

Company Senn Freight Lines, Inc.

Company \_\_\_\_\_

Individual \_\_\_\_\_

Name \_\_\_\_\_

Street P.O. Box 1191

Street \_\_\_\_\_

City Newberry State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,

Name of applicant: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Job Applied For: \_\_\_\_\_

This applicant lists dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_ Correct? Yes  No

If no, please explain: \_\_\_\_\_

What kind(s) of work did he/she do? Driver  Type of Vehicle \_\_\_\_\_; Dock ; Office ; Shop

Other (specify) \_\_\_\_\_

If employed as a driver, please indicate type of equipment. Tractor trailer ; Straight truck ; Twin Trailers ;

Bus  Other (specify) \_\_\_\_\_

Number of recordable accidents \_\_\_\_\_ Number of accidents in which applicant was ticketed \_\_\_\_\_

Number of accidents in which the applicant was at fault: \_\_\_\_\_ please explain \_\_\_\_\_

Date of each accident \_\_\_\_\_

To your knowledge, was this person's chauffer/operator's license suspended while in your employ? Yes  No

If yes, please explain \_\_\_\_\_

(Respond only if checked)  Was this person bonded while with your company? \_\_\_\_\_ If so, were there any circumstances that were reported to the bonding company? \_\_\_\_\_

*Prospective employer – check this question only if bonding is required for this position.*

Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? Yes  No

Did the applicant pose either repeated and or severe disciplinary problems? Yes  No  If yes to either question explain below:

\_\_\_\_\_

Why did this employee leave your company? Resigned  Discharged  Laid off

Would you re-employ this person? Yes  No  Explain \_\_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ (signed by person supplying information) Date: \_\_\_\_\_

WAIVER

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_