



CHEESEMAN LLC

2200 State Rt 119
Ft. Recovery, OH 45846

Phone: 800-762-5793

Fax: 937-583-4548

REQUEST FOR INFORMATION

I hereby authorize all previous employers to release the following information to Cheeseman LLC for the purposes of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. A copy of this authorization may be accepted as an original.

APPLICANT: _____ SIGNATURE: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____ DATE: _____

In accordance with section 391.23, we are required to request the following information from all previous employers of the applicant that employed him/her as a commercial motor vehicle operator within the preceding three (3) year period. As required under 391.23(g), please complete the information below and forward immediately to the above fax number.

PREVIOUS EMPLOYER

Previous Employer Name: _____ Address: _____ Contact: _____

Phone No: _____ Fax No: _____ Dates Employed: _____ To: _____

THREE (3) YEAR SAFETY PERFORMANCE HISTORY

The applicant was employed by you? Y N Position: _____ Full Time: Part Time:

Dates Employed: (from m/yr) _____ (to m/yr) _____ and (from m/yr) _____ (to m/yr) _____

Employed in a Safety Sensitive Position? Y N Subject to Part 40 Drug/Alcohol Testing? Y N

Type of Equipment Operated: Tractor / Trailer Straight Truck Other _____

Trailer Type: 53Van 48Van Flat Tank Other _____ Operating Area: Local Regional OTR

Reason for leaving your employ: Discharged Laid Off Resigned Military Duty Rehire? Y N Upon Review

Complete the following for all accidents involving the applicant including those noted on your accident register in the preceding 3 year period.

Date	Location	Type	Fault	Injury	Fatal	DOT	Damage	Location

In accordance with Part 40.25(b), for the preceding three (3) year period:

- ✓ Has this applicant ever tested positive or adulterated or substituted a specimen for a controlled substance? Y N
- ✓ Has this applicant ever had an alcohol test with a BAC of .04 or greater? Y N
- ✓ Has this applicant ever refused a required drug or alcohol test? Y N
- ✓ Has this applicant committed any violations of Sub Part B of 383 or Part 40? Y N

If yes, please provide the name, address and phone number of the Substance Abuse Professional that the person was referred to.

Completed by: _____ Title: _____ Date: _____