



Wheeler Trucking, Inc.
7439 Sheridan Road
Flushing, MI 48433
Phone: (810) 638-5900
Dispatch: (810) 638-5901
Fax: (810) 638-7777

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Wheeler Trucking, Inc. for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X [Redacted Signature]
Applicant's Signature

X [Redacted Date]
Date

Company: _____ Attn: _____

Fax: _____

Name of Applicant: _____ SSN: _____

Employed from _____ to _____ as _____

Did he/she drive a motor vehicle for you? _____ straight truck tractor/trailer van bus

If tractor/trailer, what type? Dry van flatbed reefer hopper dump tanker container

What state(s) did he/she drive in? _____

Was he/she an on time and dependable driver? Yes No

Was his/her overall work record satisfactory? Yes No

Reason for leaving: discharged resigned layoff military

Is he/she eligible for re-hire? Yes No If No, please explain: _____

Please provide dates and details of any DOT accidents: _____

In the past 3 years did he/she
test 0.04 or greater for alcohol Yes No
test positive for Controlled Substance Yes No
positives from previous employers Yes No
Refuse to be tested while in your employ Yes No

If YES to any of the above, please advise if driver completed a substance abuse rehabilitation program:

Signature of person providing information Title Date

Printed Name