

# Greg Holland, Inc.

100 Howell Avenue / Fairburn GA / (770) 964-1130 / Fax: (770) 964-5779

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

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TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
  
PHONE: \_\_\_\_\_

Will you kindly reply to the inquiry below regarding this applicant. Your reply will be held in strict confidence and in no way will involve you in any responsibility. Please fax or mail to the above location.

Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer \_\_\_\_\_  
Employed From (dates) \_\_\_\_\_ To \_\_\_\_\_  
Position held with your company \_\_\_\_\_ Equipment Operated \_\_\_\_\_  
Trailer Type \_\_\_\_\_ Commodities \_\_\_\_\_  
Operating Area/Verifiable Miles \_\_\_\_\_

Please list all accidents (preventable and non-preventable) and claims while employed with your company.  
Chargeable / Preventable \_\_\_\_\_ Non-Chargeable / Non-Preventable \_\_\_\_\_ Claims \_\_\_\_\_  
Please list details of these accidents: \_\_\_\_\_  
\_\_\_\_\_

MVR Checked?      Y      N      N/A      Violations \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Eligible For Rehire?      Y      N  
If no, please explain \_\_\_\_\_  
Additional Comments \_\_\_\_\_

### Alcohol and Controlled Substance Test Results

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past two (2) years?      Y      N  
Has this individual had a controlled substance with a positive result in the past two (2) years?      Y      N  
Has this individual refused a controlled substance test and / or alcohol test within the past two (2) years?      Y      N

### APPLICANT CONSENT AND RELEASE:

By my signature, you are hereby authorized to release to Greg Holland, Inc., prospective employer, all information requested regarding my performance, character, and test results while in your employment. You are hereby released from any and all liability, which may result from furnishing such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Company Official \_\_\_\_\_ Date \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_