



P: (360) 736-2167 | F: (360) 736-3981

Goebel Septic Tank Services, Inc
171 Big Hanaford Rd • Centralia, WA 98531

INQUIRY TO PAST EMPLOYER

FROM - PROSPECTIVE EMPLOYER	TO - PREVIOUS EMPLOYER
Company	Company
Individual	Individual
Address	Address
City, State, Zip	City, State, Zip

Dear Motor Carrier:

The person named below has made application to this company for employment as _____ and states that he/she was employed by you as _____ from _____ to _____.

Please reply to the inquiry below respecting this applicant. The applicant has waived any claim of liability against your company for information submitted in response to this inquiry—see release form at bottom of this page.

SINCERELY, _____

NAME OF APPLICANT _____ SSN _____
FIRST MIDDLE LAST

<p>Is employment record with your company correct as stated above? YES NO</p> <p>What kind(s) of work did applicant do? <input type="text"/></p> <p>If employed as a driver, specify type of equipment driven <input type="text"/></p> <p>Number of accidents <input type="text"/> Number preventable <input type="text"/></p> <p>Was applicant's driver's license ever suspended or revoked? YES NO</p>	<p>Reason for leaving your employ: Discharged Laid off Resigned</p> <p>Was applicant's general conduct satisfactory? YES NO</p> <p>Other: _____</p> <p>Is applicant competent for the position applicant is seeking? YES NO</p> <p>Other: _____</p> <p>Would you re-employ? YES NO</p> <p>Other: _____</p> <p>Any remarks with regard to question 1 - 9 above? <input type="text"/></p>
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BY: _____ SIGNATURE OF PERSON SUPPLYING INFORMATION DATE

DETACH HERE FOR YOUR FILES.

FORMER EMPLOYER LIABILITY RELEASE

FORMER EMPLOYER

DATE

I hereby authorize you to release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.

APPLICANT'S SIGNATURE

WITNESS'S SIGNATURE