes No

7. The applicant is applying to Houff Transfer for employment as a commercial truck driver to be operating a tractor trailer pulling a 53 foot trailer with load weights of 80,000 lbs. Based on the work he/she did for your company, would you say the applicant is qualified? Yes No

8. To your knowledge, at any time within the preceding three years, did this person ever:
(a) Have a blood alcohol test (as described in 49 CFR 382, sub-part C) with a concentration result of 0.04 or greater? Yes No
(b) Test positive for a controlled substance (as described in 49 CRF 40.21)? Yes No
(c) Refuse to be tested for alcohol or controlled substance? Yes No
(d) Has this person committed other violations of Subject B of Part 382, or Part 40? Yes No

9. ACCIDENT HISTORY: If no accident history check here:

Complete the following for any accidents included on your accident register (Section 390.15(b)) that involve the applicant in the 3 years prior to the application date shown above or any other accidents involving the applicant that were retained under company policies.

Table with 5 columns: Date, Location, No. Injuries, No. Fatalities, Hazmat Spill. Rows 1, 2, 3.

10. Why did employee leave your company? Resigned Discharged Laid Off

11. Would you re-employ person? Yes No Please explain:

12. Remarks

Signature of Person Supplying Information: Date

WAIVER (Keep for your Files)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability and fitness, and alcohol and controlled substance testing results (per Question 8 of this inquiry) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Signature)

(Date)