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## Request/Consent For Information From Previous Employer(s) on Employment History and Job Performance

### SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
Print Name (First, Middle, Last) (Previous Employer)

to release and forward all information on employment, including oral and written assessments of my job performance, ability and fitness to Southern AG Carriers, Inc. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to Southern AG Carriers, Inc.

\_\_\_\_\_  
(Signature) (Date)

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

**ATTN: PERSONNEL MANAGER:**

The person named above has applied to Southern AG Carriers, Inc. for employment. Your firm is listed by the applicant as a previous employer. Please answer the questions below and return by fax or mail. As you will note from the waiver above, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry.

1. This applicant lists date of employment with your firm from \_\_\_\_\_ to \_\_\_\_\_. Is this correct?  
 Yes  No If no, please explain: \_\_\_\_\_
2. Position held: \_\_\_\_\_
3. If employed as a driver, please check all types of equipment applicant operated:  
 Tractor trailer  Straight truck  Doubles
4. Number of reportable accidents: \_\_\_\_\_
5. Number of accidents in which applicant was ticketed: \_\_\_\_\_
6. Number of accidents in which applicant was at fault: \_\_\_\_\_  
 Please explain: \_\_\_\_\_
7. To your knowledge, was this applicant's driver's license suspended or revoked while in your employment?  
 Yes  No If yes, please explain: \_\_\_\_\_
8. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds?  Yes  No
9. Did the applicant pose either repeated and/or severe disciplinary problems?  Yes  No
10. Why did the applicant leave your company?  Resigned  Discharged  Laid off
11. Would you re-employ this person?  Yes  No
12. Remarks:

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

By: \_\_\_\_\_ (Date)  
(Signature of person supplying information)

### SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Consent form sent to previous employer via  Fax  Mail  
 Person interviewed from previous employer: \_\_\_\_\_  
 Interview Method:  Mail  Phone  Personal interview  
 Date sent: \_\_\_\_\_ Date received back: \_\_\_\_\_

**RETAIN THIS FORM IN THE EMPLOYEE'S CONFIDENTIAL FILE**