



SAFETY PERFORMANCE HISTORY INVESTIGATION (Background Check)

I, Printed Name _____ Social Security _____ - _____ - _____

Applicant Complete
One for each past employer

hereby authorize release of information to Fortrans, Inc. for the **past three years**, general identifying information, employment dates, work experience, and any and all accident information as required by 49 C.F.R. 391.23(d) and (e). You are released from any and all liability that may result from furnishing such information. A photo copy of this release shall be as valid as the original.

Past Employer: _____ Contact Name: _____
 Phone#: _____ Fax #: _____
 Address: _____ City, State, Zip: _____
 Applicant Signature: _____ Date: _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___ . We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1 Employment dates: ___/___/___ to ___/___/___ 2 Job Title(s): _____

3 Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4 **3-YR ACCIDENT HISTORY** No accidents in last 3 yrs. Traction & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5 Was s/he a company driver, contractor, or contractor's driver? 6 Reason for leaving your company?
 Discharged Resignation Lay-off Military Duty Other: _____

7 General areas traveled? _____ 8 Commodities transported? _____

9 Would you re-employ this person? Yes No Upon Review

Past Employer Complete

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: Fortrans, Inc. • Attn: Safety Director • Phone: 920 – 563 – 0810 • Fax: 920 – 563 – 0801

PROSPECTIVE EMPLOYER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT) Employer not subject to FMCSRs

Date Contacted: ___/___/___ • 2nd Attempt: ___/___/___ • 3rd Attempt: ___/___/___ • Received back: ___/___/___
 Mail Fax Mail Fax Mail Fax