

PROSPECTIVE EMPLOYEE IDENTIFICATION AND AUTHORIZATION

I, \_\_\_\_\_  
(PRINT CLEARLY)

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_, do hereby authorize

Previous Employer: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_ Zip: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

to release and forward the information requested herein concerning my employment history, safety and alcohol and controlled substance testing as required under the regulations FMCSA regulations §40.25 and §391.23(h); to the prospective employer given below and/or their designated agent for driver qualification purposes, Abso, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678.

Prospective Employer: \_\_\_\_\_ Tel: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_ Zip: \_\_\_\_\_

Release of this information made in written form must ensure confidentiality, such secure as fax or letter and may be forwarded accordingly to:

Agent for Prospective Employer - Confidential Fax Number: 866-943-6588

Agent for Prospective Employer - Mailing Address: Abso, Driver Qualification Dept., 101 Creekside Ridge Ct., 2<sup>nd</sup> Floor, Roseville, CA 95678

Applicant's Signature

Dated

EMPLOYMENT HISTORY

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

was in our employ from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_. DOT Regulated Driver:  YES  NO

Ending wage of salary: \_\_\_\_\_ Did this employee drive a motor vehicle on your behalf?  YES  NO

If yes, specify specific type and class of vehicle(s) \_\_\_\_\_

Was he/she a safe and efficient operator?  YES  NO  Other: \_\_\_\_\_

Reason for leaving:  Resignation  Lay Off  Discharge  Other \_\_\_\_\_

Please advise history of past driving record if available for past three years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Dated: \_\_\_\_\_

