

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First,

MI.,

Last

Date Birth

Signature: _____

Previous Employer: _____

Email: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

to release and forward the information requested by section 2 of this document concerning my Safety Performance History during employment

Please send information to:

Prospective Employer: Western Mountain Transport, INC.

Attention: Dale Telephone: 503-678-6293

Street: PO Box 890 / 21595 Dolores Way NE

City, State, Zip: Aurora Oregon 97002

In compliance with (§390.15(b)) release of this information must be made in a written form that ensures confidentiality, such as fax, email,

Prospective employer's fax number: 503-678-6233

Prospective employers confidential email address: dale@westernmountaintransport.com

Applicant's Signature

Date

This information is being requested in compliance with (§390.15(b))

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____
from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐

If yes, what type? Straight Truck Tractor-Semi-trailer Bus Cargo Tank
Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS:

Complete the following for any accidents included on your accident register (§39O.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

_____ ☐

Eligible for rehire? Yes ___ No ___

If no, why _____

Any other remarks:

Signature: _____

Title: _____

Date: _____