

PREVIOUS EMPLOYER - SAFETY PERFORMANCE HISTORY REQUEST

PREVIOUS EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF VERIFICATION

Applicant Name: _____

Date of Birth: _____ **Social Security Number:** _____

Applicant please read before signing this release

I authorize Knight Trucking LLC and Safety Management Services, an authorized employment screening agent for Knight Trucking LLC, to obtain information pertaining to my employment from any **and** all previous employer(s). Information requested could include questions relating to whether my employment included safety sensitive functions as described in FMCSA regulations, dates of employment, scope of employment, safety information including accident and driving record information and drug/alcohol testing information for the previous three- (3) years. I also authorize release of other reports pertaining to my employment with my previous employers. I will hold all providers of such information harmless and non-liable as verified by my signature below.

Applicant Signature: _____ **Date:** _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

Previous Employer Name:	
Address:	
City & State:	
Telephone Number:	
Fax Number:	

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Dates of employment with your company: From: _____ To: _____; From: _____ To: _____

Was applicant subject to Federal Motor Carrier Safety regulations while employed by your company? Yes No

Was the job function performed by applicant subject to drug and alcohol-testing requirements, 40 CFR. Yes No

Applicant job function with your company: Driver: Full time: Part time: Other (explain) _____

Company driver: Owner/operator:

Type **power unit** operated: Tandem axle : Single axle : Sleeper cab : Day cab : Other: _____

Type **trailer(s)** pulled: 48 ft. van : 53 ft. van : Doubles : Triples : Flat bed : Pneumatic bulk :

Rear dump : Refrigerated : 28 ft. van : Other: Please specify: _____

Straight Truck : Passenger Bus

What general area of operation did the person named above include: Local P & D : Over-the-road

Was the general conduct of the person named above satisfactory? Yes No

Was the person named above a safe driver? Yes No

During the previous three (3) years, was the person named above involved in any vehicle accidents? Yes No
(if yes, please provide accident information)

Accident Date	City & State	Preventable	Description
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving your employment: Discharged: Resigned: Laid off: Still employed:
Other: (please explain) _____

Did the person named above sustain any on-the-job injuries while with your company? Yes No
If employment separated, is the person named above eligible for rehire? Yes No

Your Name: _____ Title: _____ Signature: _____

Telephone Number: _____ Extension: _____ Date: _____