



SHERMAN BROS. TRUCKING

PO Box 706 ~ 32921 Diamond Hill Drive ~Harrisburg, Oregon 97446

FAX (541) 998-7267 / Phone (541) 995-7751

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

EMPLOYMENT INFORMATION

I hereby authorize you to release the following information to **Sherman Brothers Trucking and its ASSIGNEES** for the purpose of investigations as required by Part 391.23, 382.413, 40.25 and Title 49 CFR 40.25, 49 CFR 382.413 and 382.405(f) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

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Applicant's Signature

Date

Name of Applicant: _____

Applicant's SSN: _____

Previous Employer: _____

Dates of Employment: from _____ to _____

Did he drive a motor vehicle for you? _____ Straight Truck? _____ Tractor-Semitrailer? _____ Bus? _____

Other (specify) _____ Was he a safe and efficient driver? _____ Was his general conduct satisfactory? _____

Reason for leaving? Discharged Resignation Lay Off Other Explain: _____

Eligible for rehire? _____ Comments: _____

SAFETY HISTORY INFORMATION

Accidents:

Date	Description	Location City/State	# of Injuries	# of Fatalities	HazMat Spill?	Employee Cited?

Citations/Suspensions:

Date	Description

Information provided by: _____

Signature

Title

Date

Supplied by: FAX PHONE MAIL Unable to obtain response after successive attempts.